

SOCIAL SKILLS GROUP

Date: _____

Contact Information:

Name:	Parents Name:
Age:	Home Phone:
Insurance Carrier:	Cell
Self Pay: Y/N (please circle)	Other Phone:

Email:

E-mail address:
How often is this email checked ?:
Is this an effective means of communication?
When I send "general" emails to parents, is it okay that your email is seen by others Y/N (please circle)

(Please place a check mark next to the following that applies to you and your child/adolescent :)

I am interested in the

- **I am interested in the next "round of social skills group" _____**
(which will run for 12 weeks) (likely non-consecutive)
- **I am not interested** my child / adolescent participating in future social skills group _____
- I am interested in **future social skills groups** _____

Availability:

Place a **Check**: in the time slots that your child / adolescent can attend group. If uncertain, mark with a "?".

Place a **Star**: in the preferred time slot(s)

Leave **blank**: times that your child / adolescent cannot attend group

	3 -3:45pm	4-4:45pm	5-5:45pm	6-6:45pm
Monday				
Tuesday				
Wednesday				
Thursday				

Questions or comments:

Office use only: Intake has occurred _____ date: _____

Met with child or adolescent _____ date: _____

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