



# SPECTRUM Services

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*For Office Use:*

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

Initials: \_\_\_\_\_

## 1<sup>st</sup> - 12<sup>th</sup> Grade Social Group Applicant Information

Please complete the **Applicant Contact Form** and Submit with this document.

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

The information requested below helps us better understand your child's needs and make the best group recommendation possible. Please be as detailed as necessary and feel free to attach additional pages if needed.

School District and Campus attending (or will attend if summer)

\_\_\_\_\_

Current Diagnosis (if any) \_\_\_\_\_

Does your child attend well (and understand) verbal presentations for up to 10 minutes in length?

Yes  No - Please explain challenges \_\_\_\_\_

\_\_\_\_\_

Does your child receive speech therapy (privately or in school)?  No  Yes – how often and what skills are being targeted at this time? \_\_\_\_\_

\_\_\_\_\_

Is your child enrolled in a Special Education class or specific service?  No  Yes - please list services received as specifically as possible. For example, if your child has paraprofessional support (aide) working with them, what percentage of the day do they receive this support and what is the primary focus of the aide? \_\_\_\_\_

\_\_\_\_\_

What do you think are your child's biggest **challenges** and **strengths** at **school**? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think are your child's biggest **challenges** and **strengths** at **home**? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child require 1:1 or close, personal supervision / support in the community?  No  Yes – please explain the kind of support required and reasons for support: \_\_\_\_\_

\_\_\_\_\_



1<sup>st</sup> - 12<sup>th</sup> Grade Social Group Applicant Information – Page 2

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

Please note if your child has ...	Yes / No	Provide Details
Physically aggressive behavior	<input type="radio"/> No <input type="radio"/> Yes	
Self-injurious behavior	<input type="radio"/> No <input type="radio"/> Yes	
Verbal aggression	<input type="radio"/> No <input type="radio"/> Yes	
Tendency to unbuckle seat belt during transition or travel	<input type="radio"/> No <input type="radio"/> Yes	
Tendency to run away from group / class	<input type="radio"/> No <input type="radio"/> Yes	
Challenges with mobility	<input type="radio"/> No <input type="radio"/> Yes	
Seizure disorder or other significant medical concern	<input type="radio"/> No <input type="radio"/> Yes	

Please rate your child's behaviors as occurring (O) Often, (S) Sometimes, or (N) Never

Behavior	Home	School
Participating as part of a large group		
Participating as part of a small group		
Participating in a conversation		
Being organized		
Personal problem solving		
Understanding feelings of others		
Controlling / argumentative		
Affectionate		
Understanding consequences		
Understands when he/she is being lied to or manipulated		

**Please write a brief letter describing your child including information on the following (Optional):**

- Student's strengths and challenges related to the social world
- Description of interactions with peers
- Description of awareness of their challenges (are they aware of how others perceive them?)
- How well do they understand that their actions and words affect others?
- How does the student respond to everyday problems (i.e. change in schedule, etc.)