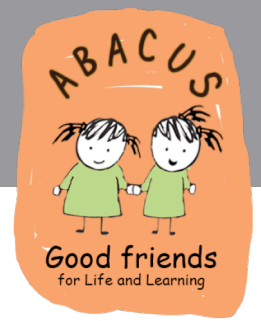


Good Friends Social Skills



SAVE THIS FORM TO YOUR COMPUTER AND COMPLETE USING **ADOBE® READER®**

GOOD FRIENDS SOCIAL SKILLS PROGRAM INTAKE FORM

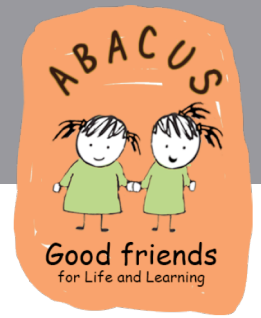
- Please complete all sections of the intake form
- Return this form to Abacus, places will be confirmed the following day
- All information is kept strictly confidential and used by Abacus Learning Centre to assist in determining programming need

STUDENT DETAILS

Surname	
Given Name(s)	
Preferred Name (if different from given name)	
Date of Birth	
Country of Birth	
Language/s spoken at home	
School/Pre-school attending (if applicable)	
Grade	

CONTACT DETAILS

Parent/Carer Contact Name	
Relationship to Child	
Contact Postal Address	
Email Address	
Phone Number	
Alternative Phone Number	



MEDICAL HISTORY

Does your child have an Autism Spectrum Disorder. If not, any diagnosis? (Please detail)

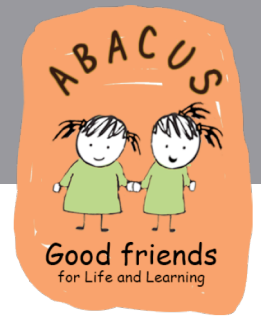
Does your child have any allergies? Please provide details including medication required.

Does your child have asthma? If yes, please attached the Asthma Management Plan

SKILLS AND PLAY

What are your child's special interests?

What skills would you like your child to learn in this group?



BEHAVIOURS

Does your child show any sensitivity / fear of certain sounds or items?

Describe your child's behaviours that interferes with his / her social development

Additional comments or observations

Post to: Abacus Learning Centre
215 High Street
Hastings Vic 3915

or email to: nina.sutton@abacuslearning.org.au