



Social Group Interest Form

Child's Name _____ Date _____

Grade (2014-2015) _____ School _____ Date of Birth _____

Parents Names _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

SCHEDULE:

My child **IS** available for group on the following days/times. (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
9am					
10am					
11am					
12pm					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					

I am interested in the following group:

- | | | |
|--|---|--|
| <input type="checkbox"/> Social Thinking 101 | <input type="checkbox"/> Social Adventure | <input type="checkbox"/> Mad Science |
| <input type="checkbox"/> Teen Group | <input type="checkbox"/> Curriculum-Based Writing | <input type="checkbox"/> Dyad |
| <input type="checkbox"/> Social Literacy | <input type="checkbox"/> In the Moment | <input type="checkbox"/> We Can Make It Better |
| <input type="checkbox"/> Story Time | <input type="checkbox"/> Social Motor Groups | <input type="checkbox"/> Other _____ |

Upon receipt of this form those new to the center will be contacted to set up a "Meet and Greet" appointment. This will allow us to learn about your child and determine which group is most appropriate. We request current IEPs and/or evaluations for all students.