



Enrollment Application

Child's Name _____

Date of Birth _____ Age of child _____

*Session Date (beginning) _____

* Group Name / Time _____

Address _____

Phone Number _____ Email Address _____

Parent/Guardian Name _____

How did you hear of Building Bridges? Radio, Agency, Newspaper (please list which one) _____, Friend, Other _____

Background Information

Is your child verbal? Yes or No

Diagnosis? _____

Specify current behavioral concerns: _____

Previous types of interventions used: _____

Your goals for this program: _____

Medical Information

Current Medications: _____

Allergies: _____

Other: _____



Social Skills Report

Mark items of difficulty for the child

Conversational skills:

- Greetings
- Introducing ones self
- Getting to know someone new
- Pleasantries (Please; thank you; excuse me, etc.)
- Eye contact
- Listening
- Comprehending
- Following directions
- Initiating conversations
- Joining conversations
- Ending conversations
- How and when to interrupt a conversation
- Staying on topic even if it's a non-preferred topic
- Asking questions when confused
- Appropriately saying, "I don't know."
- Understanding sensitive topics
- Complimenting others
- Understanding others many have varying opinions
- Respect varying opinions
- Understanding ones own need for personal space
- Understanding personal space for others

Game Playing:

- Following game rules
- Taking turns
- Displaying patience
- Appropriately handle winning
- Appropriately handle losing
- Joining in



Building Bridges

A Social Skills Workshop

Conflict Management:

- Appropriately standing up for ones self
- Accepting “No” for an answer
- Compromise & negotiate
- Dealing with being left out
- Provide appropriate criticism
- Accepting criticism
- Speaks to others respectfully

Emotional skills:

- Tries something new
- Isn't afraid to make mistakes
- Tries even when something is difficult
- Perfectionist
- Understanding varying ranges of emotion
- Can self-soothe
- Can cope with anger without tantrums
- Can cope with anger without aggression
- Anxiety
- Keeps calm
- Will talk with others when overwhelmed
- Problems solving skills

Is your child excited about attending this group? Yes or No

Phone List: If you would like to be added to a name, phone and e-mail list which will ONLY be provided to others enrolled in your child's group, please state Yes or No. This list allows for play dates to be made and referrals to be given among and between the families you will get to know during the 6 weeks session. Yes or No



Application Fee Agreement

I understand that in order to gain acceptance into this group, my child and I must attend an in-take session. If it should be decided that there is an appropriate group available *and* I do wish for my child to enter that group, I will pay the fee of \$350 during the intake appointment. I understand this fee will cover my child's acceptance into the 4 month social skills program. Should a group not be available and/or I should decide that for any reason I will not sign my child up for the group, I will be expected to pay a \$100 fee which covers the time spent for that intake appointment.

The following will take place at our in-take appointment:
verification that clients needs and **Building Bridges** is a good fit
the program will be outlined
all paperwork will be completed by parent/guardian

I certify that all of the above information is accurate.

SIGNATURE: _____ **Date:** _____

We are looking forward to meeting you!

Please mail completed application and deposit to:
Building Bridges 340 Maple Ave., Suite #204-B Langhorne, PA 19047
215/740-4201