# Social Language Group Intake Form

Please fill out the following information and return in the enclosed envelope as soon as possible. Your child will be scheduled for an appropriate group based upon this form being returned/completed. Thank you! We look forward to meeting you and your child!

**1. Identifying Information:**

| |
|---|
| **Patient Name** |
| Date of Birth |
| **Referring Physician** |
| Primary Care Physician |
| **Mother's Name** |
| Address |
| Home Phone |
| Work/Cell Phone |
| **Father's Name** |
| Address |
| Home Phone |
| Work/Cell Phone |
| |
| **Other children in the family (please list names and ages):** |
| |
| **Others living in the home:** |
| |
| |
| **Who is the child's primary caregiver?** |
| |

2. Describe the ***specific*** pragmatic/social concerns: _____
_____
_____
_____

**1. General Development:**

In your opinion, how does your child's development compare to that of other children?
_____
_____
_____

How would you describe your child's personality? _____

What opportunities does your child have to interact with other children? _____
_____

What activities does your child enjoy? _____
_____

How would you characterize your child's interactions with his/her siblings?
_____ _
Friends: _____ Parents: _____
Others: _____

Does your child's attention span seem appropriate for his/her age? _____
If not, please describe: _____

How does your child communicate? Gestures single words sentences

**4. Educational/Therapeutic History:**
Present School:_____
Address: _____
Teacher:_____ Grade: _____
Please list other professionals working with your child: _____
_____

Has your child's teacher noted any specific problems? _____
Please describe: _____

How does your child do in school? _____

Has your child ever participated in a structured social skills group? _____
Where? _____ Dates of Service _____

**5. Other**
Is there any information that you feel would help us to better understand your child?
_____
_____

List any specific goals you hope to achieve by participating in this program:
_____
_____
_____

March 8, 2007

Dear Parents:

Riddle Outpatient Pediatric Services is now offering a social skills group for children ages 6-12 years old. The goal of this group will be to increase the awareness of others and expose the children to various social situations where they will have the opportunity to practice pragmatic skills in a controlled environment with direct instruction and modeling. A certified speech-language pathologist will be facilitating the social skills group.

This group is not designed to be a replacement for individual speech-language therapy services, but it is intended to be a companion to individual services your child may already receive. This group can also serve as a transition when your child completes a course of individual treatment.

The group will meet one time per week for six weeks (6 sessions). A special introductory cost of $300.00 will be offered. Full payment is expected prior to the first session. Space is limited and children will be accepted on a first come first serve basis.

The group will meet on Tuesday or Wednesday evenings starting the beginning of April. Your child will be placed in a group based on optimal social interaction as decided by the clinicians. Attendance is critical as the children in the group are relying on each other to develop social interaction.

Attached is an intake form to give us important information about your child. Please complete the form and return it to this department as soon as possible. Be specific; include any pertinent information that will help us plan for your child.

We look forward to a fun filled six weeks with you and your child! If you would like additional information regarding the group, please feel free to contact our office at 610-891-3370.

_____ _____

Laurie A. Davis, M.S., CCC-SLP/L Michelle Murtha, M.S., CCC-SLP/L