**Social Skills Group Therapist Referral Questions**

**DATE OF INTAKE**: Child’s Name:

DOB/MRN:

Email Address of Parent**:**

Has child had a recent evaluation or IEP?

[ ]  Yes Date:

[ ]  No

Has the child had a recent evaluation or IEP though an outside provider?

[ ]  Yes Date:

[ ]  No

**\*\*If yes, we ask that you include a copy of the child’s outside evaluation report for review.**

1. Does the child have a diagnosis? \_\_\_\_

2. Has the group recommendation been discussed with the child’s family and does the family agree with the recommendation? \_\_\_\_

3. What therapies is the child currently receiving (list names of therapists)? If child is in OT and Speech do both therapists agree with group referral? \_\_\_\_

4. Would the child need to continue with individual speech/OT therapy if enrolled in group? [ ]  Yes[ ]  No

Comments:

5. What is the child’s language level?

 [ ] Not verbal

 [ ] Uses only single words

 [ ] Combines 2-3 words into phrases

 [ ] Uses long sentences

 [ ] Conversational

 Comments:

6. Does the child respond to questions?

[ ] Yes

[ ] Sometimes

[ ] With Help or Two Choices

[ ] No

Comments:

7. How long can the child sit through structured activities?

 [ ] Less than 5 minutes

 [ ] 5-10 minutes

 [ ] More than 10 minutes

 Comments:

8. Does the child have any difficult behaviors (such as hitting/pushing, tantrums, yelling, refusal, etc.)? If yes, what are the behaviors and is your child easily redirected?

9. What are your main goals for this child in a social skills group?

 \_\_\_

10. What is your preferred location for a group (indicate first and second choice):

[ ] Aurora [ ] Westminster [ ] Parker [ ] Littleton

Comments:

***11. FUNDING INFORMATION***

**Insurance Company\_\_     \_**

***Scottish Rite Funding:***

**Is your child currently using SRF? \_     \_**

**Completed by** (Therapist’s name) \_\_\_

**PLEASE EMAIL THIS FORM TO KATIE BANET 720-777-4167.**

***(This section to be completed by the group therapist/coordinator)***

Level of functioning: [ ] HIGH [ ] MID [ ] LOW

Group candidate? [ ] YES [ ] NO

Potential group/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_