



## Social Skills Group Registration Form

Date: \_\_\_\_\_

*Please complete the registration form to the best of your ability. After the registration is received, individuals who are best fit for a certain group will be contacted by LFCA staff.*

Which social group are you applying for? Lego Group-Summer 2023

### Child Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ School district #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Sex: \_\_\_\_\_/Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Primary language \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian name: \_\_\_\_\_

Home address (if different than child): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Information:

Diagnoses (e.g. Autism, ADHD, etc.): \_\_\_\_\_

Date of Diagnosis and Where: \_\_\_\_\_

Is your child currently taking any medication? If yes, please list.

Allergies, chronic health conditions (e.g., asthma), special diet?

Has your child ever been hospitalized (medical or psychological)? If yes, please describe the reason and date.

**Extracurricular Activities:**

Please list any group or individual extracurricular activities that your child has participated in over the last 2 years (e.g., sports, music, youth clubs, camps, afterschool programs)

Group Activity	Did your child enjoy the activity? Was it successful?
_____	_____
_____	_____
_____	_____
_____	_____

**Social/Behavioral information:**

Is your child?      Verbal                      Non Verbal                      Aggressive                      Seizures

What are your child’s strengths and interests?

What are your child’s current areas of need or challenges?

- |                          |                     |                     |                        |
|--------------------------|---------------------|---------------------|------------------------|
| Basic Skills             | Boundaries          | Conflict Resolution | Conversation           |
| Empathy                  | Expressing Feelings | Friendship Making   | Interview/Job          |
| Non-Verbal Communication | Perspective Taking  | Sharing             | Social Problem Solving |
| Topics of Conversation   | Turn Taking         |                     |                        |
| Other:                   |                     |                     |                        |

Does your child have a history of aggressive behavior or episodes? Yes / No If so, when?

Describe the specific factors or events that trigger frustration or nervousness for your child?

How are peer relations at school, in the neighborhood or community?

**What are your social goals for your child over the next year?**

1.

2.

3.

**Please include anything else that you would like us to know about your child below.**

*Return this completed form via email to [info@lilfriends.com](mailto:info@lilfriends.com) or mail to:  
Little Friends Center for Autism 27555 Diehl Rd., Warrenville, IL 60555 ATTN: Social Skills Groups  
We will be in touch with you soon!*