

Social Groups Application

This application is the second step in the intake and enrollment process for social groups at Heartspring. We use this information to decide how to best serve your child. Upon receipt and review of the form, we will follow up with you to discuss your family's needs in more detail and review the next steps. Heartspring will decide if CARE Clubs and/or PEERS (a social skills group therapy) is right for you.

1. Child's Name**2. Child's Birth Date****3. Grade****4. Authorized Rep/Parent/Guardian's Name****5. Parent/Guardian Email****6. Parent/Guardian Phone Number****7. Enrollment Status**

We have **never** been enrolled in a program at Heartspring.

We are **currently** enrolled in a program at Heartspring (please explain):

We were **previously** enrolled in program at Heartspring (please explain):

8. Identify three top priorities for skills that you would like to see addressed in social groups. Please choose targets that you feel will have the most impact for your child and your family.

1.

2.

3.

9. Challenging Behaviors (Please check if there is occurrence in the last six months)

Self-injury

Aggression towards peers

Aggression towards adults

Elopement (leaving area without permission/wandering off)

Property destruction

Tantrum (screaming/flopping to floor - length of time or intensity beyond what is "typical" for child's age)

Disruptive Vocalizations

Stealing

Argumentative/Tantrums/Disobeying

No problem behavior of this kind

Other

10. Classroom Placement

In district self-contained

In district inclusion

In district other

In district general education

Out of district specialized program

Homeschool

Other

11. Communication

No formal mode of communication
Alternative communication (sign, PECS, communication device)
Are they proficient or do they have emerging skills?
Proficient
Emerging Skills
Single words
Phrases
Independent Sentences

12. Independence

Requires consistent 1:1 support
May require 1:1 support dependent upon activity
Does not require 1:1 in small group (1:4 ratio)

13. Describe your child's interest in other kids/ forming friendships.

I am unsure
Very resistant
Seems disinterested
Interested
Very interested

14. My child's interests include:**15. What social concerns do you have for your child? Please check all that apply**

Has trouble making friends
Has trouble keeping friends
Number of close friends: ____
Is bossy, controlling, or aggressive with peers
Is inattentive or spacey with peers
Has trouble sharing
Has trouble resolving conflict
Most peers do not accept him/her
Most peers avoid and ignore him/her
Adolescents reject him/her
Is not invited for get-togethers

16. How did you hear about Heartspring's social groups?

Personal referral from currently or previously enrolled family
School personnel
Medical provider
Social media
Resource fair
Google search
Other

17. Any additional questions or comments for our team?

Please keep in mind that communications via email over the internet are not secure.

Contact Heartspring Medical Records at 316-634-8769 to have an encrypted email sent, or the form can be faxed to: 316-634-8891

Or mailed to:

Heartspring
8700 E 29th St. N.
Wichita, KS 67226