**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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