

Friendship Group Application

Child & Family Information:

Date: _____

Child's Name _____ Birthday _____ Age _____

Person filling out form _____ Relationship _____

Parents _____

Address, City, Zip _____

Phone _____ (home) _____ (cell)

E-mail _____

What is the best way to contact you? _____

Emergency number (in case we cannot reach you) _____

How did you hear of Friendship Group? _____

Other people in the home and relationship _____

Pets _____ Friends _____

Have any major changes occurred recently in the family? If so, what are they? _____

What ethnicity and cultural background do your child and family identify with? _____

School & Academics:

Child's School _____

Teacher's name _____ Grade level _____

Academic concerns? _____

What other professionals are working with your child at school? _____

Medical:

Food Allergies _____

Any medical concerns?

Child's Likes:

Favorite foods and snacks _____

Child's favorite games/activities _____

Concerns:

Have you sought previous help for your child? If yes, where? _____

Is your child in treatment now? _____ With whom? _____

Has your child ever been given a diagnosis? If so, what and by whom? _____

Is your child on medication and if so, which one(s)? _____

Purpose of medication? _____

What behaviors of your child concern you the most? _____

How often do they occur? _____

How long have they been a concern? _____

Please give a thumbnail sketch of pertinent early history: medical, social, emotional

What do you hope your child will gain from this class? _____

What are your child's strengths? _____

Please return form to

Friendship Group
2366 Eastlake Ave. E., suite 413
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Attention: Karen Noble-Newman and Lisa Ann Mikulencak

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