

**ASSIST**  
**ACQUIRING SOCIAL SKILLS THROUGH**  
**INTERVENTION SUPPORT AND TRAINING**  
**Application Form**

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

Name – parent(s)/guardians(s): (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ TABS # \_\_\_\_\_

Name –child: (last) \_\_\_\_\_ (first) \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MSC \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

What are your child’s strengths \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your child’s 2 strongest social skills and rate each on a scale of 1 – 10 (10 being strongest).

1. \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

2. \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

What behavioral concerns do you have for your

child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your child’s 2 weakest social skills and rate each on a scale of 1 – 10 (10 being strongest)

1. \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

2. \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

What expectations do you have for your child from attending this group? Be specific, if possible-

(ex.: I want him/her to be able to take turns...to approach peers in an appropriate manner, etc.).

\_\_\_\_\_

\_\_\_\_\_

# ASSIST

## ACQUIRING SOCIAL SKILLS THROUGH INTERVENTION SUPPORT AND TRAINING

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group activities in which your child participates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which social settings is your child most  
comfortable? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which social settings is your child most uncomfortable? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your greatest concerns about your child's social skills? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXAMPLES OF SOCIAL SKILLS

- **Taking turns.**
- **Greeting others.**
- **Paying attention to others.**
- **Helping others.**
- **Responding to re-direction.**
- **Seeks & or accepts help from others.**
- **Accepts no.**
- **Anger management.**
- **Interacting positively and appropriately within a group.**
- **Conversational skills.**
- **Models appropriate peer behavior.**
- **Behavior control.**
- **Developing friendships / relationships.**
- **Participates in group activities.**
- **Communicating within a group.**
- **Self-confidence within a group.**
- **Sharing**

## DIRECTIONS

- 1) Completed application form, printed or typed clearly!
- 2) HIPAA -“Notice of Privacy Practices” signature page filled out, signed and dated.  
[Click here for HIPAA forms](#)
- 3) **OPWDD ELGIBILITY REQUIRED**- Notice of Decision from Hudson Valley DDRO. Contact Ravin Radigan at (845)342-2400 ext. 253 or email to [rradigan@mhaorangenyny.com](mailto:rradigan@mhaorangenyny.com) for more information.