



**Comprehensive Registration Packet  
Speech, Language & Social Skills Therapy**

Welcome to Social Strides!

Enclosed are the necessary registration forms and questionnaire. We ask that you return the completed documents prior to or during the intake evaluation (meet and greet). Please remember that while our initial meeting and completion of the registration forms do not guarantee placement in our program at a specific time, this information helps us to determine the best possible course of treatment and group fit for your child. It is imperative to complete and turn in a time availability worksheet; your final schedule depends upon this information.

We are an "out of network" provider. You will be invoiced for the month at the end of each month and will receive a receipt for all payments. *One excused absence for any reason is allowed per semester without charge* and we ask for 24 hours advance notice in the event of a cancellation. If you have questions about the procedures or amount of fees your insurance or school district will cover, please contact them directly.

Please send us a copy of the most current diagnostic information to include the following (*if available*) so that we will have documentation for insurance coding and history on your child's needs and progress to date/in the future:

- psycho-educational results
- speech/language/social skills testing and/or therapy summaries
- current I.E.P.
- O.T. or behavioral summaries, evaluations/reports
- psychiatric/neuro-psychiatric evaluations

If you should have any questions about our services, feel free to call us at 650.533.8533. Thank you for selecting Social Strides. We look forward to seeing you!

Best regards,  
Diane Levinthal, Director

**STUDENT INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M/F Grade: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Cod \_\_\_\_\_

Mother: Last: \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Father: Last: \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Who referred you to Social Strides Speech/Language?

\_\_\_\_\_

**BILLING INFORMATION**

**If billing address is different than the above address**

Last: \_\_\_\_\_ First \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**FAMILY/MEDICAL INFORMATION:**

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (circle one) Married Single Divorced Separated

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Please describe your concerns regarding your child's speech, language and social skills development:

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

Does your child have a formal diagnosis? \_\_\_\_\_

Who made the diagnosis and where? \_\_\_\_\_

Are there any concomitant diagnoses such as ADHD? \_\_\_\_\_

Is your child taking medication? \_\_\_\_\_

**Is s/he on any special diet/experiencing allergies to specific foods or substances?**

\_\_\_\_\_

Is s/he aware of his/her diagnosis? Yes/No Explain:

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

Are your child's siblings aware of the diagnosis, and if so, in what detail?

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

Has your child's hearing been tested? Yes/No If yes, where and when?

\_\_\_\_\_

What were the results? \_\_\_\_\_

Any accidents, injuries or hospitalizations?

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

**BACKGROUND INFORMATION:**

How would you describe your child's communication strengths? Other strengths?

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

Has your child ever received speech/language or social skills help? Yes/No  
If so, where and for how long?

In what ways have you tried to help your child with communication?

Family history of speech/language/social difficulties? Yes/No Please describe:

**SOCIAL THINKING/BEHAVIOR:**

Does your child have any difficulty playing with peers and so, please describe:

What are your child's favorite games/activities?

How much does your child enjoy watching TV, playing video games, or using the computer?

How long does your child stay at one activity?

How would you describe your child's behavior in conversation? (one-sided?, non-responsive?, does/doesn't ask questions about others?, better with some people rather than others?)  
Please record a couple of sample sentences here of your child's spontaneous speech:

How does your child respond to changes in routine, or in changes for the plan for that day?

Other behaviors you are concerned about?

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Please describe how your child demonstrates emotion and give examples of the context (e.g., is s/he able to calm his/herself? Can he express frustration without anger? Does he get physical when agitated? Does he tend to stay in an emotional state for any length of time? Is s/he able to be calmed by others – how?, what is your child's general mood at home/school?, etc. Can s/he problem solve and negotiate situations with peers/siblings?

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What sorts of rewards and consequences have worked for your child at home/school? What motivates your child? Special interests?

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What sorts of rewards and consequences (or interactions) have NOT worked well for your child at home/school? \_\_\_\_\_

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**EDUCATION:**

School name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Grade/Placement \_\_\_\_\_

Number of hours per day in school/daycare program? \_\_\_\_\_

Does your child like school/daycare? Yes/No

Are there any subjects that are difficult for your child? Yes/No

If so, please describe:

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Where does s/he excel or which subjects are enjoyed? \_\_\_\_\_

Does your child receive special services at school? Yes/No

Please describe what services and how often:

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Please list other types of therapy and services your child has received in the past (e.g., ABA, speech, OT, PT, social skills groups, floor-time, RDI, etc...)

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If your child attends public school, does s/he currently have a PBP? (Positive Behavior Plan)? \_\_\_\_\_

Thank you for taking the time to fill this out so that we can better meet you and your child's needs.

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Signature of parent/guardian

Date

# **Social Strides**

Speech, Language and Social Skills Therapy

RELEASE OF INFORMATION

Child's Name/Birth date: \_\_\_\_\_

I authorize disclosure, use, release and/or exchange of pertinent educational, medical/audiological, and/or psychological records (as specified below) that may include individually identifiable health information between Diane Levithal MA, CCC-SLP/Social Strides and

This Authorization applies to the following information (select one of the following):

All pertinent educational, medical/audiological, and/or psychological record pertaining to by child's speech, language and social functioning.

Only the following records or types of educational information (including dates):

This Authorization will be valid for one year from the date of signature and parent or guardian has the right to revoke this Authorization at any time. Revocation must be in writing, signed and delivered to this address above.

Please check this box if the agencies listed above have your consent to share information with Social Strides.

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

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

parent/guardian

# Social Strides

Speech, Language and Social Skills Therapy

MEDIA PERMISSION

It is helpful to take pictures and film of students as they interact during therapy for assessment purposes and self-monitoring opportunities as part of social language/skills work.

I give my permission to have my child appear in direct/background footage to be replayed and used as part of the students' therapy (video playback monitoring), staff training/parent consult or student evaluation.

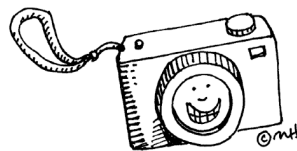
I understand that photos and film will not be shared with student groups other than the one in which my child participates or used for any other purposes than those listed above.

I do not give my permission to have my child appear in direct/background footage taken at Social Strides and that this may affect group availability for my child.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





# social Strides

Speech, Language and Social Skills Therapy

POLICY STATEMENT

## How therapy groups are organized:

- During the school year, social groups will begin in mid September and run through mid June. Summer program runs late June through mid August.
- Social Groups are carefully arranged according to student match regarding social, cognitive and behavioral ability and fill up quickly. Size is limited to 2-4 students. These after school sessions are 60 minutes in length. The first 45 minutes are for direct instruction with students and the final 10-15 minutes are spent in parent/caregiver consult. Carry-over assignments and activities are offered during the parents' time and are an important link to improving social competence in every day situations.
  - Continuing students do not need to repeat an intake assessment.
- Individual sessions for speech/language therapy are scheduled on a weekly basis, usually for a period 60 minutes.

Thank you for understanding that scheduling well-matched groups across family schedules and cities is extremely challenging. The integrity of each group is dependent on information provided about day and time availability prior to participation in group and then each student's presence for the others throughout a semester once a group has begun. Drop outs for seasonal sports or other commitments result in an unsatisfactory experience for all the participants. Families are expected to make every effort to attend all semester sessions. This is particularly true for those seen in small groups of two students!

Thank you in advance for consideration of these factors.

## Fees and Policies:

- For therapeutic and diagnostic rates, please email [info@socialstrides.com](mailto:info@socialstrides.com).
- Families are invoiced during the first week of the month for the preceding month's therapy sessions. *Beyond one unbilled absence allowed for any reason per year, all scheduled sessions will be invoiced.* Please know that it is often possible to make arrangements in advance for groups to meet at alternative times/days for make-up sessions; check with your therapist. Balances remaining overdue in excess of six weeks are subject to a late fee of \$25 per each month that it is left outstanding unless other arrangements are negotiated.
- 24 hour notice is appreciated if your child will be missing a session and two weeks notice are needed if your child will be discontinuing therapy.
  - Parents and agencies wishing to contract for consultative and/or collaborative work in the areas of occupational therapy, behavioral intervention or other related services will be given referrals and the fee schedule of the individual provider(s). Social Strides does contract with school districts and will work collaboratively with ABA agencies to develop and monitor social and language programming implemented by behavioral teams.
  - Workshop fees for regular education classmates are determined on a case by case basis and depend on the number of students/classes to be included and the overall number of visits arranged to the school site.
- Strides is an out of network provider and families are expected to keep their balance current independent of seeking insurance reimbursement. As a convenience to families, medical insurance codes may be provided on invoices for students holding a medical diagnosis.

Please sign and date below that you understand and agree to the above policies ~ Thank you.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_