



Social Groups Interest Form

Child Name: _____ Goes by: _____

DOB: _____ Diagnosis: _____ Given by: _____

Parents: _____

Address: _____

Home Phone: _____ Cell phone: _____

Contact information (who, when): _____

Current Availability: Please give as many options as possible to allow for optimal group placement. (Day & Times)

Tuesday
9:00 am 10:00 am 11:00 am 12:00 pm 1:00 pm 4:00 pm

Wednesday
9:00 am 10:00 am 11:00 am 12:00 pm 1:00 pm 4:00 pm

Thursday
9:00 am 10:00 am 11:00 am 12:00 pm 1:00 pm 4:00 pm

Current patient YES No

New Patient – refer to new patient forms and bring with you to first group meeting

Does child have current speech assessment? YES NO

If yes, date of assessment: _____

MUST bring current speech assessment to our office prior to visit.

Schedule a speech assessment if needed with the front office @ 214-377-4833.

Child's interests/strengths: _____

How does your child communicate? _____

Areas of Concern: _____

Expectations/Desired Outcome from Social Group for your child:

Parent Involvement:

Interested in participating with your child? YES NO

Thank you!

You will be contacted shortly to schedule your child's initial assessment and first group session!