



## INTAKE FORM FOR SOCIAL SKILLS TRAINING PROJECT

NAME OF CLIENT \_\_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

NAMES OF IMMEDIATE FAMILY MEMBERS \_\_\_\_\_

MARITAL STATUS (if child, status of parents): (circle) SINGLE, MARRIED, SEPARATED, DIVORCED

EMAIL ADDRESS (to receive confirmation that we received form): \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE OR EQUIVALENT \_\_\_\_\_

WHAT KIND OF CLASS IS STUDENT IN: (For children and adolescents only. Circle all that apply:

1. REGULAR EDUCATION/FULLY MAINSTREAMED
2. REGULAR ED WITH SUPPORTS (AIDE, 504 PLAN, OTHER \_\_\_\_\_)
3. RESOURCE ROOM FOR SUBJECTS: \_\_\_\_\_
4. SELF-CONTAINED CLASS
5. SPECIAL ED SCHOOL
6. DISCRETE TRIAL OR ABA HOME PROGRAM
7. OTHER: \_\_\_\_\_

WORK STATUS (For adult clients only. Circle all that apply)

1. CURRENTLY EMPLOYED AS A \_\_\_\_\_
2. LOOKING FOR EMPLOYMENT AS \_\_\_\_\_
3. INVOLVED WITH THE OFFICE OF VOCATIONAL REHABILITATION TO FIND EMPLOYMENT
4. WORKING IN A SHELTERED WORKSHOP
5. GOING TO COLLEGE AT \_\_\_\_\_
6. GETTING SPECIFIC VOCATIONAL TRAINING AT \_\_\_\_\_

ANY FORMAL DIAGNOSES \_\_\_\_\_

ANY MEDICATIONS (dose and frequency) \_\_\_\_\_

SPECIFIC CONCERNS: (State your specific concerns and those expressed by teachers and others.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY HISTORY OF SUICIDAL THOUGHTS OR GESTURES (words or actions) \_\_\_\_\_

\_\_\_\_\_

ANY AGGRESSIVE BEHAVIORS (e.g., hitting, biting, or verbal threats) \_\_\_\_\_

\_\_\_\_\_

POSSIBLE SERVICES DESIRED: Circle desired services

1. SOCIAL SKILLS NEEDS ASSESSMENT	2. INDIVIDUAL OR FAMILY THERAPY
3. DIAGNOSTIC EVALUATION	4. SOCIAL SKILLS: GROUP OR INDIVIDUAL
5. SCHOOL CONSULTATION FOR SOCIAL OR BEHAVIORAL CONCERNS	6. HOME BEHAVIOR PROBLEM ASSESSMENT, DEVELOPMENT OF A BEHAVIOR PLAN AND PARENT TRAINING
7. PEER SENSITIVITY TRAINING	8. SCHOOL INSERVICE TRAINING

AVAILABILITY FOR APPOINTMENT TIMES (the more times you list, the easier it will be to make an appointment) \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_