1337 E. Thousand Oaks Blvd #202

Thousand Oaks, CA 91362 805.379.1681

Social Skills/Kids Club Intake Form

We want to get to know your child.

General Information

Today's Date:________________________

Child's Name: ______________________________ DOB: ____/____/_____ Age:____________

Child Gender: ____Male _____Female Is your child potty trained? ___ YES ____NO

Parent/Guardian Name: ____

Parent/Guardian Name: ____

Primary Address: ____

____

Parent/Guardian Phone Number(s): ____

Parent/Guardian Phone Number(s): ____

Parent's Email address:____

Parent Email address: ____

Name of School/Grade: ____

Is there an IEP/504? _____YES _____NO

Is your child receiving social support(s) from school? If so, please list: ______________________

____

____

Do you have insurance? Please provide the type, and identification number as well as the name and DOB of the primary subscriber:

____

____

This document shall be considered part of Center4SpecialNeeds' confidential/proprietary information. Center4SpecialNeeds does not endorse or recommend any individuals or specific therapy, event, book, link, or any other information provided on this website and resource list. All resources, links, and events and other information provided are provided solely for information only.

1337 E. Thousand Oaks Blvd #202
Thousand Oaks, CA 91362 805.379.1681

Social Skills/Kids Club Intake Form
We want to get to know your child.

General Information Continued

Briefly describe any litigation you have been involved in regarding; child custody, divorce, liability or medical malpractice. ____
____
____

Family Dynamics & Family History

Does your child share multiple households during the week? ____ YES or ___ NO

If yes, please indicate: ____

Who lives in the home(s) with the child? _______________________________________
____

What are the names and ages of siblings? ______________________________________
____

Please provide a brief description of them and their relationship to your child? ________________
____
____

Are both parents in agreement with child's diagnosis? ______YES ______ NO

Are both parents in agreement with child's treatment and interventions: _____YES _____NO

Who are the most important people in your child's life ? ______________________________
____

Describe your spiritual/religious aspects of your child's life: ___________________________
____

Are there any medical/developmental /mental health diagnosis of siblings? ___YES ____ NO

If yes, please explain: ____

This document shall be considered part of Center4SpecialNeeds' confidential/proprietary information. Center4SpecialNeeds does not endorse or recommend any individuals or specific therapy, event, book, link, or any other information provided on this website and resource list. All resources, links, and events and other information provided are provided solely for information only.

1337 E. Thousand Oaks Blvd #202

Thousand Oaks, CA 91362 805.379.1681

Family Dynamics & Family History Continued

Are there any medical/developmental/mental health diagnosis of parents? ___YES ____ NO

If yes, please explain:____

Has your child experienced abuse (physical, emotional, sexual, neglect) ? ____YES ____ NO

If so, please describe the abuse and the outcome: ____

____

____

Was abuse reported to child protective services and/or law enforcement? ____ YES _____ NO

Developmental History

What is your child's level of verbal communication level? ______non verbal ____ Limited verbal

_____age appropriate. Please elaborate:____

____

____

Does your child have a medical or mental health diagnosis? If so, please indicate who made the

diagnosis.: ____

____

____

Please list all medications your child is currently taking:________________________________

____

Please list any medications discontinued within the last month:___________________________

____

This document shall be considered part of Center4SpecialNeeds' confidential/proprietary information. Center4SpecialNeeds does not endorse or recommend any individuals or specific therapy, event, book, link, or any other information provided on this website and resource list. All resources, links, and events and other information provided are provided solely for information only.

1337 E. Thousand Oaks Blvd #202

Thousand Oaks, CA 91362 805.379.1681

Social Skills/Kids Club Intake Form
We want to get to know your child.

ALLERGY & SPECIAL DIET INFORMATION

Is your child's diet unusual in any way? _____YES _____NO

If so, please describe: ____

____

____

Please let us know if your child has specific dietary restrictions: ______________________________

____

Does your child have any food allergies: ______Yes _______No
If yes, please indicate what they are and the reaction:_______________________________________

____

Please indicate protocol if digested:____

____

Treatment /Care Providers

Child's Primary Physician and Phone: ____

Psychotherapist/Psychiatrist and Phone: ____

Please describe length of time in treatment and monthly/weekly frequency:_____________________

ABA Provider and Phone: ____

Please describe length of time in treatment and monthly/weekly frequency:_____________________

This document shall be considered part of Center4SpecialNeeds' confidential/proprietary information. Center4SpecialNeeds does not endorse or recommend any individuals or specific therapy, event, book, link, or any other information provided on this website and resource list. All resources, links, and events and other information provided are provided solely for information only.

1337 E. Thousand Oaks Blvd #202

Thousand Oaks, CA 91362 805.379.1681

Social Skills/Kids Club Intake Form
We want to get to know your child.

Treatment /Care Providers Continued

Occupational Therapy Provider & Phone:____

Please describe length of time in treatment and monthly/weekly frequency:____________________

Speech Therapy Provider & Phone:____

Please describe length of time in treatment and monthly/weekly frequency:____________________

Other Physician and Phone: ____

Please describe length of time in treatment and monthly/weekly frequency:____________________

Does your child attend after school care/ has a babysitter or other family members caring for them?

____YES ____NO If so, do they follow any behavioral plans that are in place ? ____YES ____NO

Socialization

Does your child have a close friend or friends?

____

Does your child socialize outside of school? If yes, please describe the frequency & quality:

____

What are your primary concerns about your child ?

What are your child's current activities,hobbies or interests(i.e. team sports, extra-curricular activities, clubs, music, etc.)

What activities does your child enjoy most?

What kind and how much physical exercise does your child get?

What are your primary concerns about your child?

This document shall be considered part of Center4SpecialNeeds' confidential/proprietary information. Center4SpecialNeeds does not endorse or recommend any individuals or specific therapy, event, book, link, or any other information provided on this website and resource list. All resources, links, and events and other information provided are provided solely for information only.

1337 E. Thousand Oaks Blvd #202

Thousand Oaks, CA 91362 805.379.1681

Social Skills/Kids Club Intake Form
We want to get to know your child.

Socialization Continued

Please indicate any behavioral concerns: ____

____

____

____

Does this behavior occur at home, school or both? ___________________________________

What are your child's skills & strengths?____

____

Please check the areas below for indicators of concern for social skills training group.

____Making friends _____Working as part of a team ______Flexibility in playing & socializing

____Maintaining friends _____Using respectful and friendly tone

____Greeting new people ____Setting limits or saying "NO" appropriately

____Cooperation & Negotiation _____Managing anger ______Reciprocal social interactions

____Initiating Conversation _____Managing frustration

IN CASE OF EMERGENCY, PLEASE CONTACT BELOW INDIVIDUALS:

NAME:____________________________ RELATIONSHIP TO CHILD:_________________

DAYTIME PHONE:____________________ EVENING PHONE:________________________

NAME:____________________________ RELATIONSHIP TO CHILD:_________________

DAYTIME PHONE:____________________ EVENING PHONE:________________________

Thank you for your information. Please email your information to info@center4specialneeds.org or mail to the address below. If you have any questions, please contact us at 805.379.168. Social Skills Groups/Kids Club sessions run weekly. The session are 50 minutes to an hour long.Parents and siblings are welcome to stay in our family lounge Suite #202, while participants are next door in The Kid's Club Zone (Suite #200).

This document shall be considered part of Center4SpecialNeeds' confidential/proprietary information. Center4SpecialNeeds does not endorse or recommend any individuals or specific therapy, event, book, link, or any other information provided on this website and resource list. All resources, links, and events and other information provided are provided solely for information only.