

Social Language K-12 Admission Form

Date: _____

Diagnosis Codes: _____ Treatment Codes: _____

Please fill out ALL spaces below to the best of your knowledge. Thank you.

Demographic Information:

Patient Name: _____ Date of Birth: _____

School Name & District: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Street Address: _____ City, State, Zip: _____

Home Phone Number: _____ Parent Cell Phone: _____

Siblings: Name & Age: _____

Emergency Contact Name: _____ Phone Number: _____

Primary Care Physician: _____

How did you learn about our program? _____

Insurance Information:

Primary Insurance: _____ Phone: _____

Subscriber Name: _____ Date of Birth: _____

ID Number: _____ Group Number: _____

Secondary Insurance: _____ Phone: _____

Subscriber Name: _____ Date of Birth: _____

ID Number: _____ Group Number: _____

Parent Assessment:

Current Services: OT Speech Resource 1:1 Aide SDC Class Other: _____

When was your last IEP? _____ Triennial Testing? (Every 3 yrs): _____

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

Please list the classes or topics your child does BEST in at school:

Please list the classes or topics your child struggles the most with at school:

What are his/her least favorite classes?

Behaviors: Please Check Behaviors That Describe Your Child. Please Check All That Apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Anxious | <input type="checkbox"/> Externally distracted |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Aloof/Internally distracted |
| <input type="checkbox"/> Rigid (my way or the highway attitude) | <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Withdrawn (may hide or emotionally shut down when upset) |
| <input type="checkbox"/> Verbally aggressive to peers or adults (describe) | | |

Additional Comments: _____

Please rate your child on a 1-5 scale (5=Great Performance)

Paying attention to others		Understanding personal space	
Asking questions about others		Participating in a group	
Making eye contact		Accurately identifying facial expressions	
Understanding the feelings of others		Accurately identifying body language	
Showing empathy		Greeting others	
Listening		Participating in a conversation	
Understanding what people mean by what they say		Quantity of information provided	
Doing Homework		Adding relevant comments to a conversation	
Turning in homework		Apologizing	
Keeping backpack organized		Asking for help	
Keeping school desk organized		Personal problem solving	
Taking responsibility for self		Compromising and/or negotiating	
Understanding consequences		Doing chores	

Please write a brief letter describing your student.

Including information about the following areas helps us obtain a clear picture of your student, which will increase our ability to find an appropriate placement.

- Your student's strengths and challenges related to functioning in the social world
- Describe his/her interactions with peers
- Describe his/her awareness of their challenges (e.g., Are they aware of how others perceive them, do they think that they are perceived as "different" from their peers?)
- How well does he/she understand that his/her actions and words affect others?
- How does he/she respond to every day problems, such as changes in the schedule, peer conflicts, etc?
- Is your child aware of his/her diagnosis?

EXCHANGE OF INFORMATION

Student Name: _____ Date of Birth: _____

Parent Name: _____

I give permission for any employee of Harbor Speech Pathology to share, receive or exchange information with any of the following people regarding the educational or medical treatment of my child. We recommend that you list professionals who have worked with your child as well as the child's school so that we can obtain the most useful information.

INFORMATION TO BE RELEASED:	YES	NO
Progress reports	_____	_____
Evaluations of treatment participation	_____	_____
Medical history/Social history	_____	_____
Alcohol and other drug history	_____	_____
Psychological/Psychiatric testing, evaluation and reports	_____	_____
Other (specify) _____	_____	_____

Professional's Name—Print Clearly

Title

Telephone

Company

Professional's Name—Print Clearly

Title

Telephone

Company

Professional's Name—Print Clearly

Title

Telephone

Company

Professional's Name—Print Clearly

Title

Telephone

Company

Parent/ Guardian Signature

Date

OUTING PERMISSION

I give permission for my child, _____, to walk in the community during some therapy sessions with a therapist from Harbor Speech Pathology as part of treatment.

Parent/ Guardian Signature

Date

Please list any food allergies or diet restrictions for your child:

People permitted to pick up your child:

1. _____
Print Name Clearly

Phone Number

2. _____
Print Name Clearly

Phone Number

PARENTS PLEASE HAVE AS MANY EDUCATORS FILL THIS OUT AS POSSIBLE!

Dear Professional,

_____ (name of student) is either being considered for placement in a group or seeking an evaluation at our clinic. It will be of great benefit to have you complete the below information regarding this student based on your own experience.

Please return this form to the person who gave it to you or fax it to our office at (253) 514-8261.

Your Name: _____ Relationship to Student: _____

Please check off how you feel this person does in your setting in the following areas:

Skills to Explore	Above Grade Level	At Grade Level	Below Grade Level	Not Observed	Comments
Math					
Reading decoding					
Written expression					
Participating as part of the large group during class discussion/lecture					
Participating as part of a small work group in class					
Making and keeping friends during free time					
Ability to ask for help in class					
Organizational skills while in class					
Organizational skills from home to school and back					
Does this child stand out as unique in his interpersonal skills, either in class or out of class?	Yes or No, if Yes, please explain:				
Do you anticipate that this student will encounter more challenges in future school years?	Yes or No, if Yes, please explain:				
How would this student's peers describe them?					

Any further comments?