



SOCIAL THINKING INTAKE

Child's Name: _____ D.O.B.: _____

Parents/Guardian Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Cell: _____

Email Address: _____

Form Completed By: _____ Date: _____

Referred By: _____

Pediatrician: _____ Phone: _____

Languages Spoken at home: _____

Medical History (check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Chronic Colds/respiratory infections | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> High Fever |
| <input type="checkbox"/> Head Trauma | | <input type="checkbox"/> Tonsillitis |

Diagnostic Label: _____

Is your child taking any medication? No If yes, please list.

Does your child have any food allergies? No If yes, please list.

Is your child on any special diet or dietary restrictions? No If yes, please describe.

Sensory History (check all that apply)

- Fussy infant
- Difficult to calm
- Very active
- Sensitive to textures
- Toe walking
- Separation difficulties
- Sleep issues
- Resistance to cuddling/being held
- Poor eye contact
- Sensitive to sounds
- Sensitive to movement
- Anxiety
- Perseverative

Educational History

Current School: _____ Grade _____

Program (If applicable, ex. LAD, Asperger's): _____

Current IEP/504 Plan? No **If Yes, Please Provide a Copy**

Current Services: OT Speech Resource 1:1 Aide

Behavior Plan No **If Yes, Please Provide a Copy**

My child is	Below Grade Level	At Grade Level	Above Grade Level
Reading			
Math			

Social Learning

Please list strengths and weaknesses your child has in the area of social skills.

Strengths:

Challenges:

Please list three **goals** you have for your child in the area of social skills.

1.

2.

3.

What are some of your child's **interests/activities** within and out of school?

Are there any situations, relevant to our group, which may **upset or agitate** your child?

Does your child play with children with his/her own age? Yes No
If No, what age children is he/she most comfortable with?

Does your child seek friendships with peers? Yes No

Additional Comments:

In order to assist the therapist get a complete profile of your child's strengths and weaknesses, please check off any and all areas which you feel may **currently** apply to your child:

Auditory Processing

- Does not listen carefully to directions
- Sometimes misunderstands what is said
- Needs extra time to respond to questions
- Background noise makes following verbal instructions even more difficult
- Says "huh" or "what" in response to questions
- Does not respond to name when called

Listening:

- Has difficulty paying attention
- Has difficulty following spoken directions
- Has difficulty remembering things people say
- Has difficulty understanding what people are saying
- Has difficulty listening without repetitions
- Has difficulty understanding the meaning of words
- Has difficulty understanding new ideas
- Has difficulty looking at people when talking or listening
- Has difficulty understanding facial expressions, gestures, or body language

Attention:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- Often has difficulty sustaining attention in tasks or play activities in school and at home
- Has difficulty organizing tasks and activities
- Often loses things necessary for tasks and activities (e.g. toys, school assignments, pencils, books, or tools)
- Fidgets with hands or feet or squirms in seat
- Leaves seat in classroom or in other situations in which remaining seated is expected
- Easily distracted
- Often blurts out answers before the questions have been completed
- Has difficulty awaiting turn
- Daydreams and/or is inattentive

Speaking:

- Has difficulty answering questions people ask

- Has difficulty answering questions as quickly as other students
- Has difficulty asking for help when needed
- Has difficulty asking questions
- Has difficulty using a variety of vocabulary words when talking
- Has difficulty expressing thoughts
- Has difficulty describing things to people
- Has difficulty getting to the point when talking
- Has difficulty putting events in the right order when telling stories or talking about things that happened
- Has difficulty using appropriate grammar when talking
- Has difficulty using complete sentences when talking
- Talks in short, choppy sentences
- Has difficulty expanding an answer or providing details when talking
- Has difficulty having a conversation with someone
- Has difficulty talking with a group of people
- Has difficulty saying something another way when someone doesn't understand

Word Retrieval

- Knows the word (s)he wants to say, but cannot think of it
- Has difficulty remembering the names of people, places, objects that he/she knows.
- Substitutes words with a similar word or by describing the word by category, function, or what it looks like
- There is sometimes a long delay when he/she cannot think of the word
- Makes false starts and revisions when relating an experience (e.g. "we were...Bob and I went to the game")
- Uses time fillers when trying to think of a word (e.g., um..er..um..computer)
- Gives too much information, includes irrelevancies

Behaviors

- | | | |
|-----------------|-------------------------|-------------------------------|
| □ Motivated | □ Anxious | □ Externally distracted |
| □ Impulsive | □ Oppositional | □ Aloof/Internally distracted |
| □ Rigid | □ Physically aggressive | □ Verbally aggressive |
| □ Withdrawn/Shy | | |