



## Social Skills Class Application 2019

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Caregiver \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Information regarding student-

Allergies (food, other): \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Does the student have impaired vision? If yes, does he/she use corrective measures and what kind? \_\_\_\_\_

Does participant have impaired hearing? If yes, does he/she use corrective measures and what kind? \_\_\_\_\_

Does student have a history of seizures? \_\_\_\_\_ If yes, last seizure date \_\_\_\_\_

What is the student's reading level? \_\_\_\_\_

What personal care needs does the student have, if any? \_\_\_\_\_

How does the student communicate (verbally, communication device, signs, etc.) \_\_\_\_\_

Please help us get to know your child. The following is a list of skills and actions. Please indicate how often these occur with your child by checking under the category:

	Often	Sometimes	Never
Can sit and attend to task without a break for up to 45 minutes at a time	_____	_____	_____
Can be unsupervised by for parent/caregiver for 45 minutes at a time	_____	_____	_____
Nervousness	_____	_____	_____
Shyness	_____	_____	_____
Makes new friends	_____	_____	_____
Wanders off	_____	_____	_____
Short attention span	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We understand that this is an 8 week program and that both the student and a parent/caregiver are committed to attending the classes and completing homework assignments. We also understand this course is an intensive, interactive course in learning, generalizing and applying social skills. By signing below, I as the parent/caregiver am stating that they can independently attend and participate in this class weekly. Should we be unable to attend a class, we will let The Arc know as soon as possible.

\_\_\_\_\_  
**STUDENT'S Name**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/CAREGIVER'S Name**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Please return to:  
 The Arc Williamson County  
 129 West Fowlkes Street, Suite 143  
 Franklin, TN 37064  
[sbbarc@thearcwc.org](mailto:sbbarc@thearcwc.org)  
 Fax-615-790-5891

