SECRET agent SOCIETY

SOLVING the MYSTERY of SOCIAL ENCOUNTERS®

Program Registration Form

Please complete all the questions on this form. This information will be kept strictly confidential.

Parent's name: ______________________________ **Date:** ____________

Address: ____

______________________________________ **Postcode:** __________

Telephone contact numbers

Home: ________________ **Mobile:** ________________ **Work:**________________

Email: ____

Please note sessions will be scheduled on.

Wednesday 4-6pm

* * * * * * * * * * * * *

Your child's name: ____

Child's date of birth: ____________________ **Child's age** (*years*): ________________

Child's gender: (*Please circle*) Male Female

Child's ethnicity:____

Is the child of Aboriginal or Torres Strait Islander origin? (*Please circle*)

Yes No

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

How are you related to the child? (*Please circle*)

Mother Father Guardian Other (*Please specify*): ____________________________

Parent's ethnicity:____

Language other than English spoken: ____

<u>Are you of</u> Aboriginal or Torres Strait Islander origin? (*Please circle*)

Yes No

What is your occupation? ____

What is your highest level of education?

1. Up to high school diploma or equivalent
2. Technical/trade school or some college
3. University graduate or equivalent
4. Post graduate/Professional degree

Who does your child live with?

Both biological or early adoptive parents Single Parent (Please circle which: Mother Father)

Mother and step-father Father and step-mother

Equal time with separated/divorced parents

Other:______________________

What is the current marital status of biological parents?

Married How long:___________

Separated How long: ___________

Divorced How long: ___________

Other Described:___________

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Apart from you, is there another caregiver who will be participating in this program? (*Please circle*)

Yes No

If so, what is their name and relationship to the child?

Name: ____

Relationship to child: ____

What is their occupation? ____

What is their highest level of education?

5. Up to high school diploma or equivalent
6. Technical/trade school or some college
7. University graduate or equivalent
8. Post graduate/Professional degree

Child's school (if attending): ____

School telephone number: ____

Child's grade/year level at school: ____

Name of child's teacher: ____

Does your child receive any special assistance at school? (*Please circle*) Yes No

If so, please describe: ____

____

Is English your child's first language? (*Please circle*) Yes No

If not, please rate how well your child speaks and understands the English language: (*Please circle*)

Very poorly Poorly Reasonably well Well Very Well

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Has your child been diagnosed with a mental health condition or psychological disorder, such as an Anxiety Disorder, Attention Deficit Hyperactivity Disorder (ADHD) or an Autism Spectrum Disorder?
(*Please circle*) Yes No

If so, which disorder(s)? ____

____

For each condition, write down when the diagnosis was made and circle who made the diagnosis:

Condition	**When Diagnosis was Made**	**Who Made the Diagnosis** (please circle)
________________________	______________________	Psychiatrist Paediatrician Psychologist Other (*Please specify*): ____________________
________________________	______________________	Psychiatrist Paediatrician Psychologist Other (*Please specify*): ____________________
________________________	______________________	Psychiatrist Paediatrician Psychologist Other (*Please specify*): ____________________

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Has your child ever been diagnosed with a learning disorder, language disorder or intellectual delay?
(*Please circle*) Yes No

If so, which conditions? ____

____

For each condition, write down when the diagnosis was made and circle who made the diagnosis:

Condition	When Diagnosis was Made	Who Made the Diagnosis (please circle)
______________________	______________________	Psychiatrist Pediatrician Psychologist Other (*Please specify*): _______________
______________________	______________________	Psychiatrist Pediatrician Psychologist Other (*Please specify*): _______________
______________________	______________________	Psychiatrist Pediatrician Psychologist Other (*Please specify*): _______________

Has your child had an IQ test or learning ability test in the past 2 years?

(*Please circle*) Yes No

If so, please provide a copy of the results and/or report to the program facilitator.

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Has your child ever been diagnosed with a medical condition or had surgery?

(*Please circle*) Yes No

If so, which condition(s) or what surgery? ____

____

For each condition, write down when the diagnosis was made and circle who made the diagnosis:

Condition	When Diagnosis was Made	Who Made the Diagnosis (please circle)
___________________________	__________________________	Paediatrician Family Doctor Other (*Please specify*): ____________________
___________________________	__________________________	Paediatrician Family Doctor Other (*Please specify*): ____________________
___________________________	__________________________	Paediatrician Family Doctor Other (*Please specify*): ____________________

Does your child have asthma? (*Please circle*) Yes No

If so, please provide an asthma management plan from your GP/paediatrician

Does your child have any other health problems (e.g. allergies)? (*Please circle*) Yes No

If so, please describe: ____

____

____

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Does your child take any medications? (*Please circle*) Yes No

If so, please list the medication names, dosages and what each medication is for (if known)

Name	Dosage	What is the medication for?
________________________	________	____________________________
________________________	________	____________________________
________________________	________	____________________________

Has your child received therapy or support in the past to cope with his/her emotions or to get along better with others? (*Please circle*) Yes No

If so, describe <u>what</u> this involved (e.g. individual anger management therapy, social skills group, etc).

____

____

____

For each therapy service or support listed, note <u>when</u> and <u>how long</u> the service was received for, and <u>who provided it</u> (e.g. Individual therapy for anxiety, September-November, 2013; approximately 10 weeks, psychologist at Psychological Solutions clinic).

Service/Support	Date Received (Year and months)	Duration	Provider
____________________	______________	__________	______________
____________________	______________	__________	______________
____________________	______________	__________	______________
____________________	______________	__________	______________
____________________	______________	__________	______________

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Is your child receiving therapy or support at the moment to cope with his/her emotions or to get along better with others? (*Please circle*) Yes No

If so, describe what this involves e.g. individual anger management therapy, social skills group, etc).

____

____

____

Please provide contact details for any professionals who your child is currently seeing for help with mental health conditions, developmental delays and/or learning difficulties:

____

____

____

What hobbies or interests does your child have?______________________________

____

Please list below the three major difficulties that your child is experiencing at the moment (*e.g. bullying at school, problems making friends, poor anger management, unwillingness to try new activities, difficulties adjusting to changes in routine, etc*).

1. ____

2. ____

3. ____

Please describe the changes that occur in your child's behavior when they feel anxious (*e.g. changes in facial expression, body posture, voice tone, complaints of stomach aches, muscle tension, etc*).

____

____

____

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Please describe the changes that occur in your child's behavior when they FIRST start to become angry or frustrated (*e.g. changes in facial expressions, body posture, voice tone, muscle tension etc*).

____

____

____

Describe up to five common situations where your child feels anxious, worried or scared. Rate how anxious you think your child feels in each situation on a scale from 1 (a little anxious) to 10 (extremely anxious).

Situation:	Anxiety Rating (1-10):
1.	
2.	
3.	
4.	
5.	

Describe up to five common situations where your child feels angry or frustrated. Rate how angry you think your child feels in each situation on a scale from 1 (a little angry) to 10 (extremely angry).

Situation:	Anger Rating (1-10):
1.	
2.	
3.	
4.	
5.	

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Please rate how confident you are in your ability to support your child's social and emotional development.

0	1	2	3	4	5
Not at all confident	*Slightly confident*		*Moderately confident*		*Very confident*

Does your child have access to a computer at home? (*Please circle*) Yes No

Does your child have access to a printer at home? (*Please circle*) Yes No

Please provide any additional information that you think is important for us to know.

____

____

____

Sometimes we lose contact with families who participate in our programs. To help us stay in touch with you, please provide the details of two relatives or friends who you would be willing for us to phone to obtain your contact details if necessary.

Name(s): Phone number(s):

______________________________ ______________

______________________________ ______________

*   *   *   *   *   *   *   *   *   *   *   *   *

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.

Parental Consent to Participate in Program

I give consent for myself and my son/daughter to take part in this program on the understanding that:

1. I am aware of the aims and structure of the program.
2. I have had the opportunity to ask any questions arising from the information provided and these questions have been answered to my satisfaction.
3. The program facilitator may contact my child's teacher and other supporting professionals to find out more about my child's social-emotional functioning and behaviour and to brief these people on the Secret Agent Society Small Group Program.
4. The program facilitator may wish to do an observation of my child at their school.
5. I am aware that some SAS group meetings (child and parent) will be filmed for the purposes of peer supervision and support sessions.
6. The information that I provide will be kept confidential.

Parent/Guardian's name: ____

Parent/Guardian's signature: ____

Date:____

Thank you for completing this registration form. Please return this form to your program facilitator before your program intake interview.

© 2016 Renae Beaumont Enterprises Pty Ltd
Published and distributed by Social Skills Training Pty Ltd (www.sst-institute.net)
Limited copies may be made to facilitate the delivery of the SAS program.
Not to be copied or reproduced for any other purpose without specific written permission.