



Registration for Social and Life Skills Group

Date: _____

Participant's Name: _____ D.O.B. _____ Age: _____

Address: _____

City, State, Zip _____

Name(s) of Parent/Guardian (if applicable): _____

Home Phone: _____ Additional Phone Number(s) _____

e-mail address _____

Emergency Contact Information

Name of Contact Person	Relationship	Phone Number(s)

I have graduated/received a certificate of completion (**Please proceed to page 4**)

I am still enrolled in a school program.

School Name and District: _____

Services Received at School: _____

Please list participant's likes and dislikes:

LIKES

DISLIKES

Please list participant's struggles in school and community:

SCHOOL

COMMUNITY

Rating the participant's behaviors from 1-10 (1= high difficulty, 10 = low difficulty) please rate the following:

BEHAVIOR	HOME	SCHOOL	COMMUNITY
Listen to others			
Organize self and materials			
Problem solving			
Attentiveness to others			
Accept responsibility			
Caring and affection			
Display honesty			
Group participation			
Read social cues			
Understand humor			

BEHAVIOR	HOME	SCHOOL	COMMUNITY
Regulate Emotions			
Share materials			
Understand others' feelings			
Ask for assistance			
Converse with			

unfamiliar adults			
Stay on topic			
Argue with authority figures			
Comprehend rules			
Use facial expressions			
Monitor own behaviors			

Please list any information you want to add for successful group participation:

Signature of approval to discuss with the following professionals information regarding your child:
Please list their names below.

Signature to disclose information:

_____ Date: _____

**PLEASE COMPLETE THESE PAGES ONLY IF YOU ARE NOT CURRENTLY ENROLLED
IN A HIGH SCHOOL PROGRAM**

Employment: Unemployed Part-Time Employment Full-Time Employment

Employer/Company Name

City/State

Please describe your job position and any concerns you have regarding your employment:

School: Not in School Part time student Full time student

School Attendance Hours Per Week: _____

College/Trade School

Area of Study

Highest Level of Education Completed:

High School Junior College Bachelor's MS/PhD Trade

Please describe any concerns you have regarding your schooling:

Leisure/Recreation:

I currently participate in the following activities:

- Team Sports Clubs (Chess, Hiking, etc.) Video Games
 Individual sports (Golf, swim, karate etc.) Vacation with Family None

Please describe any concerns you may have regarding the area of leisure and recreation:

Living Arrangements:

- Live Independently Live with Parents Live with Roommates Other

Please describe any concerns you have with your living arrangements:

Please describe in detail what your goals are for seeking assistance.

Please list diagnosis(s) and any medications you have been prescribed:
