

**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](http://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.

