

Apply early as spaces fill quickly!

Priority scheduling deadline **March 31, 2018**

For more information call (408) 244-2005 or email ugispan@socialthinkingsc.com

Application Deadline for priority scheduling: **March 31, 2018**. You will receive placement information the week of May 1. **Payment is due on or before May 11, 2018**.

Required for Returning AND New 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 their strengths and challenges
- \$220 Deposit payable to Social Thinking Stevens Creek. Deposit applied to summer balance.

In addition, new clients please include:

- New Client Information Form
- Parent Assessment Form
- A recent picture of your child
- A brief letter from you describing your child. (See "Parent Assessment" for letter guidelines, pg 4).
- Teacher Questionnaire(s) (please have as many educators complete this form as possible)
- Report including medical diagnosis or letter from doctor (not required but helpful if seeking insurance reimbursement)

Please mail completed 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 following Registration Form must be filled out completely even if you have attended sessions at our clinic before.** Remember, the more selections and 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.
- It is important to be as precise but as flexible 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 after we complete our scheduling, or if your child has very limited availability, there is a good chance that we may not be able to get your son or daughter in the session.
- Please be aware that submitting your application does *not* guarantee placement in a group nor should it be assumed that because you attended a previous session you will automatically be enrolled without an application. Group placement is primarily based on matching similar students for the best possible learning environment and group interactions. It will also depend on students' availability.
- New clients must include a parent letter, 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.
- 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 their applications by the **deadline of March 31, 2018**.
- **Applications received before the scheduling deadline of March 31, 2018 receive priority scheduling and earliest notification possible.**

For admin use only:



For admin use only:

REGISTRATION FORM FOR AGES 8-18

SUMMER 2018

Application Deadline for priority scheduling: March 31, 2018

Returning Client? YES NO

Please return this application with \$220.00 deposit (see Clinic Policies on p.8 re: Cancellation Fees). Deposit will be applied to total cost of your summer program. Make deposit check out to: Social Thinking Stevens Creek

Mail to: 3550 Stevens Creek Blvd, #200, San Jose, CA 95117

Payment due in full on or before May 11, 2018

Four empty boxes for input.

Child's Name, Age, Birth date, Gender, Grade (in Sept. 2018), Parent #1 Name, Parent #2 Name, Address, City/State/Zip Code, Parent #1 Home Phone, Parent #2 Home Phone, Parent #1 cell #, Parent #2 cell #, Parent #1 work #, Parent #2 work #, Parent #1 email, Parent #2 email

- INSTRUCTIONS: 1. Check the box for any session(s) you would like your child to attend. 2. For best results, indicate all options during that time period that your child can be available.

**SESSION A 4 Week Session June 11- July 5. Please indicate ALL time periods your child can be available. 4 Week GROUP Sessions (age 8-Adult) Meets 2 hour once a week Mon - Thurs \$880. 4 Week INDIVIDUAL Sessions (age 8-Adult) Meets 1 hour, once week Mon - Thurs \$640.

SESSION B 4 Week Sessions July 9-August 2. Please indicate ALL time periods your child can be available. 4 Week GROUP Sessions (age 8-Adult) Meets 2 hour once a week Mon - Thurs \$880. 4 Week INDIVIDUAL Sessions (age 8-Adult) Meets 1 hour, once week Mon - Thurs \$640.

Other requests/preferred group mates: [Blank lines for text input]

** If your group falls on Wednesday during Session A you will only be charged for 3 sessions due to the 4th of July holiday: (Groups: \$660, Individual: \$480, Early Learners: \$390).

Please call if you have any questions about completing your application!

SIBLINGS:

Name and Age _____ Name & Age _____

Name and Age _____ Name & Age _____

School Name and Location: _____

Current Educational Setting: Public School Private School Home Schooled Combination

Current Services: SDC RSP OT Speech ABA 1:1 Aide Other: _____

When was your child's last IEP? _____ Triennial Testing? (every 3 years): _____

Who referred you to our clinic? _____

What are your current concerns about your child's performance at school?

What are your current concerns about your child's performance at home?

Please list the classes, topics or interests your child enjoys at school and at home:

Please list the classes, topics or activities your child struggles the most with at school or at home:

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

Diagnosis: _____

Diagnosing physician/clinician: _____

Please rate your child on a 1-5 scale (5 = great performance)

	Paying attention to others		Understanding personal space
	Asking questions about others		Participating in a group
	Making eye contact		Accurately identifying facial expressions
	Understanding the feelings of others		Accurately identifying body language
	Showing empathy		Greeting others
	Listening		Participating in a conversation
	Understanding what people mean by what they say		Quantity of information provided
	Doing homework		Adding relevant comments to a conversation
	Turning in homework		Apologizing
	Keeping backpack organized		Asking for help
	Keeping school desk organized		Personal problem solving
	Taking responsibility for self		Compromising and/or negotiating
	Understanding consequences		Doing chores
	Responding to frustration		

Please check all characteristics that describe your child.

	Unmotivated		Oppositional
	Anxious		Physically aggressive
	Externally distracted		Verbally aggressive to peers or adults (describe)
	Impulsive		Physically aggressive when upset towards adults
	Rigid (my way or the highway attitude)		Verbally aggressive towards adults
	Aloof/internally distracted		Withdrawn (may hide or emotionally shut down when upset)
	Other (please describe)		

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. If you are a returning client, only include a letter if there are changes you would like us to keep in mind.

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?

APPLICATION FOR AGES 8-18
SUMMER 2018



Client Last Name, First Name

PARENT PERMISSIONS

I give permission for my child to participate in community outings as needed during therapy sessions with a therapist employed by 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

Emergency Contact: _____ Relationship: _____ Phone: _____

Other adults permitted to pick up your child:

1. _____ Phone _____
Print Name Clearly
2. _____ Phone _____
Print Name Clearly

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:

**YOUR INITIAL DEPOSIT OF \$220 WILL BE APPLIED TO THE COST OF THE PROGRAM.
PAYMENT FOR THE SUMMER SESSIONS ARE DUE IN FULL ON OR BEFORE MAY 11, 2018.**

Please Initial Every Section

____ **Absences and Missed Sessions:**

There are no excused absences in the summer. Clients planning vacations must understand that by signing up for a summer session you are committing to pay for the entire session even if you are not able to attend all of the sessions.

____ **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.

____ **Client/Sibling Waiting Room Policy:**

Parents of children younger than 13 years old should stay in or very near the clinic during the session. 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 your child to participate in our program. Recordings will only be used within the group or individual session, not to be viewed by the public.

____ **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 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.

____ **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 ICD-10 Diagnostic Codes. On your summer billing statement, we include the diagnostic code from 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, ICD-10: R69 Unspecified diagnosis (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.

Deposits:

A great deal of time and effort is invested in processing applications and considering each child's placement. For this reason we ask families to submit a \$220 deposit when submitting an application. This deposit will be applied towards the student's balance for the summer session(s). If our clinic is not able to place your child in a summer session the full deposit will be refunded.

Cancellation fees:

We understand that unforeseen circumstances occur and occasionally cancelling your enrollment cannot be helped. We hope that families will make every effort to prioritize their child's program. However, due to the complexities of scheduling appropriate groups, cancellation fees will be charged as follows:

- Cancellations on or before April 11, 2018- no fee
- Cancellations between April 11 - May 11, 2018- forfeit \$220 deposit
- Cancellations after May 11, 2018- the entire session fee is non-refundable.

Payment Policy:

Payment for the summer session is due in full on or before MAY 11, 2018. Payment in full is the responsibility of the client, whether or not you are waiting for insurance reimbursement. There is a \$25.00 charge for returned checks. If you have any questions or need to arrange a payment plan, please contact Mimi Pauline at (408) 244-2005 ext. 301 or by email mpauline@socialthinkingsc.com .

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.

Please sign to indicate that you have read and agree with our Clinic Policies.

Signature

Date

Print parent/guardian name

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 Director. 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
Georgetown University
www.healthprivacy.org

Office for Civil Rights
U.S. Department of Health & Human Services
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.

**APPLICATION FOR AGES 8-18
SUMMER 2018**



Client Last Name, First Name _____

TEACHER QUESTIONNAIRE

Date _____

Dear Professional,

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 his 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!