

Social Thinking® Clinical Therapy

What you will receive from our program

- Explore cutting edge approaches to enhance the development of Social Thinking and related social skills both in the classroom and in social settings.
- Sessions are individualized to the participants needs and creatively taught using the Social Thinking concepts and lessons now applied internationally and developed by the founder, Michelle Garcia Winner.
- Students learn social thinking and related skills in a small group or individual therapy environment that is supportive, thought provoking and developmentally appropriate.
- Weekly sessions are 60 minutes. 50 minutes of direct teaching and 10 minutes of parent education ("parent talk time"). During "parent talk time" you receive information about the concepts and strategies taught and will be provided ideas on how this information can be carried over at home, school and in the community. We highly encourage your participation in parent talk time.
- Occasionally older students will have 2-hour community outings or in-clinic gatherings to facilitate Social Thinking in less structured settings.

Two clinics - One application

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are sister clinics operating under one administrative services department. The smaller Social Thinking clinic (providing services to approximately 20 clients), will be referred to as Social Thinking Saratoga Ave (STSA) and the larger social thinking clinic, (which provides services to 250+ clients) will be referred to as Social Thinking Stevens Creek (STSC). Only STSC serves clients age 4-7. STSA does not provide treatment for this age group. Both clinics will remain at their current locations and all information about their combined clinical services are available at our main website: www.socialthinking.com. The two clinics work together collaboratively but each clinic runs as an independent for-profit business, so payments are made directly to the specific clinic where the client attends.

We have one administrative group for both businesses to reduce confusion as families need only fill out one application. Applicants are placed at STSA or STSC based on availability of services. Michelle Garcia Winner, founder of Social Thinking, and her team at STSA provide ongoing training to STSC to ensure quality services at both locations.

Social Thinking Center is an International Training Center:

Social Thinking Saratoga Ave (STSA) and Social Thinking Stevens Creek (STSC) host clinicians from around the world through our Social Thinking Clinical Training Program. Students may be observed in their groups from the observation rooms by our trainees. Once a month professionals-in-training co-treat with STSA clinicians in their sessions. Client confidentiality is maintained throughout all training programs. Often we use the opportunity of having a "new" person in the room for a session as a time for our students to put their social thinking and related social skills into action. We have run international training programs alongside our clinical sessions for many years as a way to provide professionals a forum for learning and helping those students in their community. They are unobtrusive to the treatment process and treatment is never compromised as the therapist closely facilitates the training with the students. Please feel free to discuss these programs with your therapist if you have any questions. Signs will be posted each week we have visitors in from around the world.

Enrollment for 8-18 and Adult Programs:

For more information about our services for clients ages 8-18 or adults, please see our website www.socialthinking.com.

Enrollment in Social Thinking Groups:

We group students with peers that function similarly to your child in his/her cognitive, perspective taking, social language and auditory processing abilities. We see over 300 clients on a weekly basis so finding common times for similar students to be scheduled can be a difficult puzzle to solve. To help with the process we encourage you to provide as many possible times and days to allow the most options when scheduling. This significantly increases the chances that your child will be placed in a group.

Observation of sessions:

Parents of preschool age children are usually permitted to observe sessions as a part of the therapy process. This is unique to this age group. Once families transition into the regular school age therapy, parent education is provided during parent talk time and general observations are not permitted.

Attendance Policy for Social Thinking Groups:

Group work is dependent on all group members attending sessions regularly. The Fall-Spring session roughly follows the 9-month academic school year, and your child's group will be most effective when everyone attends consistently. This allows your child to build peer rapport and develop peer accountability. Applicants must make every effort to attend on a weekly basis. Our clinic calendar details specific holiday closures and over the course of the school year you will have 2 excused absences. You can use these 2 days without being charged for missing your group time at the clinic. Beyond that, missed sessions will be billed as regular sessions. There are no exceptions to this policy, so we strongly encourage families to save these two absences for unplanned illnesses and other emergencies. On the rare occasion that everyone is absent from the group except for your child, we will still hold the session and focus on your child's specific needs. This is a good opportunity since we wish we had some individual time to work with all of our clients. The session will still be billed at the group therapy rate. We will not call families to let them know that the child will have an individual session, as we don't often hear about absences until the day of. If a parent chooses to not come for the session knowing another group member is out, this will count as one of the two excused absences or will be billed as a missed session if you have exceeded the allowable absences.

Program Cost:

\$130 per 60-minutes for Early Learners
\$160 per 60-minutes for individual therapy
\$160 per hour for additional consultation with parents, report writing, IEP attendance (travel time is billed as well), phone calls exceeding 10 minutes with a therapist.

Individual Therapy:

Individual therapy sessions for school age students occur between 12pm-2pm, before the after-school social groups begin. Individual therapy sessions are offered as space allows on the therapist's schedule.

Billing:

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are independent businesses. Billing/Invoicing specific to each company will be explained upon placement in a group. We do not sign contracts with insurance companies, nor do we accept payment directly from insurance companies.

Insurance Policy:

We do not process any insurance. However we do include procedure codes on our invoices based on the type of session to assist you with claims you may wish to submit for reimbursement from your insurance company. For more information on our policy regarding insurance claims please call our office at (408) 244-2005.

Deposits:

A good deal of time is invested in considering each child's placement. Parents must send in a refundable \$220 deposit with the application for placement. This money will then be applied to the student's final two weeks in the program. If the parent applies to the program and we find a placement for the child in a group but then the parents decides to not accept the placement for therapy, \$50 from the deposit will not be refunded. If we are not able to place the child, the full deposit will be refunded by June. If the student is placed at Social Thinking Saratoga Ave then their deposit will be transferred to STSA.

Please make sure all forms are completed and signed prior to submission.

Application Deadline for priority scheduling: June 21, 2018

All Clients:

- Registration Form
- Parent Permissions Form
- Clinic Policies
- Recent IEP/Report(s)/Outside assessments (if available)/any other information which will give us a better understanding of your child and his/her strengths and challenges
- \$220 Deposit payable to Social Thinking Stevens Creek. The deposit will be applied to the last two weeks of program attendance.

In addition, new clients please include:

- New Client Information forms (pgs 5-7)
- A brief letter from you describing your child. (See p.7 for letter guidelines).
- A recent picture of your child
- Teacher Questionnaire(s) if your child is in school (please have as many educators complete this form as possible)
- Reports including medical diagnosis or letter from doctor (not required but helpful if seeking insurance reimbursement)

Please mail complete applications to:

Social Thinking - Stevens Creek
3550 Stevens Creek Blvd, Ste 200
San Jose, CA 95117

Faxed or emailed applications cannot be accepted.

Notes about completing your application:

- **The attached registration form must be filled out completely even if you have attended sessions at our clinic before!** Remember, the more time slots you make available for us to choose from, the more likely it will be that we are able to place your child in our clinic.
- Please be aware that our receipt of your application does *not* guarantee placement in a group nor should it be assumed that because you attended last year you will automatically be enrolled without an application. Group placement is primarily based on matching similar students together for the best possible group interaction. It will also depend on student's availability.
- New clients must include a Parent Letter, New Client Information forms, Teacher Questionnaire(s) and any relevant reports. Our therapists will not be able to profile your child and therefore determine placement without this extra information.
- It is important to be as precise as possible, this part of scheduling is complicated and we rely on the information you provide us. We will make every attempt to meet your needs. If your schedule changes and you are not available during the time you originally marked, there is a good chance that we may not be able to get your son or daughter in the program.
- Those who do not make it into one of the initial groups will be placed on the waiting list & contacted when an opening occurs; we generally are able to place the majority of applicants in groups if we receive the applications by the **deadline of June 21, 2018**



REGISTRATION FORM FOR AGES 4-7

FALL-SPRING 2018-2019

For admin use only:

For admin use only:

Application Deadline for priority scheduling: June 21, 2018
Please return this application with \$220.00 deposit
Make deposit check out to: Social Thinking Stevens Creek
Mail to: 3550 Stevens Creek Blvd, #200, San Jose, CA 95117

Returning Client? [] YES [] NO

[] Age [] Birth date [] Gender [] Grade (in Sept. 2018)

Child's Name:
Parent #1 Name:
Address:
City/State/Zip Code:
Parent #1 Home Phone:
Parent #1 cell #:
Parent #1 work #:
Parent #1 email:
School Name and Location:
Current Educational Setting:
Current Services:
Primary Language spoken in your home:
Emergency Contact:
Relationship to client:

Please circle your availability

Table with 5 columns (Monday-Friday) and 6 rows (11:00 am-4:45 pm) for availability selection.

I am interested in applying for:

- [] Social thinking classes (this is what we normally provide for groups)
[] Individual therapy during school hours

Preferred Therapist and/or group mates:

Three blank lines for preferred therapist and/or group mates.

The following questions will help us start to get to know your child. Thank you for taking the time to provide us with this valuable information. If you are a returning client, only complete this section if there are changes you would like us to keep in mind.

Communication:

Expressive Language Development (vocabulary and sentence structure):

Advanced Age expected Slightly delayed Significantly delayed*

*Please note: Social Thinking is a language-based approach. It is best suited for children who have acquired solid language skills and who are using language to learn, as opposed to still learning language.

Characteristics: Please check all that describe your child

- | | |
|--|---|
| <input type="checkbox"/> Unmotivated, unfocused | <input type="checkbox"/> Oppositional |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Physically aggressive towards peers |
| <input type="checkbox"/> Active and distracted | <input type="checkbox"/> Verbally aggressive towards peers |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Physically aggressive when upset towards adults |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Verbally aggressive towards adults |
| <input type="checkbox"/> Inattentive or aloof ("in own world") | <input type="checkbox"/> May run away or want to leave situation when upset |
| <input type="checkbox"/> Other: _____ | |

Information about play and interaction style:

<input type="checkbox"/>	Appears unaware of others unless they need something
<input type="checkbox"/>	Plays near peers
<input type="checkbox"/>	Notices and imitates other in play (does what peers are doing)
<input type="checkbox"/>	Plays with others in a structured or familiar activity
<input type="checkbox"/>	Prefers to play with adults
<input type="checkbox"/>	Is interested in others but struggles with sustaining play beyond their own toys/theme/topic of interest (e.g., always wants to play trains, talk about dinosaurs, etc.)
<input type="checkbox"/>	Plays with peers with adult help to:
<input type="checkbox"/>	Initiate or get play started
<input type="checkbox"/>	Sustain or keep play going
<input type="checkbox"/>	Solve problems that come up during play
<input type="checkbox"/>	Allows others to add ideas to play
<input type="checkbox"/>	Difficulty being flexible around another's wants or interests.

Toys, Games, and Pretend Play:

<input type="checkbox"/>	Moves from toy to toy without really playing
<input type="checkbox"/>	Focuses on physical aspects of toys (e.g., spins wheels on cars, lines toys up)
<input type="checkbox"/>	Play is self centered and structured (putting the pieces in a puzzle, driving a train along a track).
<input type="checkbox"/>	Plays peek-a-boo or other simple games with an adult
<input type="checkbox"/>	Plays circle games, music, or physical activities with peers
<input type="checkbox"/>	Plays simple turn taking games with a peer with adult help
<input type="checkbox"/>	Can play along a familiar theme with some variation introduced (train can take cows to the park).
<input type="checkbox"/>	Pretends with realistic objects (e.g., drinks from an empty cup, answers a toy phone, makes a toy cow eat grass)
<input type="checkbox"/>	Can pretend play familiar experiences with toys that look like what they are (pushing a shopping cart, going to see animals at the zoo)
<input type="checkbox"/>	Plays pretend using imagination and objects and can substitute one object for another, for example, will use a banana as a phone or a stick as a horse.
<input type="checkbox"/>	Plays pretend without objects, talking about ideas and imagination
<input type="checkbox"/>	Plays pretend with adults
<input type="checkbox"/>	Plays pretend with peers

Please provide some short responses with examples to the following questions to give us more detailed information about your child.

- Does your child follow one step, two step, or three step directions? (An example of a three step direction might be: Put your shoes in the closet and your coat on the rack, and bring me your book bag)

- Does your child need gestures (pointing) or other support (multiple repetitions, pictures, physical prompts, etc.) to understand your directions?

- Is it hard to get your child's attention?

- Can you have a conversation with your child?

- If I were to observe your child on the playground, what would I notice about them?

- If I were to observe your child in the classroom, what would I notice about them?

- If I were to observe your child on a play date with a peer, what would I notice about them?

- If I were to observe your child playing at home, what would I notice about them?

- What is your child's preferred toy or activity?

- What percentage of time do they play with this toy/engage in this activity, as compared to other activities?

- How does your child respond to frustration?

Please write a brief letter describing your child:

Including information about the following areas helps us obtain a clear picture of your child, which will increase our ability to find an appropriate placement.

Please include the following areas in your letter

- Your child's strengths and challenges related to functioning in the social world
- Describe their interactions with peers
- Describe their awareness of their challenges (e.g., Are they aware of how others perceive them, do they think that they are perceived as "different" from their peers?)
- How well do they understand that their actions and words affect others?
- How do they respond to every day problems, such as changes in the schedule, peer conflicts etc? What calms them down? What makes them more upset?
- What does your child do with unstructured time?

Other:

If you would like to have your child's diagnosis included on your billing statements for insurance reimbursement, *please include a report or letter indicating your child's medical diagnosis.*

Diagnosis: _____ Diagnosing clinician: _____

Who referred you to our clinic? _____



I give permission for my child to participate in community outings as needed during therapy sessions with a therapist employed by Social Thinking® Saratoga Ave or Social Thinking® Stevens Creek.

Parent Signature

Date
(Permission for 1 year from above)

Contact telephone number

Please list any food allergies or diet restrictions for your child: Needs Epi-Pen? YES NO

Other adults (besides parents) permitted to pick up your child:

1. _____
Print Name Clearly Phone

2. _____
Print Name Clearly Phone

Optional:

Occasionally in the course of recording the sessions we will capture an interaction that accurately illustrates a particular concept or strategy of the Social Thinking philosophy. In this instance we would like the opportunity to use this video in a training/conference setting. The video will be used to educate fellow parents and professionals about how to employ therapy techniques that are being discussed.

Sign here only if you are comfortable with this option:

I give permission for video or pictures of me/my child to be used in **both** clinical & conference settings.

Signature

Date

Print parent/guardian name

I agree to follow the fee schedule and policies as noted:

Therapy session fee schedule:

\$130.00 per 60-minutes for Early Learners

\$160.00 per 60-minutes for individual therapy

Additional consultation: \$160.00 per hour for consultation with parents, report writing, IEP attendance (travel time is billed as well), and phone calls exceeding 10 minutes with a therapist.

Please Read and Initial Every Section

____ **Absences and Missed Sessions:**

If you started therapy with us in fall, you will be permitted **two** cancellations for the Fall-Spring program without being billed for those cancellations. If your child started therapy with us after January 31st, you will be permitted **one** cancellation. Cancellations may be due to illness, schedule conflicts, vacations, etc. Unfortunately, if you miss more than the allowed absences you will be billed at your regular rate. There are no exceptions to this policy, so we strongly encourage families to save these two absences for unplanned illnesses and other emergencies. If you find you cannot continue at the clinic for any reason, we require a two week notification of withdrawal to allow our staff time to fill that slot.

____ **Sick Child Policy:**

Children who are showing signs of illness or lethargy do not benefit from attending therapy sessions. Please exercise good judgment in deciding whether or not to bring your child to the clinic. If they are running a fever, are lethargic or complaining of illness, please keep your child at home.

____ **Policy for reduced group attendance:**

When therapists work in the group, they observe small details in your child they are not always able to address in depth at that moment given the group setting. When all the other students in the group are absent, we will see your child in an individual session, at the same price as if it was a group session. This is an excellent time for giving your child some direct feedback and encouragement. However, it is not a choice to cancel this session without the absence being noted as a cancellation.

____ **Waiting Room Policy:**

If on any particular day you feel your child is agitated or becomes easily agitated, please do NOT leave the clinic. If you are bringing a sibling to the clinic, please bring some books or small toys for the sibling to play with. We have a small selection of books available as well as a table where siblings can do homework, etc. We expect siblings to maintain a reasonable level of calm and quiet during their time waiting. If they need to move around please walk them down the block, however, make sure we have your cell phone number in case we need to call you. Please do not leave children unsupervised in the waiting room at any time. Ensuring children are following the waiting room expectations helps to create a comfortable and productive environment for all.

____ **Policy for late child pickup:**

In the event that a child is not picked up at the end of the session, we reserve the right to charge a \$100.00 fee for any part of each half-hour that they are left waiting (e.g. 40 minutes late, \$200). We realize this may seem extreme, but as you know, many of our students do not deal well with stress and/or transition. Additionally, the therapist must start her next group on time and cannot stay with your child, which creates a very difficult situation for our staff. We have adopted this policy in order to keep our clinical schedule running smoothly and allow our staff to devote their time to our students.

____ **Recordings for therapeutic purposes:**

The use of video, picture image and audio recordings are an essential component to Social Thinking® therapy. We must be allowed to use these types of recordings in order for you/your child to participate in our program.

____ **Acknowledgement of Observations:**

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are committed to continue to train professionals from all over the world the Social Thinking conceptual model and techniques. Groups run by our clinics will be at times observed by trainees enrolled in the Social Thinking professional development program. Trainees enrolled in the advanced training may also participate in treatment sessions. Confidential information about your child will not be shared with the trainees beyond what they may need to know in order to plan an effective lesson.

____ **Report Writing Policy:**

In the fall your child's therapist will write a brief description of the focus of your child's therapy group, as well as 2-3 specific goals your child is working on in the group. At the end of session term your child's therapist will write a summary describing your child's progress toward his/her individual goals, as well as further recommendations. Families will be billed an additional 15 minutes in the fall for writing the goals and an additional 30 minutes in June for writing the summaries, at our report writing fee of \$160 per hour, (\$40 in the fall, and \$80 in June). We do not write reports during the summer program.

____ **Policy for processing insurance claims or other administrative tasks:**

We are a "private pay" clinic, meaning that all of our services must be paid for by the guardians of the client, or the adult client themselves. We do not accept 3rd party reimbursements. We recognize that obtaining insurance coverage may be a difficult process and we wish to do what we can to make this difficult process easier. We strongly encourage families to keep their own copies of their invoices and any reports or written updates we send to them each month.

- 1) We do NOT process insurance claims on behalf of a client or family. Our role is to provide records when and if they are requested by a family in order for the client/parent to submit such claims to their respective insurance company.
- 2) Some insurance companies will only reimburse for specific ICD10 Diagnostic Codes. On your monthly billing statement, we include the diagnostic code from any medical reports provided by the client. We cannot enter a medical diagnostic code based on an educational classification alone. For any client that does not have a medical diagnosis on file we will use the default code, ICD10: R69. Deferred on Axis I (a non medical insurance code). Our statements also include a procedure code to reflect the service provided (group speech therapy or individual speech therapy).
- 3) Due to the intensive time and cost related to gathering information for an insurance claim, we will charge an administrative fee based on \$40.00 per hour for any administrative requests which include copies of previous invoices, reports, therapy notes, or calls to insurance companies.
- 4) We will not sign any contract offered to us by an insurance company that states that we agree to be paid a lesser fee than what we have established as our fee for service, even if the parent has paid our insurance administrative fee.

____ **Policy regarding 2-hour sessions:**

Students with social cognitive challenges have difficulty generalizing easily from a therapeutic to less structured settings. An important component of our program is providing occasional 2-hour sessions either for a community outing, or a small gathering in the clinic to practice some of their Social Thinking in less structured environments. We understand that some insurance companies will not reimburse for 2-hour sessions, but these sessions are an essential element of our therapy and payment for these sessions is the responsibility of parents. Therapists will make every effort to schedule such sessions at a time that will work for every student in the group. We appreciate your understanding and flexibility.

____ **Policy for billing:**

Billing statements/invoices are issued at the end of each month for weekly therapy sessions. Payment is due upon receipt and is considered past due if not received by the 25th of the month. Once your account becomes delinquent, payment will be requested at the end of each therapy session.

Payment in full is the responsibility of the client, whether or not insurance is pending. There is a \$25.00 charge for returned checks.

Open accounts of 30 days or older will bear interest at 10% per annum and will result in temporary suspension in therapy until payment in full has been received or a payment plan has been agreed to. Accounts that are unpaid for six or more months may be assigned to a collection agency. If you are unable to make your full payment, please contact your clinic to arrange a payment schedule.

Social Thinking Stevens Creek: Mimi Pauline (408) 244-2005 ext. 301 or by email mpauline@socialthinking.com

Social Thinking Saratoga Ave: Vanessa Alcantar at (408) 557-8595 ext. 200 or by email valcantar@socialthinking.com

____ **Use of email to communicate Protected Health Information:**

Periodically we use email to relate client-specific information, information that is Protected Health Information (PHI), directly to the adult clients or to the parents of minor-aged clients. Please see the attached Privacy Policy for information about PHI. Your initials here authorize our therapists to communicate client PHI to you via email. Note: Email addresses will not be sold or shared with any other parties or services.

____ **Privacy Policy:**

I have read/received a copy of the Social Thinking Privacy Policy (see attached). Please retain a copy of our Privacy Policy for your file.

Signature

Print parent/guardian name

Date

It is important that you review this information, initial the box on the policies signature page and keep this for your records.

This notice describes how information about our patients/clients may be used and disclosed and how they can obtain access to this information.

Terms:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for Social Thinking (ST) to perform ***Treatment, Acquire Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

(*TREATMENT: ST PHILOSOPHY INCLUDES A TEN MINUTE "GROUP" PARENT MEETING AS A PART OF EACH GROUP SESSION TO DISCUSS WHAT HAPPENED DURING THE SESSION. DURING THIS TIME IT IS UNDERSTOOD THAT THE THERAPIST WILL SPEAK OPENLY TO ALL THE PARENTS ABOUT ALL THE STUDENTS IN THE GROUP WITH REGARD TO THEIR PARTICIPATION AND THINGS THEY NEED TO WORK ON AT HOME. THE THERAPIST WILL MAKE EVERY ATTEMPT TO HAVE THESE DISCUSSIONS IN A PRIVATE SETTING.)

Access:

The following people will have access to PHI:

- ☞ The client when 18 years old or older.
- ☞ Parents or legal guardians of a minor.
- ☞ Parents of an adult client with written permission of client.
- ☞ Any person to whom the adult client has authorized, in writing, the release of PHI.
- ☞ ST staff and contractors who are involved in providing care or administrative assistance.
- ☞ The client's health insurance company, for payment purposes.
- ☞ Public Health Services and regulatory officials, when required by law.
- ☞ An appropriate authority when a determination is made that the client may pose physical threat to themselves or others.
- ☞ Courts, when the request is accompanied by a duly executed subpoena.

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the ST Privacy Contact to assure that they meet the minimum necessary requirement.

Patient/Client Rights:

- ☞ Parent/Guardian of clients or adult clients have a right to see and obtain a copy of their PHI.
- ☞ Clients have a right to request limitations to the routine use of PHI for TPO.
- ☞ Clients have a right to request changes in their PHI.
- ☞ Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Therapist must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:

Privacy measures are designed to protect the confidentiality of all PHI:

- ☞ All staff will receive instruction about and be familiar with the ST Privacy Policy.
- ☞ All staff will exert due diligence to avoid being overheard when discussing PHI.
- ☞ All records will be maintained in a secure environment.

Information with regard to grievances:

Clients who have complaints or concerns with regard to therapeutic management, please first contact your child's personal therapist to discuss your concern. If you feel that she has not been able to adequately address your needs, then please contact the Clinical Services Manager. For all other questions, concerns or complaints please address them to the ST Office Manager. If the office manager cannot handle them directly, she will bring them to the attention of the relevant employee at ST. If you still feel that your complaint has not been resolved to your satisfaction, you can address complaints to the Secretary of the United States Department of Health and Human Services. Social Thinking will not retaliate against any individual for filing a complaint.

Administration:

- ☞ The ST Office Manager serves as the Privacy Contact.
- ☞ A designee of ST serves as the Center Security Officer.

Additional Resources on Health Information Privacy

Health Privacy Project	Office for Civil Rights
Georgetown University	U.S. Department of Health & Human Services
www.healthprivacy.org	www.hhs.gov/ocr/hipaa/

Please initial the box at the end of the ST Therapy Policies & Procedures contract indicating you have read and understood these privacy policies.



Last Name, First Name

TEACHER QUESTIONNAIRE

Dear Professional,

Date _____

This student is either being considered for placement in a group or seeking an evaluation at our clinic. It will be of great benefit to have you complete the below information regarding this student based on your own experience.

Please return this form to the person who gave it to you or fax it to our office at the number below.

Please complete by _____ Grade of Student _____

Professional's Name: _____ Relationship to the student _____

Please check off where you feel how this student does in your setting in the following areas:

Skill to explore	Comments	Above grade level	At grade level	Below grade level	Not observed
Math					
Reading decoding					
Reading comprehension					
Written expression					
Participating as part of a large group during class discussion/lecture					
Participating as part of a small work group in class					
Making and keeping friends during free time					
Ability to ask for help in class					
Organizational skills while in class					
Organizational skills from home to school and back					
Does this child stand out as unique in their interpersonal skills, either in class or out of class?	Yes or No, if Yes, please explain				
Do you anticipate that this student will encounter more challenges in future school years?	Yes or No, if Yes, please explain				
How would this student's peers describe them?					

Any further comments?

THANK YOU!