

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: _____

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.).

Please return to Mental Health Association, 73 James P. Kelly Way Middletown, NY 10940

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Name: _____

School: _____

Age: _____ Favorite Activity: _____

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? _____

Indicate any known allergies. _____

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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) Sign dated photo release form.

3) HIPAA (“Notice of Privacy Practices” found on MHA’s website) signature page filled out, signed and dated. www.mhaorangeny.com (last button on at bottom of navigation bar.)

4) Notice of Decision from Hudson Valley DDRO.

OPWDD ELIGIBILITY REQUIRED- Notice of Decision from Hudson Valley DDRO. Call 845-342-2400 Ext 1254 for eligibility requirements.

