

Attach  
recent  
child  
photo  
here

# Application

## Kid's Corner

A Social Skills Group for Children with ASD

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_ Can your child read and write? \_\_\_\_\_

Family/Parent E-Mail: \_\_\_\_\_

- My child attended Kelberman Center social skills groups in the past.
- My child attended another social skills group in the past. (please specify: \_\_\_\_\_)
- My child has never attended social skills groups.
  
- My child IS Medicaid Waiver Eligible.
- My child has been denied Medicaid Waiver services.
- We have never applied for Medicaid Waiver Services for my child.
  
- My child has received services from the Kelberman Center. Please list:  
\_\_\_\_\_

What does your child like to do? What are his/her interests?

---

---

---

What activities does your child dislike? Are there activities he/she will not do?

---

---

---

What do you hope your child will get out of social skills group?

---

---

---

In school, what is your child's educational placement? Does your child have an aide?

---

---

---

Describe any sensory issues your child may have (loud noises, touching, etc.)

---

---

---

Please describe any behavioral concerns for your child. What usually causes these behaviors? What are some effective ways to deal with them?

---

---

---

---

---

---

Please explain any special precautions that should be taken when interacting with your child (biting, hitting, scratching, doesn't like to be touched, etc.)

---

---

---

What else would you like us to know about your child?

---

---

---

