



620 Oakland Street, Hendersonville, 828-693-4223

Connect Program – Information

Child's Name _____

Gender Male Female

Birthday ____/____/____ Age _____ School _____

Parent/Guardian's Name _____

Home Phone Number _____ Mobile Phone Number _____

Email Address _____

Mailing Address _____

Street

Apt/Ste

City

State

Zip

County

Does your child have a diagnosis that you would like to share with us? _____

Does your child receive any services that you would like to share with us? _____

Is your child on any special diet or have any allergies? If so, please explain: _____

Who referred you to this program? _____

Parent Contract for Connect Group

I, _____ (parent name), agree that my child, _____ meets the following prerequisite skills:

- **Able to attend to group instruction with minimal prompting**
- **Possesses basic verbal skills**
- **Basic awareness of social behaviors**
- **No major risk of harm to self or others**
- **Desire to improve/willingness to try and participate**
- **Basic understanding of the between real and pretend**

I understand that the Connect classes and St. Gerard House staff will do their best to accomplish the following goals:

- Provide professional instruction and maintain a safe (emotional and physical) learning environment for children
- Teach social coping skills and help build greater social awareness within each child
- Communicate with parents about children's progress

I understand that St. Gerard House reserves the right to withdraw a child for lewd, aggressive, or self-injurious behavior. I also understand that I have the right to withdraw my child from the St. Gerard House Connect social skills class at any time.

I understand that in order to provide the maximum experience that is at the heart of Connect, St. Gerard House reserves the right to postpone or cancel a week prior to the start of the session if a minimum of 4 participants enrolled in a particular age group has not been met.

I also understand that payment for classes is due by the 2nd class unless a payment plan has been pre-arranged with the St. Gerard House office. Refunds (minus a \$30 deposit) are only provide if the participant is withdrawn before the second class.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Print Child's Name

Child's Name: _____ Date: _____	Almost Always	Sometimes	Almost Never
1. Your child can identify another person's emotions based on facial expressions and/or body language.			
2. Your child takes turns when playing a game.			
3. Your child can initiate a conversation with a peer.			
4. Your child asks for help when he/she needs it.			
5. Your child makes empathetic statements when appropriate (e.g. "Are you ok?" or "What's wrong?")			
6. Your child adjusts formality of conversations based on the other person (e.g. your child talks to a peer casually; he/she talks to the school principal more formally)			
7. Your child offers assistance to a person in need (e.g. opening a door or asking "Can I help you with that?")			
8. Your child thanks others when appropriate (e.g. when given a compliment, a gift or assistance)			
9. Your child says "no" appropriately when he/she is asked to do something he/she doesn't want to do.			
10. Your child maintains appropriate (arm's length) space when talking with others.			
11. Your child effectively joins a group of peers who are already involved in an activity.			
12. Your child asks questions of others in a conversation.			
13. Your child talks about another person's interests in a conversation.			
14. Your child uses many different greetings or closure statements (e.g. he/she does not wander away).			
15. You child maintains appropriate proximity to peers in group activities (e.g. he/she does not wander away).			
16. Your child displays appropriate behavior based on the severity/intensity of events (e.g. he/she remains calm during minor problems, such as a schedule change or interruption in routine, he/she responds accordingly to major problems)			
17. Your child can identify when his or her behavior is inappropriate and redirect himself/herself to more appropriate behavior (e.g. when your child becomes off-task, he is aware and redirects his attention to the task.)			
18. Your child's words match his/her voice intonation and body language (e.g. he/she conveys anger or discontent verbally and physically).			

**Adapted from SOCIAL SKILLS ASSESSMENT – ELEMENTARY SCHOOL AGE

<http://www2.cscbroward.org/docs/Repository/MOST2006SSAElementary.pdf>

Selected questions adapted from "Scales from Student Questionnaire, Child Development Project for Elementary School Students"

www.devstu.org and Skillstreaming the Elementary School Child: New Strategies and Perspectives for Teaching Prosocial Skills

© by Ellen McGinnis and Arnold R. Goldstein, Champaign, IL Research Press (800) 519-2707

Supplemental Information

To help us know more about your child, please complete the following information. Thank you!!

1. What are some things that your child likes (reinforcers)?
2. What are some things that your child does not like (food, environments, etc.)?
3. When your child is upset, please describe the scope of behaviors.
4. What type of classroom or learning environment is your child placed (e.g. modifications used, aides required, etc.)?
5. Besides working towards individual goals, what are other expectations you may have of the Connect program?

Thank you for your time!



Caroline Long
EXECUTIVE PRODUCER

Rachael L. Cushing Cook, M.A., LPA, BCBA
CLINICAL DIRECTOR

620 Oakland Street • Hendersonville, NC 28791
828-693-4223 • www.stgerardhouse.org

Connect Program

Statement of Confidentiality

I, understated, understand that while participating in the Connect Program I will hear about other participants' information, particularly during the parent forum setting. I therefore agree to hold confidential my exposure, and knowledge of all consumer names, diagnosis, and associated individualized programs.

Printed Name

Signature

Permission for Use of Photographs/Videos

Please choose one option below:

1. **🍏 Yes, I give permission:** As a legal guardian to this child, I hereby authorize and **give full consent** to St. Gerard House to publish, modify, edit, and display on their webpage or promotional materials any photographs/videos taken for them in which the image of _____ **(child's name)** appears. It is further agreed that St. Gerard House may use these photographs/videos for all internet/web and advertising related to the recruitment of participants and promotional activities without compensation.

2. **🍏 No, I do not give permission:** As legal guardian to this child, I do NOT authorize or give full consent to St. Gerard House the use of any photographs/videos taken in which the image of _____ **(child's name)** appears, for public viewing or promotional materials in any way.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Print Child's Name

Emergency Transportation Authorization

Either Part I or Part II needs to be filled out. DO NOT COMPLETE BOTH

This form only authorizes St. Gerard House/The Grotto Center to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment.

Part I. Permission to Transport Child

I/We authorize the St. Gerard House Staff to transport, or secure ambulance transportation for my child(ren) _____ to (hospital/clinic) _____ for emergency medical care or to (dentist/dental clinic) _____ for emergency dental care, or to the most readily available source of assistance.

Mother/Guardian Signature:	Date:
Father/Guardian Signature:	Date:

Part II. Refusal to Grant Permission

I/We do not give permission to the St. Gerard House Staff to transport my child(ren) _____ for emergency medical or dental treatment. In the event of an illness or injury, I wish for the following measures to be taken:

Mother/Guardian Signature:	Date:
Father/Guardian Signature:	Date:

Insurance Information

(in the event of a medical emergency)

Insurance Carrier:	Secondary Insurance (if none, please write none):
Name of Policy Holder:	Name of Policy Holder:
Name of Insured:	Name of Insured:
Policy Number:	Policy Number:
Coverage Effective Date:	Coverage Effective Date:
Coverage End Date:	Coverage End Date:

******Copy of Medical Insurance Card MUST be attached******