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**Social Skills Camp
Summer 2018 Registration**

Each camp is one week (5 consecutive week days).

DROP OFF IS AT 9:30AM. PICK UP IS AT 12:00PM.

DEPOSIT OF \$100 DUE BY 03/30/18 TO HOLD SPOT.

REMAINING BALANCE OF \$300 DUE BY 04/30/18.

Child's Name: _____ Age: _____ DOB: _____

Parent/Guardian's Name: _____

Phone(s): _____ Email: _____

Address: _____

School: _____ Grade: _____

Please check the group(s) below that you would like to register your child for.

Preschool Group 1 June 4 – June 8 (9:30 am to 12 pm, M-F)

Preschool Group 2 July 9 – July 13 (9:30 am to 12 pm, M-F)

School Age Group 1 June 18 – June 22 (9:30 am to 12 pm, M-F)

School Age Group 2 July 23 – July 27 (9:30 am to 12 pm, M-F)

2:1 Play Groups

Emergency Contact

Name: _____

Phone Number: _____ Text? ___Yes ___ No

Relationship to child: _____

Please note any Allergies, Special Precautions, and Restrictions:

* Prior to acceptance, any child new to A to Z Pediatric Therapy is required to have a brief consult (free of charge) with a therapist to ensure the child is a good fit for groups.



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Consent for Class Participation

I _____, legal guardian of _____ do hereby give consent for my child (named above) to participate in A to Z Pediatric Therapy, LLC's programs.

I agree to release, hold harmless, and waive all claims and causes of action that may hereafter accrue to me against A to Z Pediatric Therapy, LLC, and any of their officers, directors, employees, agents, independent contractors, representatives, or volunteers associated with any injury that may be caused as a result of any action other than the sole negligence of A to Z Pediatric Therapy, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers.

I further agree to indemnify and hold harmless A to Z Pediatric Therapy, LLC, and any of their officers, directors, employees, agents, representatives, or volunteers, from any action or inaction of my child that may cause any injury or damage whatsoever.

I hereby give full permission for my child to participate in all activities and agree to notify group leaders of any precautionary measures that should be noted or taken during group classes.

I agree to pay the total class fees accrued. I also agree to pay any additional fees that may result from a returned or invalid check, collection fees, etc. I agree to pay 10% late fees on any invoices due over 30 days, and understand that I will pay an additional 30% collection fee for any outstanding balances 90 days delinquent. I understand that I may forfeit any moneys paid, if my child does not attend his/her sessions.

I recognize that my child will not be receiving traditional therapy services and understand that these classes should not replace any traditional therapy that my child receives.

In the event of any injury to my child, I hereby grant full power of attorney to A to Z Pediatric Therapy, LLC, their directors, employees, agents, independent contractors, representatives, or volunteers to obtain any emergency medical treatment they (in their sole discretion) deem necessary in the best interest of my child.

Child's Name (print)

Legal Parent/Guardian (print)

Legal Parent/Guardian Signature

Date



2018 Media Release

Photographs and/or videos may be taken during your child's time at our clinic for therapist use (i.e. to review productions, performance, and progress.)

Additionally, I, _____, grant permission for my child to be photographed or videotaped. *(Check all that apply)*

Display in the office (i.e. recognition board, pictures on walls)

Educational purposes (i.e. teaching/sharing information between therapists)

Marketing and/or promotional use (i.e. website, brochures, etc.)

I do not grant permission for my child to be photographed or videoed for display, educational purposes, or marketing.

Print Patient's Name

Date

Parent/Guardian Signature

Relationship to Patient



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Summer 2018 Questionnaire

Child's Name: _____

Age: _____

Parent/Guardian's Name: _____

Diagnosis (if known): _____

PATIENT HISTORY

List any challenges your child has socially? _____

How would you describe your child? _____

SPEECH & LANGUAGE:

How does your child communicate? (Please check all that apply)

- | | | | | |
|-----------------------------|--------------|--------------------------------|---------------|--------|
| Eye contact | Moves others | Gestures | Vocalizations | Jargon |
| Sign language | PECS symbols | AAC device | | |
| Words | Phrases | Sentences | Conversation | |
| Asks Questions (Yes/No, WH) | | Answers questions (Yes/No, WH) | | |

Is your child easily understood by others? Yes No

What efforts does your child make to communicate when not understood?

Can your child follow directions? Yes No

If so, what kind? (Circle) 1 step 2 step 3+ steps

Does your child have any hearing or visual problems? Yes No

How is your child's attention? _____

EDUCATION + THERAPY:

Name of current school:

_____ Current grade: _____

Has your child repeated a grade? Yes No

Indicate performance level in school:

Does your child like school? Yes No

Does your child receive assistance and/or special education services at school?

504 EIP Tutoring IEP
Speech Therapy Occupational Therapy
Physical Therapy

Would you like us to communicate with your child's teachers/therapists at school?

Yes No

(If yes, please complete and sign a release form.)

Does your child currently receive private therapy? Yes No

Would you like us to communicate with your child's private therapists?

Yes No

(If yes, please complete and sign a release form.)

BEHAVIOR

What are your most frequent discipline problems with your child? _____

Are there specific things your child will work for (e.g. rewards, stickers, praise)?

Is your child easily frustrated? Yes No

SOCIAL

1. When was your child's "social skills difficulty" first noticed?

- a. Always
- b. When entering daycare/school
- c. When playing with other children
- d. With siblings

2. Is your child aware of the problem? Yes No

a. If yes, how does your child feel about it? _____

3. When your child sees someone **familiar** s/he will:

- a. Greet them verbally (e.g. say "hi")
- b. Greet them gesturally (e.g. wave)
- c. Begin speaking about something immediately
- d. Do nothing
- e. Require reminder to interact

4. When your child meets someone **new** s/he will:

- a. Greet them verbally (e.g. say "hi")
- b. Greet them gesturally (e.g. wave)
- c. Begin speaking about something immediately
- d. Appear shy and uncomfortable
- e. Do nothing
- f. Require reminder to interact
- g. Other: _____

5. My child requests basic wants and needs:

- a. Regularly
- b. With prompt
- c. With 1-2 word responses
- d. with phrases/sentences
- e. Does not typically make requests
- f. Other: _____

6. My child prefers to play with:

- a. Peers
- b. Younger children
- c. Older children
- d. Other _____
- d. Siblings
- e. Adults
- f. Alone

7. When playing with others:

- a. My child looks up at play partner and down at activity regularly
- b. My child does not always look at play partner
- c. My child plays side-by-side (instead of playing *with* partner)
- d. Other _____

8. When turn-taking with peers, your child:

- a. Becomes very upset when it is someone else's turn
- b. Takes turns easily
- c. Requires reminder to take turns
- d. Does so physically (i.e. taking item when desired)
- e. Does so verbally (i.e. *my turn, your turn*)
- f. My child prefers to play alone

9. When interacting with other children does your child:

- a. Initiate conversation
- b. Wait for the other child to speak
- e. Follow other child's lead
- f. Takes control of situation

c. Play side-by-side

g. Other: _____

d. Play together

10. My child starts conversations with others:

a. Regularly

i. Begins speaking without appropriate initiation

ii. Begins conversations appropriately

b. My child does not yet engage in conversations with others

c. Other _____

11. During conversations with others my child:

a. Speaks off topic

b. Remains on topic

c. Enjoys speaking only about him/herself

d. Asks questions about what conversational partner says

e. Appears to listen to what conversational partner says but does not ask follow-up/clarification questions

f. Appears disinterested

g. Has a hard time paying attention

h. Other _____

12. My child ends conversations by:

a. Walking away

d. No longer responding

b. Does not end conversations

e. Uses appropriate closing statement

c. Other _____

13. My child asks WH questions (i.e. as in conversation, clarification, etc.):

a. Regularly

c. With prompt

- | | | |
|---------------|---------|-----------|
| b. Sad: | in self | in others |
| c. Mad/Angry: | in self | in others |
| d. Sick: | in self | in others |
| e. Surprised: | in self | in others |
| f. Upset: | in self | in others |
| g. Scared: | in self | in others |

20. Additional comments:

Thank you for taking the time to complete this questionnaire and help us to serve your child and family better!



2018 Release of Confidential Information

Child's Name: _____

Date of Birth: _____

I hereby authorize a release of information (i.e. medical records, evaluations, recommendations) from the individual(s) indicated below, concerning the above named child.

_____ Initial

I hereby authorize A to Z Pediatric Therapy, LLC to contact the individual(s) indicated below by phone, email, or fax, concerning the above named child.

_____ Initial

Authorization for release of medical records such as those listed above expires one year from the date of signature. I understand that granting consent for release of these records is voluntary. Consent can be revoked at any time.

Parent/Guardian Signature

Date

Releasing physician/clinic/professional information:

1. Name: _____

Name of Practice/School: _____

Profession/Discipline: _____

Phone: _____ Email: _____

2. Name: _____

Name of Practice/School: _____

Profession/Discipline: _____

Phone: _____ Email: _____



3. Name: _____
Name of Practice/School: _____
Profession/Discipline: _____
Phone: _____ Email: _____
4. Name: _____
Name of Practice/School: _____
Profession/Discipline: _____
Phone: _____ Email: _____
5. Name: _____
Name of Practice/School: _____
Profession/Discipline: _____
Phone: _____ Email: _____