



## Social Thinking Group Intake Form

Date: \_\_\_\_\_

Person/District/Agency Making the Referral (if applicable):  
\_\_\_\_\_

### STUDENT/FAMILY INFORMATION

Child's Name:	Age :	D.O.B.
Sex:	Grade:	
Hours/Days in School or Preschool:		
Parent/Guardian Name(s):	Phone Numbers Home: Work: Cell:  Email:	
Address:		
Sibling(s_ name(s), sex and age:		

### DISTRICT or OTHER AGENCY INFORMATION

District or Agency Name:	Address:
Primary Contact Person:	Position/Title of Primary Contact Person:
Email:	Phone

### DIAGNOSIS INFORMATION

Does the individual have a diagnosis(es) and if so what? (please provide a copy of the most recent educational or vocational plan and the most recent evaluation)	When was this diagnosis/es made and by whom?
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### PERMISSION

I give permission for information to be exchanged regarding my child. \_\_\_\_\_,  
(Child's Name)

and the following locations (please provide the address and phone number for each district, agency or medical facility provided):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

and Autism Behavioral Consulting.

This information may include verbal exchange of information, written reports, on-site observations/trainings and consultations from Autism Behavioral Consulting.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the individual being referred is over 18 years of age and is his or her own guardian then they must sign this form.

Signature: \_\_\_\_\_

If the individual is over 18 years of age and is not their own guardian please provide proof of guardianship when submitting this paperwork.

Release of Information:

I give permission for information to be exchanged regarding myself and the following individuals or agencies:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

and Autism Behavioral Consulting.

This information may include verbal exchange of information, written reports, on-site observations/trainings and consultations from Autism Behavioral Consulting.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Social Skills of Concern

(Check all that apply and rate the severity using the scale provided)

1	2	3	4	5	6	7
Normal: Not at All	Borderline Problem	Mild Problem	Moderate Problem	Marked Problem	Severe Problem	Most Extreme Problem
Place a check mark in this box	Social Skill of Concern	Rating		Place a check mark in this box	Social Skill of Concern	Rating
	Listening during a conversation				Maintaining eye contact	
	Initiating with others				Solving problems and negotiating	
	Following instructions or rules				Giving or receiving help	
	Responding to teasing				Rigid thoughts or behaviors	
	Participating in a group				Difficulty understanding the opinions or experiences of others	
	Asking Questions				Immature grammar	
	Answering Questions				Language is often "self focused"	
	Reading Comprehension is best at the factual level versus understanding the main idea or inferential skills				Communication is tangential (communication shifts topics frequently and egocentrically)	
	Has difficulty with written expression				Penmanship is messy/ illegible or conversely overly perfectionistic	
	Friendships are superficial or the individual has very few friends				Organizational tasks are significantly impacted. Time Management and long-term planning are a concern.	
	Teasing/taunting by peers is a concern				Group participation with peers is a concern	
	Does not understand the "hidden" social rules				Difficulty understanding the emotions surrounding dating or interactions with a significant other	
					Tends to perseverate on specific themes or topics both in their spoken and written language	

**Behaviors**

Please check behaviors that describe your child. Multiple areas can be checked.

- Motivated
- Anxious
- Externally Distracted
- Impulsive
- Aloof/internally distracted
- Rigid (my way or the highway)
- Oppositional
- Verbally aggressive to peers or adults (describe)
- Withdrawn
- Physically aggressive
- May run and hide if upset

Additional information:

**Parent Questionnaire**

What are your current concerns about your child's performance at school?

What are your current concerns about your child's performance at home?

If I were to observe your child at school during lunch or recess what would I observe?

If I were to ask a classmate to describe your child what would they say?

Describe your child's strengths:

Additional Information you would like us to know: