

Friendship Club Information Sheet

Child First & Last Name: _____

Age: _____ DOB: _____

Parental Information

Parents are: living together (not married) ___ Married ___ Separated ___ Divorced ___

Who has custody of the child or is legal guardian? _____

Parent(s) First & Last Name: _____

Parent(s) Phone # & email address:

Sibling and/or Persons Living in the same household

Name	DOB(age)	Sex	Relationship
------	----------	-----	--------------

Physical Health Information:

Any current health conditions?

Allergies:

Medications your child is currently taking:

Is your able to use the toilet independently:

Mental Health Information:

Is your child currently being seen by a therapist at Child Success Center?

If yes, please give the name of therapist

Is your child receiving any other therapeutic interventions?

If so, please explain.

Educational History:

Is your child currently in preschool/school?¹

Mainstream or Special Education?

Current services your child is receiving (one on one behavior aide, etc.) ?

Social Relations/Friends:

Would you say your child is a leader, follower, disinterested, or parallel plays?

Does your child separate easily from caregivers?

What are his/her most prized possessions?

In what situations does he/she become most upset or concerned?

What does your child do when they become upset/angry/afraid?

How is your child comforted?

What are some ways of setting limits or enforcing family rules have you found most successful with your child?

Friendship Club:

Please check the items you would like addressed for your child in Friendship Club, and comment on their current level utilizing or difficulty with the skills below.

Following Directions

Comment:

Following Rules in class/at home

Comment:

Accepting losing/taking turns

Comment:

Accepting performing non-preferred tasks

Comment:

Regulating emotions (sad, angry, silly, excited, nervous)

Comment:

Respecting personal space

Comment:

Problem Solving (peer conflict)

Comment:

Non-verbal communication

Comment:

Reading social situations

Comment:

Working in groups

Comment:

Self-Esteem building

Comment:

Reading the room- noticing feelings of others/responding appropriately

Comment:

Fine motor enhancement

Comment:

Gross motor enhancement

Comment:

Increase attention/sitting in groups

Comment:

Transitioning from one activity to another

Comment:

Following multi-step directions

Comment:

Other (please specify)_____

Any additional information that you would like to share: