



Dear Parents,

Thank you for your interest in the Social Skills Groups at North Shore Speech Therapy. The groups are always rewarding and enjoyable for those involved. In order to ensure maximum benefit for your child, please complete this questionnaire providing as much detail as possible.

Child's Name:		Date of Birth:	
Parent's Name/s:			
Address:		Phone Numbers:	h) w) m) email)
School Name:		Emergency Contact:	Name: Contact Number/s: h) w) m) Relationship:
School Address:			
School Phone No.:			
School Year & Teacher:		Other therapists involved with your child's care	Profession Name
Health Insurance: <i>You should be able to claim back a significant amount from your private health fund</i>			

Who suggested that your child attend the Social Skills Group?

Please describe your child's difficulties

Does your child have any behaviours that might inhibit his/her progress in the group? (If Yes, please describe the behaviours and note any successful strategies that you currently use.)

If your child has been seen by other professionals (i.e. Speech Pathologists / Paediatricians / Psychologists) in the past please elaborate on any findings, diagnoses and treatment.

Does your child have any particular dietary requirements (eg, no lollies or no preservatives etc.)

Please list some of your child's interests

Please list some of your child's strengths (at school or at home).



How would you rate your child's performance on the following tasks?

1) Greeting familiar people.

No Difficulty	Some Difficulty	Lots of Difficulty
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2) Starting a conversation.

No Difficulty	Some Difficulty	Lots of Difficulty
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3) Taking turns in games/activities and sharing.

No Difficulty	Some Difficulty	Lots of Difficulty
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4) Taking turns in conversation.

No Difficulty	Some Difficulty	Lots of Difficulty
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5) Staying on the topic of conversation, i.e., not going off on tangents.

No Difficulty	Some Difficulty	Lots of Difficulty
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6) Changing the topic of conversation appropriately, i.e., not too abruptly or not interrupting.

No Difficulty	Some Difficulty	Lots of Difficulty
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7) Making and Keeping friends.

No Difficulty	Some Difficulty	Lots of Difficulty
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8) Making eye-contact when speaking with someone.

No Difficulty	Some Difficulty	Lots of Difficulty
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9) Solving Problems.

No Difficulty	Some Difficulty	Lots of Difficulty
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10) Working in a group.

No Difficulty	Some Difficulty	Lots of Difficulty
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11) Avoiding arguments with peers of own age.

No Difficulty	Some Difficulty	Lots of Difficulty
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If you have any other information about your child, comments about what you wish for your child to achieve from the group, or suggestions, please write them here:

Thankyou for taking the time to fill in this questionnaire, it will most certainly help with ensuring that you child gains as much as possible from the group.

To assist us with future advertising please check the boxes that apply:

How did you find out about the groups?

- School Newsletter (school) _____
- School Teacher (school) _____
- School Principal (school) _____
- School Counsellor (school) _____
- Saw flyer displayed (where) _____
- Friend (who) _____
- Other (details please) _____

Due to the extensive preparation that is involved with the group, a deposit of \$100 is required to secure a place for your child. The deposit should be paid ASAP as a place cannot be held without it.

Please pay via cash, cheque (made out to: Lauren Reinhardt) or Credit Card.

The deposit will count towards the total fee of \$490, therefore only \$390 need be paid at the commencement of the group.

CREDIT CARD PAYMENT

Visa/Mastercard

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EXP: _____ / _____

AMOUNT: _____

SIGN: _____

If you have recent reports from your child’s school, therapists, paediatrician etc., it is recommended that you send a copy of these with the questionnaire. The reports prove useful in preparing for your child’s needs.

We will be compiling an “All About Me” board for children to learn about each other. A standard sized photograph (15cm X 10cm) is required for this board.



BEFORE YOU SEND THIS INFORMATION PLEASE CHECK THAT YOU HAVE ENCLOSED THE FOLLOWING:

- Completed questionnaire
- Deposit of \$100
- Recent Reports
- A recent photograph of your child for our "All About Me" board.
- Circled the group you would like from the table below
- Consent form for you child to be videotaped during the groups (below)

Send To:

North Shore Speech Therapy
7/56 Neridah St, Chatswood 2067

PLEASE SELECT THE GROUP OF INTEREST FOR YOUR CHILD FROM THE TABLE BELOW.

JANUARY 18th -> 22nd	APRIL 12th -> 16th	JULY 5th -> 9th	SEPT 27th -> OCT 1st
Chatswood	Hornsby Clinic	Hornsby Clinic	Chatswood
Social Skills for School Starters -9am -> 10:30am	Junior -9am -> 10:30am	Junior -9am -> 10:30am	Junior -9am -> 10:30am
Basic -11:30am -> 1pm	Basic -11:30am -> 1pm	Basic -11:30am -> 1pm	Basic -11:30am -> 1pm
Advanced -2pm -> 3:30pm	Advanced -2pm -> 3:30pm	Advanced -2pm -> 3:30pm	Advanced -2pm -> 3:30pm

CONSENT FOR RECORDING

Dear Parents,

Part of the teaching of each social skill will involve your child role-playing the various steps taught during the session. The role-plays will be videotaped and then played back to the children for direct feedback and discussion. The videotapes will be used for educational purposes only. Please sign the form below to grant permission for your child to be videotaped during the Social Skills Group.

I _____ (Parent/Guardian) hereby give permission for my son/daughter _____ to be videotaped during the Social Skills Group at North Shore Speech Therapy. I am aware that the tapes will only be used for educational purposes.

Signed: _____

Date: _____