

# Autastic Avenues

## *Social Skills Group Application*

|  |                     |                        |        |
|--|---------------------|------------------------|--------|
| Participant's Name:  | DOB:                | Age:                   | Grade: |
| Name(s) of Parent(s)/Caregiver(s):   |                     |                        |        |
| Address:   | City:               | State:                 | Zip:   |
| Home Phone:  | Cell Phone:         | Email:                 |        |
| School District/Name and Location:   |                     |                        |        |
| Please indicate best way to contact you for placement:   |                     |                        |        |
| Diagnoses:   |                     |                        |        |
| Please complete the following information in the event that an emergency arises and we must contact you. Include information about how to reach you or another designated person during your child's group.  |                     |                        |        |
| <b>Emergency Contact Name</b>  | <b>Relationship</b> | <b>Phone Number(s)</b> |        |
|  |                     |                        |        |
|  |                     |                        |        |
| <b>Emergency Medical Information</b>   |                     |                        |        |
| Name of Physician:   | City:               | Phone:                 |        |
| Please check all items that apply to child's present health. Thoroughly explain any checked answers.   |                     |                        |        |
| Allergies (list below):            No known allergies  |                     |                        |        |
| Food (include any dietary restrictions):   |                     |                        |        |
| Insects/Plants:  |                     |                        |        |
| Medicine Allergies:  |                     |                        |        |
| Treatment for any of the above that Autastic Avenues may need to do:   |                     |                        |        |
| Medications my child is taking:  |                     |                        |        |
| <i>In case of emergency, I understand that every effort will be made to contact me or the contact people listed above. If I cannot be reached, I understand that staff will use a standard 911 protocol.</i> |                     |                        |        |
| Signature of parent/guardian:  |                     |                        | Date:  |
|  |                     |                        |        |

### **Profile**

|  |     |      |
|--|-----|------|
| Participant's Name   | DOB | Date |
| Please complete the following sections and provide as much detail as possible. This information will help us create a successful group experience for your child. Please indicate your child's abilities in each of the following areas: |     |      |

|  |                               |
|--|-------------------------------|
| <b>Child's Likes:</b>  | <b>Child's Dislikes:</b>      |
| (favorite movies, characters, foods, games, music...etc) (sounds, smells, touch, movement, foods etc...) |                               |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
| <b>Does your child use any of the following?</b>   |                               |
| Visual schedules   | Social Stories                |
| Choice Zone Worksheet  | Problem Solving Worksheets    |
| chew-tubes   | Fidgets: _____                |
| Chewing Gum  | Weighted Blanket/Vest         |
| Relaxation Protocols:  | Joint Compressions            |
| Other:   | Conversation Scripts          |
|  | Headphones:                   |
|  |                               |
| <b>My child exhibits the following behaviors:</b>  |                               |
| Runs away  | Touches other inappropriately |
| Scratches, bites or hits others  | Screams                       |
|  | Scratches, bites, hits self   |
|  | Other:                        |
| <b>Does your child exhibit any of the following? If yes, please describe.</b>                            |                               |
| Self-stimulatory behaviors?  | Yes No                        |
| Perseverative play or rituals?   | Yes No                        |
| Reaction to change?  | Yes No                        |
| What is helpful in calming these actions?  |                               |
|  |                               |
|  |                               |
|  |                               |

**EMOTIONAL DEVELOPMENT**

| <b>Does your child:</b>            | <b>Yes/No</b> | <b>Comments</b> |
|------------------------------------|---------------|-----------------|
| Request a break when upset?        |               |                 |
| Express feelings?                  |               |                 |
| Indicate relaxation?               |               |                 |
| Request assistance?                |               |                 |
| Indicate likes/dislikes?           |               |                 |
| Express confusion ("I don't know") |               |                 |

**SOCIAL DEVELOPMENT**

| <b>Does your child:</b>         | <b>Yes/No</b> | <b>Comments</b> |
|---------------------------------|---------------|-----------------|
| Engage in solitary play?        |               |                 |
| Play same toy along side peers? |               |                 |
| Engage in group play?           |               |                 |
| Share materials?                |               |                 |
| Turn take with peers?           |               |                 |
|                                 |               |                 |
|                                 |               |                 |

**COMMUNICATION**

| <b>Does your child:</b>                            | <b>Yes/No</b> | <b>Comments</b> |
|--|---------------|-----------------|
| Follow non-verbal directions?                      |               |                 |
| Follow verbal directions within familiar routines? |               |                 |

|  |               |                              |
|--|---------------|------------------------------|
| Follow verbal directions within novel activities?      |               |                              |
| Utilize visual supports to follow directions?          |               |                              |
| Require processing time to follow directions?          |               |                              |
| Use pictures/sign/ or other augmentative communication |               |                              |
| Comment on environment or the unexpected (oops!)?      |               |                              |
| Make requests for basic wants and needs?               |               |                              |
| Call attention to others?                              |               |                              |
| Converse with peers/ adults?                           |               |                              |
| <b>ORGANIZATION &amp; TRANSITION</b>                   |               |                              |
| <b>Does your child:</b>                                | <b>Yes/No</b> | <b>Comments</b>              |
| Make transitions?                                      |               |                              |
| Recognize personal belongings?                         |               |                              |
| Organize needed materials for outings?                 |               |                              |
| Make choices?  |               |                              |
| Wait when directed?                                    |               |                              |
| <b>COMMUNITY SKILLS</b>                                |               |                              |
| <b>Does your child go to:</b>                          | <b>Yes/No</b> | <b>Challenging Behaviors</b> |
| Grocery Store  |               |                              |
| Fast Food Restaurant                                   |               |                              |
| Sit Down Restaurant                                    |               |                              |
| Movies   |               |                              |



