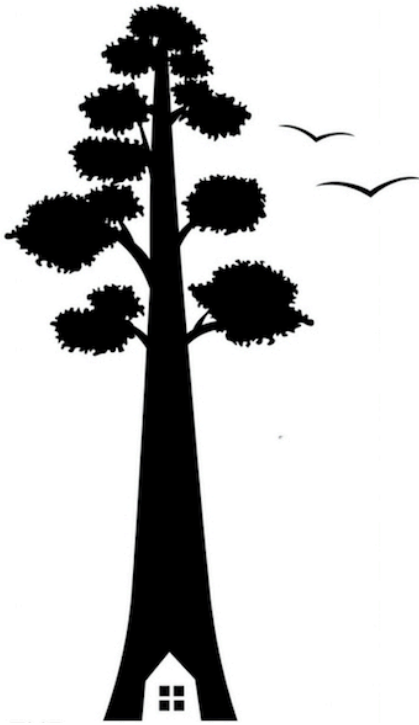


**Sequoia Village Schoolhouse 2023 Social Skill Groups**  
Registration Form



**SESSION DATES + COST**

**Winter Session: January 10th - March 30th 2023**

**Spring Session: April 4th - May 24th 2023**

**Details**

Winter session runs 12 weeks \$1,800

Spring sessions runs 8 weeks \$1,200

**Commitment to entire session is required**

**Groups meet Tuesday, Wednesday or Thursday**

**3:30-5:00pm**

**Groups are limited to 6 students each session**

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: \_\_\_\_\_

Birthdate: \_\_\_\_\_ 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:  Yes  No

Feed self:  Yes  No

Dress self:  Yes  No

Grasped crayon/pencil:  Yes  No

Complete toileting independently:  Yes  No

Have difficulty sleeping  Yes  No

Have difficulty feeding  Yes  No

Have picky eating habits  Yes  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.

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- withdrawn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

**Scheduling**

**We would like to sign up for:**

Check all boxes that apply.

- Winter Session (January 10th- March 30th)
- Spring Session (April 4th - May 24th)
  
- 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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Additional Comments:

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