

Support For Students Growth Center

Supporting Students with Special Needs and Their Families



Client Information

Participant's name: _____ Nickname: _____

Birth date: _____ Age: _____ Grade: _____

Parent(s) Names(s): _____

Address: _____

City/State/Zip code: _____

Home Phone: _____ Cell Phone: _____

Parent(s) Email: _____

Emergency Contact Name: _____ Phone Number(s): _____

Sibling(s) Name(s) and Age(s): _____

Referred by: _____ Who else can pick up child: _____

Diagnosis's you have been given for your child? _____

What concerns have brought you to seek our services at this time? _____

What Service Interest You? (Check all that apply)

<input type="checkbox"/> Therapeutic Social Skills Groups	<input type="checkbox"/> Behavior Modification Programs
<input type="checkbox"/> Transitioning Services (H.S. and beyond)	<input type="checkbox"/> Groups for: parents, siblings, professionals
<input type="checkbox"/> Academic Coaching/Tutoring Support	<input type="checkbox"/> Summer Programs
<input type="checkbox"/> Executive Functioning Programs	<input type="checkbox"/> Year-round Services

Social and Behavioral Information

1. What does your child like to do? What are they good at?

2. What behaviors does your child need to change?

3. Would your child run away or leave a situation if upset? _____

4. Does your child have a history of being aggressive? If so, please explain.

5. What specific situations or events trigger frustration or anxiety in your child?

6. Please explain how your child interacts with peers or siblings.

7. What changes in the behavior of your child have you seen lately?

8. Does your child have sensory issues? Do they display rigid behaviors? What is their “special interest”?

9. Does your child have any bathroom issues we should be aware of? _____

10. Describe the home situation. Who lives with the child, ages, how do they get along, what challenges have there been over time/recently?

11. What are the careers or occupations of ALL adults living in the home?

GOALS

What are **your** social/behavioral/academic/functional goals for your child over the coming year?

- a) _____
- b) _____
- c) _____

School Information

1. Where does your child attend school? What grade are they currently in? Any retentions?

2. What type of class setting are they in? How are their grades?

3. What type of support do they get in school? (Academic support, behavioral support, social skills training, in school counseling, speech/language services, adaptive P.E., community based instruction...).

4. Please discuss participation in any clubs, groups, or sporting activities before or after the regular school day?

Additional Information

What else should we know about your child to best serve their and your needs? (Use extra paper if necessary)

ALLERGY/MEDICATION INFORMATION

Please list any food **allergies or diet restrictions** for your child: List any **MEDICATIONS** they take and why.

Insurance Information

We need you to be aware that the *Support for the Autism Spectrum Group Inc. dba Support For Students Growth Center* offers multidisciplinary interventions that do not fit standard medical procedure codes; therefore, our services are not typically reimbursed by medical insurers.

Limitations of Liability and Signature

I understand that the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* strives to help as many children with special needs as they can. However, I understand that not all applicants are accepted for services. I understand that the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* will use the application information to assess my child’s needs for the purposes of evaluating their abilities and needs and determining placement and service options. Recommendation and approval of my child for services provided by the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* is at the discretion of the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* team.

While I understand that the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* will work closely with my child’s various needs and address any behavioral issues, repetitive and severely disruptive behavior may disqualify the child from continuation in any of our programs. If such a situation arises, I agree to receive either a prorated refund or to use the prorated balance of pre-paid funds towards other services provided by *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* (at the discretion of *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center*).

I agree to the cost and payment terms agreed upon and understand that these services will likely not be paid for or reimbursed by my insurance company. I agree to hold harmless the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* as well as its employees or representatives from any damages or losses of any kind including direct, indirect, incidental, consequential or punitive damages arising out of the applicant’s and/or child’s participation in their programs. I understand that the *Support For The Autism Spectrum Group, Inc. dba Support For Students Growth Center* makes no warranty or guarantee of any kind whatsoever regarding results or outcomes, whether direct or indirect, from the services it provides.

In submitting this application, I certify that the information provided herein, including all enclosed documents, is complete and accurate to the best of my knowledge. I understand that a picture will be taken for the child’s file. Failing to provide complete and accurate information within this application will void any potential refunds.

I, _____ (parent printed name), am a parent or legal guardian of _____ (child’s name), and I agree to the terms and conditions outlined above.

X

Signature and Date