# Friends Connect

# A Social Thinking Program for Children and Adults

396 Golf Drive Oceanside, NY 11572 www.friendsconnect-ny.com (phone) 516-270-7480 (fax) 516-764-4104

## **NEW CLIENT INFORMATION**

Date: Client's Name:	Birth Date: Grade:
Parent #1 Name:	Parent #2 Name:
Address:	Address:
City/State/Zip Code:	City/State/Zip Code:
Parent #1 Home Phone:	Parent #2 Home Phone:
Parent #1 Cell #:	Parent #2 Cell #:
Parent #1 Work #:	Parent #2 Work #:
Parent #1 Email:	Parent #2 Email:
Siblings' names and ages:	
School Name and District/City:	
Best Contact at the School: Name and Pho	ne #:
When was your last IEP?	Triennial Testing? (Every 3 years):
	ion class or related service, please list those here: (Please be al (aide) working with them, what percentage of the day do they receive this ces, what is the frequency and duration?).
If we were to observe your child at school, During structured time (such as classroom	, describe what we would see. (Use back if needed.) learning)
During unstructured time (such as recess/l	unch)
If we were to observe your child at home,	describe what we would see.

### SCHEDULING INFORMATION

After school sessions will be scheduled at 4:30, 5:45, 7:00 and Saturday and Sunday mornings at 9:00, 10:15, and 11:30.

Please be aware that receipt of your schedule preference does *not* guarantee placement in a group. We do our best to place all students, but group placement is based on matching similar students together for the best possible group interaction and finding corresponding times when the groups can meet.

Please use the following system to fill in every square on the schedule. Write a "0" if your child can absolutely NOT attend during that time, place a "1" if you would like this as a preferred time and put a "2" if this is a possible but not a preferred time.

It is important to be as precise as possible, this part of scheduling is complicated and we rely on the information you provide us. We will make every attempt to meet your needs. If your schedule changes and you are not available during the time you originally marked, we may not be able o find another group placement for your student after he/she has been placed in a social thinking session based on your original availability.

### Example Schedule Box: 0's indicate a time a child CANNOT COME.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
4:30pm	0	0	1	1	0		
5:45pm	1	1	1	2	2		
7:00pm	2	0	1	1	0		
9:00am						1	1
10:15am						0	1
11:30am						2	1

Child's Name Age		Birth Date	Grade level in Sept. 2011		
Parent's Name		Address			
Home telephone		City, State, Zip			
Mobile telephone		Email address			
Work telephone		 Fmail address			

Remember, the more time slots you make available for us to choose from the better chance your child has of being placed in our program.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
4:30pm							
5:45pm							
7:00pm							
9:00am							
10:15am							
11:30am							

Rate the child's behaviors on a scale from 1-10 (10 = Great Performance)

BEHAVIOR	HOME	SCHOOL
Attention to others		
Listening		
Participating as part of a large group		
Participating as part of a small group		
Participating in a conversation		
Being organized		
Personal Problem Solving		
Understanding feelings of others		
Assuming responsibilities		
Controlling, argumentative		
(10 being very argumentative)		
Affectionate		
Understanding consequences		
Understands when he/she is being lied to or		
manipulated		
(1 = no understanding, 10 = clear understanding)		