

## **Children's Learning Connection Social Skills Group Information Packet**

### Table of Contents:

1. Mission Statement and CLC's approach to teaching social skills
2. Registration Procedure
3. Social Skills Group Policy
4. Session Structure
5. Intake Form
6. Registration Form
7. Parent Questionnaire
8. Parent Checklist

Please bring completed forms and any relevant documentation with you to the pre group interview!!

## **Mission Statement and CLC's approach to Social Skills Therapy**

Our mission is to facilitate the development of social skills that relate to communication, problem solving and play that influence performance in the home, community, and school environments by systematically guiding the child along the hierarchy of skills necessary to navigate the social world.

Curriculum developed from:

- Assessment of Basic Language and Learning Skills - Revised (ABLLS-R)
- Developmental Assessment of Young Children (DAY-C)
- Hawaii Early Learning Profile (HELP)

Our curriculum will address the following social skills:

- Problem solving/Planning
- Communication Skills and Social Pragmatics
- Inference and perspective taking skills
- Cooperative Group Behavior
- Emotions
- Interactive Play Skills
- Establishing and Maintaining Peer Relationships
- Observational Learning

Prerequisite skills required for children to benefit from social skill instructions:

- Infrequent demonstrations of disruptive/problem behaviors
- Responds to prompting strategies provided by adults
- Responds to directions provided by adults

Strategies utilized for teaching social skills:

- Role play
- Social Stories
- Video Modeling
- Video Feedback
- Positive Practice/Rehearsal
- Self-Monitoring
- Behaviorally based teaching strategies to include task analysis, various prompting and reinforcement procedures (including but not limited to peer to peer prompting, group incentives, etc.)

**Session Structure:**

All sessions will last one clinical hour. Sessions will generally include the following elements: Group greetings, share or story, lesson targeting identified skills, cooperative play time and parent briefing via discussion or notes.

## Registration Procedure

The enrollment process consists of 3 steps:

1. Fill out **intake form** and mail or fax to CLC (attn: Social Skills Group Director)
2. You will be contacted either by email or phone informing you that we have received your child's application. If there is an available opening in one of our groups you will be contacted to set up a **pre-group interview**. The pre-group interview is not a formal evaluation, it is an opportunity for the therapist to meet you and your child for approximately 30 minutes to gather baseline data (based on observations and parent interview) enabling the therapist to place your child with an appropriate group. If there is not an opening available your child will be placed on our wait list. We will contact you when there is an opening in an appropriate group. There is a non-refundable fee for the pre-group interview of \$50.00. Please complete and bring **parent questionnaire**, and any other relevant information (recent copy of IEP, recent medical or diagnostic reports) that may help us appropriately place your child in an optimally challenging group. (Please note: Children who have been seen previously or within the last 6 months at CLC are not required to participate in the pre-group interview.)
3. If we determine that your child will benefit from CLC's Social Skills group we will place them in an appropriate group. A **registration form** will be collected. Children are placed in groups based on similar goals, age, and grade levels. If there are no openings in that group, I can place my child on a waiting list.
4. Once your child is placed in a group goals will be established within 30 days.

## Social Skills Group Policy

- Sessions will be run by ABA trained and licensed Speech Pathologist, Behavior Specialist or a Senior Level ABA Developmental Specialist.
- A progress report will be provided semi-annually. The progress report will include progress towards established goals and if appropriate, additional goals will be added.
- Sessions will occur weekly and continuously throughout the year.
- It is required to provide one month's notice if you decide to withdraw your child from their group placement.
- It is required to cancel a session with at least 24 hours notice; otherwise, you will be billed at the regular rate.
- Payments must be received weekly.
- We will observe all major school holidays in addition to a two week summer break in August.
- In order to generalize targeted skills across multiple environments we ask that families commit to practicing the concepts addressed in sessions.
- Students will be provided with binders for use in sessions and to share with caretakers in the home environment.

### Rates:

60 minute Group session (3:1)	85.00
Pre- Group Interview	50.00

**Social Skills Group  
Intake Form**

**CONTACT INFORMATION**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

**CHILD'S INFORMATION**

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis (if any): \_\_\_\_\_

School: \_\_\_\_\_ Regular Ed: \_\_\_\_\_ Special Ed: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Aide: (circle) Y/N % (of day)

SLP services: (therapist/frequency) \_\_\_\_\_

Addressing: \_\_\_\_\_

OT services: (therapist/frequency) \_\_\_\_\_

Addressing \_\_\_\_\_

Behavioral Services:  
(therapist/frequency) \_\_\_\_\_

Addressing \_\_\_\_\_

**COMMUNICATION LEVELS**

At what level does your child communicate (check) Words \_\_\_\_ phrases \_\_\_\_ sentences \_\_\_\_ conversation \_\_\_\_

(Please rate: good, fair, poor) Eye contact \_\_\_\_\_ Greetings \_\_\_\_\_

**SOCIAL SITUATION QUESTIONS**

Can your child handle a group setting (4-6 kids) with 1 therapist and structured lessons?  
\_\_\_\_\_

Can your child do table top activities for 10 minutes? Y/N 20 minutes? Y/N 30+ minutes? Y/N

---

Does your child display any negative behaviors (e.g.) verbal or physical aggression towards other students)?

---

What are you main reasons for having your child participate in social skills group?

---

---

---

**Social Skills Group  
Registration Form**

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Second phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email address \_\_\_\_\_

**Please initial and sign below to indicate your agreement with the following statements:**

I understand and agree that the Social Skills Group Therapists will determine if my child is appropriate for group therapy and will arrange groups according to age, diagnosis, and similar goals. My child will then be placed in the most appropriate group as determined by these therapists. If there are no openings in a group, I can place my child on a waiting list.

Students will be videotaped for clinical and therapeutic purposes unless otherwise specified.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Please make checks payable and send registration forms to:**

**Children's Learning Connection**

**Attn: Mary Nashed**

**Social Skills Group  
Parent Questionnaire**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please give a brief description of your child's educational program and any additional support they are provided during the school day:**

---

---

---

---

---

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

**Strengths:**

---

---

---

---

---

**Weaknesses:**

---

---

---

---

---

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

1. \_\_\_\_\_

---

---

2. \_\_\_\_\_

---

---

3. \_\_\_\_\_

---

---

**Can your child work independently in a structured group setting? (Please describe)**

---

---

---

**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 have any allergies (food or otherwise) or other medical conditions we need to be aware of?**

---

---

**Please add any additional comments and/or information regarding your child, which you feel would be relevant to our social skills therapy group.**

---

---

---

---

---

**Thank You.**

## Parent Checklist

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Rank the top *five* (1 being the most important) social skills that need to be addressed.**

\_\_\_\_\_ Listening skills  
groups

\_\_\_\_\_ Participating in

\_\_\_\_\_ Greeting others

\_\_\_\_\_ Compromising

\_\_\_\_\_ Eye contact

\_\_\_\_\_ Negotiating

\_\_\_\_\_ Initiating a conversation

\_\_\_\_\_ Identifying problems

\_\_\_\_\_ Making supportive comments  
space

\_\_\_\_\_ Proximity/personal

\_\_\_\_\_ Making comments in conversation

\_\_\_\_\_ Apologizing

\_\_\_\_\_ Keeping comments brief

\_\_\_\_\_ Identifying emotions

\_\_\_\_\_ Asking questions  
consequences

\_\_\_\_\_ Identifying

\_\_\_\_\_ Answering questions

\_\_\_\_\_ Imaginative play

\_\_\_\_\_ Asking for help

\_\_\_\_\_ Waiting for a turn in conversation

\_\_\_\_\_ Using appropriate vocal tone/volume

\_\_\_\_\_ Asking questions about others

\_\_\_\_\_ Identifying facial expressions

\_\_\_\_\_ Exhibiting appropriate facial expressions

\_\_\_\_\_ Using appropriate body language

\_\_\_\_\_ Identifying appropriate body language

\_\_\_\_\_ Joining in with peers

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_