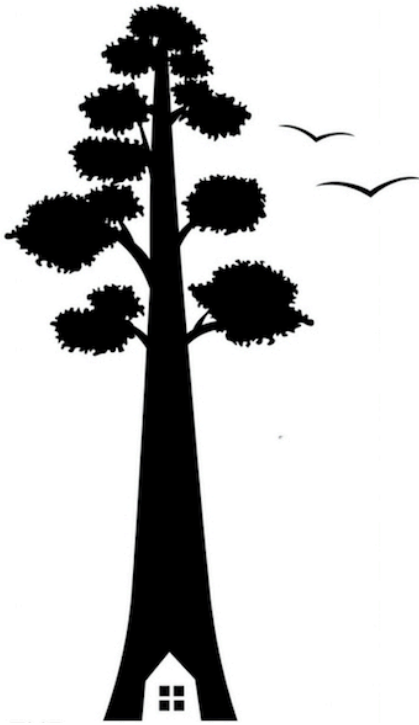


# Sequoia Village Schoolhouse 2023-2024 Social Language Playgroups Registration Form



## SESSION DATES + COST

**Summer Session:** May 29 - August 25, 2023  
12 weeks \$1,800

**Fall Session:** September 5 - December 15, 2023  
15 weeks \$2,250

**Winter Session:** January 9 - March 26, 2024  
12 weeks \$1,800

**Spring Session:** April 1st - May 31, 2024  
8 weeks \$1,200

## DETAILS

Groups are limited to 6 students each session  
Commitment to entire session is required  
Groups meet Tuesday, Wednesday or Thursday  
3:30-5:00pm

**\*\* no sessions July 5th, Oct 17, April 23 \*\***

Thank you for choosing Sequoia Village Schoolhouse!

We are so excited to provide an intensive social skill program focusing on social language and friendship building skills. Our programs focus on the unique language needs of each student and provides multiple opportunities to reinforce communication in conversation and play. Daily practice skills include turn taking, eye contact, reciprocal conversation, complimenting & commenting, coping strategies & more! Space is very limited in this unique program and we are eager to create a group of students with complementary skills.

We will follow up with an invoice and any additional questions after receiving your registration.

Thank you!

## Identifying and Family Information

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:  
\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_

Pediatrician Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Does your child receive special education services?  Yes  No If yes, please  
specify: \_\_\_\_\_  
\_\_\_\_\_

Do we have permission to communicate with your child's teacher?  Yes  No

### **Family History**

Is there a language other than English spoken at home?  Yes  No If yes, what language? \_\_\_\_\_

Does your child speak the language?  Yes  No

Does your child understand the language?  Yes  No

What is the primary language used with your child? \_\_\_\_\_

### **Child's Medical History**

Does your child have any medically diagnosed conditions?  Yes  No If yes, please describe: \_\_\_\_\_

Has your child had any surgeries, accidents, or hospitalizations?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are there any medications your child takes regularly?  Yes  No If yes, please list: \_\_\_\_\_

Does your child have any known allergies?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have there ever been any feeding problems (e.g., trouble swallowing, sucking, chewing, or excessive drooling)?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently being treated by any of the following?

Please check all that apply:

- Occupational Therapist  Physical Therapist  Neurologist  Developmental Therapist  
 Speech and Language Pathologist  Psychologist  Other: \_\_\_\_\_

Is there anything else we should know about your child's medical history?

- Yes  No If yes, please explain: \_\_\_\_\_

### **Developmental History**

Does Your Child:

- |                                   |  |
|-----------------------------------|--|
| Walk:                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Feed self:                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dress self:                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grasped crayon/pencil:            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Complete toileting independently: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have difficulty sleeping          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have difficulty feeding           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have picky eating habits          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Speech and Language History

What are your concerns regarding your child's speech and/or language development?

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Has your child ever received a speech/language evaluation?  Yes  No

Date \_\_\_\_\_

Has your child received speech/language therapy previously?  Yes  No If yes, please describe when, where, and for how long? \_\_\_\_\_

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How does your child communicate? Please check all that apply:

- Gestures/Body Language       Sounds       Single Words
- Short Phrases       Sentences 2-4 words       Sentences over 4 words
- Other: \_\_\_\_\_

Is your child aware of, or frustrated by, any speech/language difficulties?

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**Does your child:**

- Repeat sounds, words, or phrases?  Yes  No
- Point to common objects upon request?  Yes  No
- Greet people using words?  Yes  No
- Ask questions?  Yes  No
- Follow simple directions (i.e. "Shut the door", "Get your shoes")  Yes  No
- Respond to yes/no questions?  Yes  No
- Respond correctly to who/what/where/when/why questions?  Yes  No
- Enjoy playing with toys?  Yes  No
- Enjoy playing with peers?  Yes  No

**Behavioral Characteristics:**

Check all boxes that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> cooperative                   | <input type="checkbox"/> poor eye contact                  |
| <input type="checkbox"/> attentive                     | <input type="checkbox"/> easily distracted/short attention |
| <input type="checkbox"/> willing to try new activities | <input type="checkbox"/> aggressive                        |
| <input type="checkbox"/> separation difficulties       | <input type="checkbox"/> outgoing                          |
| <input type="checkbox"/> easily frustrated             | <input type="checkbox"/> withdrawn                         |
| <input type="checkbox"/> impulsive                     | <input type="checkbox"/> inappropriate behavior            |
| <input type="checkbox"/> restless                      | <input type="checkbox"/> self-abusive behavior             |
| <input type="checkbox"/> friendly                      | <input type="checkbox"/> active                            |
| <input type="checkbox"/> elopement (running away)      |  |

## Scheduling

### We would like to sign up for:

Check all boxes that apply.

- Summer Session (May 31st - August 25th)
- Fall Session (September 5th - December 15th)
- Winter Session (January 9th- March 26th)
- Spring Session (April 1st - May 31st)

- Tuesday
- Wednesday
- Thursday

## Personal Response

What about our social groups best matches the needs of your child?

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What are your hopes for your child's experience with our social groups?

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What are your child's interests and skills?

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What information about your child should we know for them to be successful in our social groups?

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