



Social Thinking© Intake Form

Date: _____

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

INDIVIDUAL and FAMILY INFORMATION

| | | |
|---|------------------------------|--------|
| Individual's Name: | Age : | D.O.B. |
| Sex: Male_____ Female_____ | Grade (if applicable): | |
| Hours/Days in School or spent at work (adults): | | |
| Parent/Guardian Name(s) - if applicable: | Phone Numbers: | |
| | Home: | |
| | Work: | |
| | Cell: | |
| Email(s) of Parent(s): | Email of Individual (Adult): | |
| Address: | | |
| Sibling(s) name(s), sex and age: | | |

DISTRICT or OTHER AGENCY INFORMATION - if applicable

| | |
|--------------------------|---|
| 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? |
|--|--|

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: _____

ADULT RELEASE OF INFORMATION FORM

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

If the individual is 18 years of age or older 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 information, and written reports from Autism Behavioral Consulting.

Signature: _____

Date: _____

Social Thinking© 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 if it is a concern area. | Social Skill of Concern | Rating: Put a number in this box | | Place a check mark in this box if it is a concern area. | Social Skill of Concern | Rating: Put a number in this box |
| | 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 | | | | Asking for help | |
| | 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 | | | | Tends to perseverate on specific themes or topics both in their spoken and written language | |
| | Does not understand the "hidden" social rules | | | | Difficulty understanding the emotions surrounding dating or interactions with a significant other | |

Behaviors

Please check behaviors that describe your child or yourself (if an adult). 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 or leave the area, if upset

Additional information:

Parent Questionnaire - (leave blank if you are an adult referral)

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:



Social Thinking Groups Rates and Participation Information

An evaluation to initiate participation in a Social Thinking Group is \$175.

Each Social Thinking Group session (Fall, Winter and Spring) is 10 weeks long and is \$700 per session. If an individual starts a session within a 10-week session the rate will be prorated accordingly.

If the individual is seen on a one on one basis (therapist discretion) the rate will be \$80/week or \$800 for a 10 week session.

Families who need to miss a session will be responsible for the payment of that session. Illness with a fever or contagious illnesses are examples of reasons to miss a session. School functions or other student or family related events may also occur and it is the decision of the family to miss the STG.

If ABC needs to cancel a weekly STG that group will be made up within the 10-week session or the applicable weekly session amount will be refunded to the families affected. If there are natural or weather-related cancellations that session will be made up towards the end of that 10-week session. If this is not possible that group's fee will be reimbursed to the affected families.

ABC does not bill private insurance.

Groups run for one hour and ABC will not be responsible for students outside of the hour session. Families must pick up and drop off their child in a timely fashion. There will be a 10-15 minute family training within the hour session designed to facilitate generalization of targeted skills.

Please refer to the ABC website for referral paperwork and additional information.