



ASSIST
ACQUIRING SOCIAL SKILLS THROUGH
INTERVENTION SUPPORT AND TRAINING
Application Form

Date: _____

Name – parent(s)/guardians(s): (last) _____ (first) _____

Address: _____

Phone: _____

Name –child: (last) _____ (first) _____

D.O.B.: _____

Gender: _____

Social Security Number: _____

TABS: _____

School: _____

Age: _____ **Favorite Activity:** _____

What are your child’s strengths? _____

List your child’s 2 strongest social skills and rate each on a scale of 1 – 10 (10 being strongest).

1. _____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____ 10

2. _____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____ 10

What behavioral concerns do you have for your child? _____

List your child’s 2 weakest social skills and rate each on a scale of 1 – 10 (10 being strongest)

1. _____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____ 10

2. _____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____ 10

What expectations do you have for your child from attending this group? Be specific, if possible-(ex.: I want him/her to be able to take turns...to approach peers in an appropriate manner, etc.).

Special Interests: _____

Group activities in which your child participates: _____

In which social settings is your child most comfortable? _____

In which social settings is your child most uncomfortable? _____

What are your greatest concerns about your child's social skills? _____

How does your child interact with other children? _____

EXAMPLES OF SOCIAL SKILLS

- Taking turns.
- Greeting others.
- Paying attention to others.
- Helping others.
- Responding to re-direction.
- Seeks & or accepts help from others.
- Accepts no.
- Anger management.
- Interacting positively and appropriately within a group.
- Conversational skills.
- Models appropriate peer behavior.
- Behavior control.
- Developing friendships / relationships.
- Participates in group activities.
- Communicating within a group.
- Self-confidence within a group.
- Sharing

To register complete items 1 through 4.

- 1) Completed application form, printed clearly.
- 2) Signed and dated photo release form.
- 3) Complete HIPAA/Notice of Privacy Practices Signature Page- filled out, signed and dated.
- 4) **Proof of OPWDD ELIGIBILITY (REQUIRED)**- Notice of Decision from Hudson Valley DDRO acceptable for submission.

Please return to:
Mental Health Association
Developmental Disabilities Family Support Services
73 James P. Kelly Way Middletown, NY 10940
Fax: 845-343-9665
jmarkman@mhaorangeny.com