

By Design Social Skills LLC

socialskillsnj@gmail.com

973-294-0519

Application Instructions

Please complete and return the following forms along with the \$75 intake fee:

- Client Information Form
- Stress Response Evaluation
- Scheduling Preference Form
- Parental Consent/Billing Agreement
- Privacy Policy
- Authorization to Disclose Information (If Applicable)
- Skill Evaluation Form

Forms can be emailed or mailed. If mailing, please send forms to:

By Design Social Skills LLC
3100 Route 138
Building 3, Suite 1
Wall Township, NJ 07719

Intake fees can be charged by major credit card via our website, www.socialskillsnj.com. Click on the "Make a Payment" link and follow the instructions. Checks should be made out to "By Design Social Skills LLC" and mailed to the above address.

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Client Information Form

Today's Date _____

Child's Name _____ Age _____ Date of Birth _____

Names of Immediate Family Members

Address

Home Phone _____ Parent Cell Phone _____

Email Address _____

Emergency Contact Name and Phone Number _____

School Name and District/City _____

Grade or Equivalent _____

Diagnosis (if any) _____ If ADHD: ___ Inattentive ___ Hyperactive ___ Combined

What kind of class does your child attend? (Please circle all that apply)

1 – Regular Education/Fully Mainstreamed

2 – Regular Education with Supports (Aide, 504 Plan, Other _____)

3 – Resource Room (If so, what subjects _____)

4 – Self-Contained Class

5 – Special Education School

6 – Homeschool

Is your child receiving any additional services? (Please circle all that apply)

1 – Discrete Trial or ABA Home Program

2 – School/Private Speech Therapy

3 – School/Private Occupational Therapy

4 – Other _____

Does your child exhibit any aggressive behaviors? (Self-injurious, hitting, biting or verbal threats)

Does your child have any serious allergies that we should be aware of?

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1) Please provide a short narrative describing your child.

2) What are your child's strengths?

3) What are your immediate goals for your child? What do you hope to achieve by utilizing this social skills program?

4) What recommendations, if any, have you received from clinicians, teachers or other professionals regarding your child's need for social skills remediation?

Note: Please include a copy of IEP, School Evaluation, Reports, etc. if applicable

5) Please share any other information that you feel will be helpful to us in working with your child/family.

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Stress Response Evaluation

How does your child usually indicate he/she is becoming anxious or stressed? Check all that apply and add details as needed.

Asks inappropriate questions/makes inappropriate comments

Leaves seat/room

Becomes off task

Meltdown

Becomes silly

Noises/humming increase

Blurts/Yells out

Reduces eye contact

Cries/tearful

Refuses requests

Damages property

Repeats self

Distractibility increases

Shuts down

Facial expression/posture changes

Stares off

Fidgeting/restlessness increase

Voice tone/volume changes

Hurts self/others

Other

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Scheduling Preference Form

We will use your scheduling preference to schedule your child's present therapy as well as potential social skills groups. Please use the following system to fill in the schedule below.

- Write a "0" if your child can NOT attend during that time
- Write a "1" in each square for your preferred times
- Write a "2" for other possible times, but not your preference

EXAMPLE

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------------------|-------------------|----------------------|----------------|-------------------|----------------|
| If available before 3:00, write time available | After 10:30 | After 2:00 | Not Available | Anytime | After 1:00 | Anytime |
| 3:00 | 0 | 1 | 0 | 1 | 1 | 2 |
| 3:30 | 0 | 1 | 0 | 1 | 1 | 2 |
| 4:00 | 1 | 1 | 1 | 1 | 1 | 2 |
| 4:30 | 1 | 1 | 1 | 1 | 1 | 2 |
| 5:00 | 1 | 1 | 1 | 0 | 2 | 0 |
| 5:30 | 0 | 2 | 0 | 0 | 2 | 0 |
| 6:00 | 0 | 2 | 0 | 0 | 2 | 0 |

YOUR PREFERENCES

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------|---------|-----------|----------|--------|----------|
| If available before 3:00, write time available | | | | | | |
| 3:00 | | | | | | |
| 3:30 | | | | | | |
| 4:00 | | | | | | |
| 4:30 | | | | | | |
| 5:00 | | | | | | |
| 5:30 | | | | | | |
| 6:00 | | | | | | |

Are you available on Sundays? If so, what time do you prefer? _____

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Parental Consent

Thank you for choosing *By Design Social Skills LLC* for your child's therapy.

I, _____, hereby give permission for *By Design Social Skills LLC* to provide therapy services to _____.

Child's Name

Signature (Parent/Legal Guardian)

Relationship

Date

Billing Agreement

This agreement will serve as notification that payment for all therapy services is due and payable at the time of service. You will receive a paid receipt via email for each visit. A comprehensive statement is available to you for all paid sessions at any time. It is your responsibility to pursue insurance reimbursement to determine if these services are covered. *By Design Social Skills LLC* does not accept or bill your insurance carrier. Any payment arrangement made between parents and/or legal guardians of the child is a private matter. This office will bill only one parent/guardian. Payment can be made via cash, check or major credit card through the "Make a Payment" section of our website, www.socialskillsnj.com. A \$15 service charge will be added to all outstanding balances of 30 days or more. There will be a \$30 charge for any check returned to us due to insufficient funds.

In the event that you need to cancel or reschedule an appointment, 48 hours' notice is appreciated. If a session is canceled with less than 48 hours' notice a \$35 missed appointment fee will be charged.

If all terms in this Billing Agreement are agreeable and acceptable, please sign below. By signing you are hereby consenting to treatment and acceptance of policies outlined above.

Child's Name

Signature (Parent/Legal Guardian)

Relationship

Date

Insurance Information

Some insurance carriers may reimburse for services if your plan includes out-of-network benefits. If you would like to pursue reimbursement, please provide the information below and you will receive a statement for insurance reimbursement via email when your session has been paid in full.

Insurance Company _____ Member Name _____

Member ID# _____

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Privacy Policy

At By Design Social Skills we are vigilant about protecting client confidentiality. No information regarding our clients is shared with or distributed to any other person or organization without a signed authorization form from the client's parent or guardian. Any questions, comments or complaints can be directed to Beth Nardone-Troast at 973-294-0519.

I _____ have read the above privacy policy.
Parent/Guardian Signature

Date: _____

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Authorization to Disclose Information

I understand that the information about my child that is retained by By Design Social Skills LLC may not be disclosed to another person or organization without my express written authority. I hereby give authority to By Design Social Skills LLC to disclose any and all information regarding:

Child's Name (Print): _____

Date of Birth: _____

To the following individuals:

Name Telephone Number

Name of Organization

Address (Street, City, State, Zip)

Name Telephone Number

Name of Organization

Address (Street, City, State, Zip)

Parent/Guardian Signature Date

Name of Parent/Guardian (Print)

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Skill Evaluation

Please place a check mark next to the skills you'd like to improve in your child. When evaluating each skill, please think about your child's skills relative to their interaction with other children. It is common for a child to be able to exhibit an appropriate behavior with an adult, but not be able to exhibit the same behavior with a peer.

Attending

- Body Orientation
- Eye Contact

Greetings

- Says "Hi" and "Bye" using a peer's name
- Initiates and responds to parting statements
- Introduces himself and others

Manners

- Please, Thank You, You're Welcome
- Apologizes (I'm sorry)
- Compliments
- Telephone Etiquette

Provides Assistance to Others

- Says "bless you" to a sneeze
- Asks "are you okay?"
- Assists friend when at his own home (acts as host)
- Comforts a playmate in distress

Game Play

- Engages in independent play
- Engages in parallel play
- Engages in cooperative play
- Engages in imaginative play
- Shares toys/belongings
- Takes turns
- Plays games
- Compromises
- Follows rules
- Requests items
- Wins/loses appropriately
- Joins group play
- Plays as part of a team

Social Skills

- Asks and answers social questions
- Relates experiences
- Talks about current events
- States self-affirmations ("I'm good at ____")

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Conversation Skills

- _____ Initiates conversation and stays on topic
- _____ Changes conversational topic
- _____ Joins conversations
- _____ Provides background information when introducing a topic
- _____ Vocal tone, inflection and level

Nonverbal Communication

- _____ Gives and follows basic nonverbal commands
- _____ Interprets and labels gestures, postures and body language
- _____ Interprets and follows social cues
- _____ Plays charades

Emotions and Perspective Taking

- _____ Identifies and labels emotions of others
- _____ Labels emotions on self
- _____ Imitates emotions
- _____ Expresses empathy
- _____ Identifies different perspectives taken in a given situation
- _____ Can assess social situations
- _____ Identifies character traits

Direction Giving and Following

- _____ Follows a set of directions
- _____ Gives a set of directions
- _____ Explains how to play a game
- _____ Follows directions in a timely, age appropriate manner

Self-Management

- _____ Sits and attends to simple tasks
- _____ Expresses wants and needs
- _____ Requests assistance
- _____ Delays reinforcement
- _____ Expresses anger appropriately
- _____ Solves problems
- _____ Recognizes and respects personal space
- _____ Exhibits proper behavior in the community (restaurant, library, store, etc.)

Conflict Management

- _____ Resolves conflicts
- _____ Deals with teasing and bullying
- _____ Persuades
- _____ Accepts criticism

Friendship Management

- _____ Shares friends
- _____ Avoids bragging
- _____ Effectively deals with peer pressure