



Consultation Form

Dear Parent: Please fill out this form so that we have all of the identifying information we need about your child.

Child's Name:

Today's Date: _____

Date of Birth:

Parent: _____

Mother Father

Parent: _____

Mother Father

Address:

Address:

Home phone:

Home phone:

Work phone:

(will be used for emergency scheduling calls only)

Work phone:

(will be used for emergency scheduling calls only)

Mobile phone:

Mobile phone:

Email address:

Email address:

Child's Age: _____ Current grade in school: _____

Diagnosis, if applicable: _____

Medication(s), if applicable: _____

Pediatrician: _____

Developmental History

Provide the approximate ages at which your child began to do the following activities:

Sit _____ Crawl _____ Walk _____ Feed self _____ Use toilet _____

At what age did your child:

Use first words _____ Begin to use short phrases _____ Use complete sentences _____

Medical and Therapeutic History

Describe the mother's general health during pregnancy: _____

Length of pregnancy: _____ Child's birth weight: _____

Type of delivery: _____ head first _____ breech _____ Caesarian

Did your child require any special neonatal treatment? Yes No

If yes, please explain: _____

Has your child been hospitalized or received any surgeries? Yes No

If yes, please provide dates and treatment received:

Has your child seen any specialists (e.g. speech language pathologist, occupational therapist, physical therapist, psychologist, neurologist, etc.)? Yes No

If yes, please provide a copy of recent reports and the following:

1. Name and title of the specialist: _____

Dates seen: _____ Diagnoses: _____

2. Name and title of the specialist: _____

Dates seen: _____ Diagnoses: _____

3. Name and title of the specialist: _____

Dates seen: _____ Diagnoses: _____

4. Name and title of the specialist: _____

Dates seen: _____ Diagnoses: _____

Parent Questionnaire

In what social setting/situation does your child appear to be **most comfortable** interacting with other people (classroom, family dinner table, playground, one-on-one with sibling, one-on-one play with a friend, talking to parents, teachers grandparents, older or younger sibling, structured/supervised activities outside the home such as sports, scouts, play groups, etc.)? Please describe your child's behavior in these settings/situations.

In what social setting/situation does your child appear to be **least comfortable** interacting with other people? Please describe your child's behavior in these settings/situations.

Has your child been able to develop one or two lasting friendships?

Does your child perceive that he or she has difficulty interacting with peers?

What is your impression of how other children might view your child?

Please place a check next to the skills you feel your child would benefit most from learning at this time. You may rank them in order of importance if you like (1 = most important).

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| <p><u>Fundamentals of Conversation</u></p> <p><input type="checkbox"/> Conversational greeting</p> <p><input type="checkbox"/> Topic initiations</p> <p><input type="checkbox"/> Topic maintenance</p> <p><input type="checkbox"/> Changing topics</p> <p><input type="checkbox"/> Conversational turn-taking</p> <p><input type="checkbox"/> Other _____</p> | <p><u>Friendship Building Skills</u></p> <p><input type="checkbox"/> Showing interest in other people</p> <p><input type="checkbox"/> Showing others that one is interesting</p> <p><input type="checkbox"/> Joining ongoing conversations</p> <p><input type="checkbox"/> Handling teasing, sarcasm, etc. from peers</p> <p><input type="checkbox"/> Understanding jokes and other forms of humor</p> <p><input type="checkbox"/> Inviting</p> <p><input type="checkbox"/> Complimenting</p> <p><input type="checkbox"/> Accepting compliments</p> <p><input type="checkbox"/> Developing flexibility (breaking out of rule-bound behaviors)</p> <p><input type="checkbox"/> Expressing feelings appropriately</p> <p><input type="checkbox"/> Other _____</p> |
| <p><u>Conversational Self-Regulating</u></p> <p><input type="checkbox"/> Limiting the amount of information one gives when talking</p> <p><input type="checkbox"/> Balancing commenting and questioning</p> <p><input type="checkbox"/> Varying topics/refraining from perseverating on favored topics</p> <p><input type="checkbox"/> Tolerating individual differences in communication style</p> <p><input type="checkbox"/> Other _____</p> | <p><u>Interacting in Groups</u></p> <p><input type="checkbox"/> Understanding family and school rules</p> <p><input type="checkbox"/> Giving and receiving feedback</p> <p><input type="checkbox"/> Problem solving and cooperation</p> <p><input type="checkbox"/> Seeking help when conflict arises</p> <p><input type="checkbox"/> Other _____</p> |
| <p><u>Nonverbal Communication</u></p> <p><input type="checkbox"/> Understanding facial expressions</p> <p><input type="checkbox"/> Using appropriate facial expressions</p> <p><input type="checkbox"/> Understanding vocal intonation, stress and loudness</p> <p><input type="checkbox"/> Using appropriate vocal intonation, stress and loudness</p> <p><input type="checkbox"/> Other _____</p> | |

What would you most like your child to gain from social skills therapy?
