

# Summer 2010

## Grades K-12 Application Packet Checklist

*(Please make sure all forms are completed and signed prior to submission. Include this checklist with your application packet).*

**Application Deadline for first consideration: April 26th**

### **New Clients:**

- Application Form
- New Client Information
- Clinic Policies and Procedures
- Teacher Questionnaire
- Exchange of Information
- Video and Audio Permission
- Outing/Allergy Form
- 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
- A brief letter from you describing your student. (See page 6 for letter guidelines).
- A recent picture of your child
- \$210 Deposit payable to Teach SOCIAL Silicon Valley. The deposit will be applied to the total cost of the summer program

### **Returning Clients:**

***Please note that although you may have Completed this information in the past, the below forms must be completed each semester. We only need information such as IEP reports and outside assessments if these have been updated since you last submitted them. Thank you for your help in keeping our records up to date as well as helping us to place your student in the most appropriate group.***

- Application Form
- Clinic Policies and Procedures
- Teacher Questionnaire
- Exchange of Information
- Video and Audio Permission
- Outing/Allergy Form
- Teacher Questionnaire
- IEP/Report(s)/Outside assessments (if updated since last submitted). any other information which will give us a better understanding of your child and his/her strengths and challenges
- \$210 Deposit payable to Teach SOCIAL Silicon Valley. The deposit will be applied to the total cost of the summer program

**PLEASE DO NOT FAX OR E-MAIL APPLICATIONS. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.**

# **TEACH SOCIAL SILICON VALLEY**

SOCIAL AND ORGANIZATIONAL CONCEPTS FOR INDIVIDUALS WITH SOCIAL COGNITIVE CHALLENGES ACROSS THE LIFESPAN

A 501(C)(3) ORGANIZATION

3550 STEVENS CREEK BLVD. #200 SAN JOSE, CA 95117

(408) 244-2005

[WWW.TEACHSOCIALSV.COM](http://WWW.TEACHSOCIALSV.COM)

FAX: (408) 244-3870

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## **Enroll Now For Summer 2010 Social Thinking Therapy Services**

- \* Students learn social thinking and related skills in a small group (2-4 students depending on the student's needs) or individual therapy environment
- \* Social thinking is designed for individuals with near normal to above normal cognition who struggle with understanding and processing the social world.
- \* Our sessions include a strong parent component. Parents are educated on the concepts and strategies to help support their students in carrying the new concepts across their home and school day.
- \* Parents gain a better understanding of how social thinking challenges impact academics (such as reading comprehension, organization, etc.), and strategies for increased academic success.
- \* Community Groups ("Hang Out" Groups) provide an opportunity for social connections in a semi-structured environment which ranges from "hanging out" at the clinic to going on community outings. These groups encourage social initiation, planning and experiencing social events and using and building on skills they have begun to acquire. "Hang Out" groups are intended for clients with at least one full year of participation; ages 6<sup>th</sup> grade and up; grouped by age and ability.
- \* Social Thinking, pioneered by Michelle Garcia Winner, is an internationally recognized and applied approach to working with individuals with social cognitive deficits (such as High Functioning Autism, Asperger's Syndrome, PDD-NOS, Non-verbal Learning Disability (NVLD), ADD/ADHD and others who struggle with the social world but do not have a formal diagnosis).
- \* Our social thinking team is a group of highly trained, dynamic and creative professionals who all participate in ongoing training and collaboration with Michelle Garcia Winner.

## **Clinic services:**

- \* **Social Thinking Individual and Group Therapy for Preschool- Adult** (Preschool and Adult, please see our website, [www.teachsocialsv.com](http://www.teachsocialsv.com), for information and applications for social thinking sessions)
- \* **Social "Hang Out"/Community Groups** (for returning students 6<sup>th</sup> grade and above)
- \* **Consultation and training to parents and schools**
- \* **On-site school observations**
- \* **Parent Education**

**Social Thinking and Michelle Winner:** Social thinking is our innate ability to think through and apply information to succeed in situations that require social knowledge. Social thinking is a form of intelligence that is key to learning concepts and integrating information across a variety of settings; academic, social, home and community. Limited abilities for learning and/or applying socially relevant information can be considered a social thinking learning disability. Michelle Garcia Winner coined the term as a treatment program for students to assist them with their social learning. Individuals with autism spectrum disorders (particularly high-functioning autism and Asperger's Syndrome) ADHD, nonverbal learning disorder and similar challenges have benefited greatly from this treatment approach over ten years. Michelle Garcia Winner is an internationally recognized specialist, and the social thinking work that she has pioneered is internationally recognized and implemented. For more information on the SOCIAL THINKING APPROACH please go to: [www.socialthinking.com](http://www.socialthinking.com) and read about Michelle's philosophy.

**Teach SOCIAL Silicon Valley**, (previously Michelle Garcia Winner's Center for Social Thinking, Inc.), is a non-profit organization dedicated to serving individuals with social cognitive deficits in Silicon Valley, directly based on the conceptual model and practices of social thinking. The three arms of TSSV include: clinical services, educational consulting, and adult training and services. Through donations to our Scholarship Fund, Educational Fund, Lifelong Learning Fund, and General Fund, we continue to expand our ability to support individuals with social cognitive challenges and their families within Silicon Valley. For more information on TSSV, or to make a donation to one of the above funds, please visit our website, [www.teachsocialsv.com](http://www.teachsocialsv.com).

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**Clients: Please return with \$210.00 deposit Returning Client (please circle) Y N**

- > Please be aware that receipt of your schedule preference does not guarantee placement in a group. Also, please do not assume that because you are a returning client, you will automatically be enrolled without an application. We do our best to place all students, but group placement is based on matching similar students together for the best possible group interaction and finding corresponding times when the group can meet.
- > **Please use the following system to fill in every square on the schedule. Write a "0" if your child can absolutely NOT attend during that time, place a "1" if you would like this as a preferred time and put a "2" if this is a possible but not a preferred time.**
- > 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, we may not be able to find another group placement for your student after he/she has been placed in a social thinking session based on your original availability.
- > Those who are not initially placed in a social thinking session 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. Applications received after the **April 26<sup>th</sup> deadline for first consideration**, will be placed as space becomes available.

Example Schedule Box: **0's indicate a time a child CANNOT COME.**

	MON	TUES	WED	THURS	FRI
Home School	After 10:30am		After 11am		
3:15	0	0	1	1	0
4:30	1	1	1	2	2
5:45	0	0	1	2	2

Child's Name

Age

Birth date

Gender

Grade level in Sept. 2010

Parent's Name

Address

Home telephone

City, State, Zip

Mobile telephone

E-mail address

Work telephone

E-mail address

**Remember, the more time slots you make available for us to choose from the better chance your child has of being placed in our clinic!**

Preferred group mates (this does not guarantee a placement with these students: \_\_\_\_\_)

**2. Indicate the service(s) that you are seeking:**

Would like 1-hour group:  
 one time each week  
 two times each week

Would like 2-hr group  
 one time each week  
 two times each week

Would like one 1-hr group AND one 2-hr group each week

Would like 1-hr group AND individual sessions

Would like 2-hr group AND individual sessions

Would like only INDIVIDUAL

Would like Summer Teen Counselor Training\*\*  
 \*\*You will be contacted directly to schedule.

Other:

**3a. One Hour Groups**

Indicate time and days you are available to come in for group.  
 (\$840 for 3-4 person group. \$1000 for 2 person group.)

All ages	Please circle days and times available				
9:30 am	M	T	W	Th	F
10:45 am	M	T	W	Th	F
1:00 pm	M	T	W	Th	F
2:15 pm	M	T	W	Th	F
3:30 pm	M	T	W	Th	F
4:45 pm	M	T	W	Th	F

**3b. Two-hour Groups**

For planning & going into the community and "Hanging Out" social activities  
 (\$1,680 for 8 weeks 3-4 person group)

4 <sup>th</sup> grade & above	Please circle days and times available				
10:00am - Noon	M	Tu	W	Th	F
1:00 pm - 3:00 pm	M	Tu	W	Th	F
3:30 pm - 5:30 pm	M	Tu	W	Th	F

Make \$210 deposit check out to: **Teach SOCIAL Silicon Valley**

And mail to:

**3550 Steven's Creek Blvd. Suite #200**

**San Jose, CA 95117** If you have any questions please call: (408) 244-2005 or

e-mail [nweston@teachsocialsv.com](mailto:nweston@teachsocialsv.com)

I give permission to Teach SOCIAL! Silicon Valley to share my registration form with Michelle Garcia Winner and employees of Social Thinking (TSP) for consideration for placement in Michelle's training track mini-clinic.

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## **SUMMER 2010 SOCIAL THINKING PROGRAM – June 14 –August 6**

**Enrollment for Preschool-Aged or Adult Programs:** (Please seek more information about this on our website [www.teachsocialsv.com](http://www.teachsocialsv.com)).

Contact our pre-school administrative assistant, Linda (408) 244-2005 ext. 205 for further information on Preschool services.

**Enrollment in Individual Therapy:** The majority of the individual therapy sessions occur between 12pm-2pm, before the after-school social groups. Individual therapy sessions are offered as space allows on the schedule for after school time slots.

**Enrollment in Social Thinking Groups:** We group students with peers that function similarly to your child in his cognitive, social, language and auditory processing abilities. We see over 250 clients on a weekly basis so finding common times for similar students to be scheduled can be a difficult puzzle to solve.

We spend countless hours considering group placements for the students. This is a labor intensive process. 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. When filling out your schedule, we need every square filled up, so we have no doubt as to your availability. Please read the below information closely as it has changed.

### **Attendance Policy for Social Thinking Groups:**

By signing up for this program you are committing to pay for the full program: 8 weeks of social thinking therapy. Families planning vacations must understand that by signing up for this program you are committing to pay for all 8 weeks of sessions.

On the rare occasion that everyone is absent from the group except for one child, we will still hold the session, but it will be an individual session to focus on your child's specific needs the therapist has been observing. 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 last minute.

**Parent Education:** Parents are expected to attend the last 10 minutes of each therapy session to explore with the therapist the new ideas learned during the session. The student's growth depends on all adults living and working with him/her to learn along with the students these new concepts and then encourage growth in these areas across the day.

**The Cost:** Payment for the summer program is due in full on or before the first day of sessions. The program cost is \$840 for the 8 week 3-4 person group, \$1000 for the 8 week 2 person group, and \$1,680 for 8 week 2-hour group. Students are placed in 2 person groups if it is determined that a smaller group is needed for a student to be successful in a group setting. Consultation is \$155.00 per hour. Please contact our office (408) 244-2005 for more information regarding the cost of additional services we provide through the clinic. We do not process any insurance. For more information on our policy regarding insurance claims, please see attached "policies and procedures."

**Deposits:** Considerable time is invested in each student's placement. Parents must include a non-refundable \$210 deposit to complete this application. If accepted into the program, this money will be applied to the cost of the program. If the parent applies to the program, and we find a placement for the child in a group but then the parent decides to not come for therapy, the deposit will not be refunded. If a family applies for the program, but we are unable to find a good group match, new students will be refunded all but \$50.00 to cover administrative costs. Returning clients will be refunded the full amount.

**Applications:** **The attached application 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.

**Sharing Application forms:** Michelle Garcia Winner, Stephanie Madrigal and Pamela Crooke are now working full time for Think Social Publishing (TSP) focusing on the growing national social thinking movement. They will run a private "mini-clinic" called "Social Thinking" to provide trainees a place to observe and intern. All families who participate in the Social Thinking clinic will have mentor trainers and interns co-working with their clinicians. TSSV clinicians continue to collaborate and train with Think Social Publishing. If you would like your child to be considered for placement in Michelle Garcia Winner's Social Thinking mini clinic in addition to Teach SOCIAL, we will need to have your permission to copy and release your registration forms and file. Please mark the box at the bottom of the application form indicating your permission and interest in the Social Thinking mini-clinic.

**PLEASE RETURN THE APPLICATION BEFORE APRIL 26<sup>th</sup> FOR SCHEDULING FOR Summer 2010**

**Social Thinking Groups start June 14<sup>th</sup>!**

**Teach SOCIAL! Silicon Valley** is located at 3550 Stevens Creek Blvd. Suite 200, San Jose, CA. 95117. (408) 244-2005. We are located between Cypress and San Tomas Expressway; you must drive behind our building to enter the office complex, we are on the 2<sup>nd</sup> floor. You can't miss us!

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## NEW CLIENT INFORMATION

Date \_\_\_\_\_ Client's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ 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: \_\_\_\_\_

Siblings name and ages: \_\_\_\_\_

School Name and District/City: \_\_\_\_\_

Best Contact at the School: Name and Phone #: \_\_\_\_\_

When was your last IEP? \_\_\_\_\_ Triennial Testing? (every 3 years): \_\_\_\_\_

If your child is enrolled in a Special Education class or specific service, please list those here: (Please be specific. For example, if they have a paraprofessional (aide) working with them, what percentage of the day do they receive this support? If they receive Speech and Language services, what is the frequency and duration?).

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If we were to observe your child at school, describe what we would see.

*During structured time (such as classroom learning)*

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*During Unstructured time (such as recess/lunch)*

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If we were to observe your child at home, describe what we would see.

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**RATE YOUR CHILD'S BEHAVIORS ON A SCALE FROM 1-10 (10= Great Performance)**

<b>BEHAVIOR</b>	<b>HOME</b>	<b>SCHOOL</b>
Attention to others		
Listening		
Participating as part of a large group		
Participating as part of a small group		
Participating in a conversation		
Being organized		
Personal Problem Solving		
Understanding feelings of others		
Assuming Responsibilities		
Controlling, argumentative (10 being very argumentative)		
Affectionate		
Understanding consequences		
Understands when he/she is being lied to or manipulated (1= no understanding, 10= clear understanding)		

**Please write a brief letter describing your student.** Including information about the following areas helps us obtain a clear picture of your student, therefore increasing our ability to find an appropriate placement. If you are a returning client, only include a letter if there are changes that you would like us to keep in mind.

***Please include the following areas in your letter:***

- Your student's strengths and challenges related to functioning in the social world
- Describe his/her interactions with peers
- Please describe their awareness of their challenges (for example: Are they aware of how others perceive them, such as if others perceive them as different from their peers)
- How well they understand that their actions and words affect others
- How he/she deals with responding to every day problems (such as a change in the schedule, etc.)

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## **Clinic Policies– Very Important, Please Read, Initial & Return with application packet**

I agree to follow the fee schedule and policies for \_\_\_\_\_ as noted:  
(print your student's name)

**Therapy sessions:** \$105 per 60-minute session when 3 – 4 students in the group.  
\$125 per 60-minute session when 2 students in the group.  
\$155.00 for individual session.

**Additional consultation:** \$155.00 per hour for consultation with parents, report writing, IEP attendance (travel time is billed as well), phone calls exceeding 10 minutes with a therapist.

**Payment for the 8 week summer program is due in full on or before the first day of summer sessions.**

Please Initial  
Every Section

**Absences and Missed Sessions:**

By signing up for this program you are committing to pay for the full program: 8 weeks of social thinking therapy. Individuals planning vacations must understand that by signing up for this program you are committing to pay for all 8 weeks of sessions.

**Policy for most of the group being absent one week:**

When the therapists work in the group, they observe small details in your student 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 for 45 minutes, 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. Parents have the option of joining with the clinician during this time; however, it is not a choice to cancel this session without the absence being noted as a cancellation.

**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 if 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 your children unsupervised in the waiting room at any time. Ensuring your students are following the waiting room expectations helps to create a comfortable environment for all.

**Late Parent Policy:**

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 more extreme, but as you know, many of our students do not deal well with stress and/or transition. As the therapist must start her next group on time and cannot stay with your child, this provides 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.

**Observation of sessions:**

Parent observation is very limited to nonexistent for our groups. Our facility was not built specifically to accommodate observations while maintaining patient privacy for other groups that may be running in close proximity to the observation

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areas. Any observation, if allowed is completely at the discretion of the clinic and must be arranged prior to the session date.



**Report Writing Policy:**

In January, the therapists will write a brief description of the focus of your student's therapy group, as well as 2-3 specific goals your child is working on in the group. At the end of June of the same session, the therapist will write a summary describing your child's progress toward his individual goals, as well as further recommendations. The purpose of these reports is to help share what we are doing at the clinic with other professionals involved in your child's treatment. These reports are a mandatory part of the overall clinic experience. We will bill families an additional 15 minutes in January for writing the goals and an additional 30 minutes in June for writing the summaries, at our report writing fee of \$155 per hour, (\$38.75 in January, and \$77.50 in June). This does not apply to 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. 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 extra administrative requests which include copies of previous invoices, reports, therapy handouts, etc. 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.

a. We request that all families who plan to file an insurance claim for our clinic's work **contact us** to let us know their intentions. Our front desk staff has some information about insurance claims that we can provide you at no extra charge.

b. Some insurance companies will only reimburse for specific ICD9 Diagnostic Codes. On your monthly billing statement, please check the diagnostic code listed. We obtain the diagnostic code seen on the invoices from the information in the client's file. This code is only assigned based on a medical diagnosis (as opposed to an educational classification). We are unable to make changes to the diagnostic code without a written medical diagnosis from a qualified professional. We are also unable to change a CPT code to reflect a service other than what was given (such as indicating a session was an individual session rather than a group session). We recognize that some insurance companies are willing to cover some services and not others (for example, individual sessions but not group sessions), but legally we are unable to indicate that we provided a service in which we did not.

c. Even if families are the ones filing the claim, the insurance company will still come to us for information about our services and will want to see copies of group therapy notes for insurance coding. We then have to "black out" information about all other clients mentioned in the week's notes. Thus, parents filing claims from their home still involve our clinic's administrative staff.

d. If a family files a claim and they are currently a client at our clinic, this fee will be added to their invoice for the month that the claim was filed, only after we receive permission from the family to charge them for this administrative task. We will notify the family that we will charge them for our administrative time by calling and by sending a written letter. Generally, we have 30 days to send the insurance company the required papers, so families will have to respond to us quickly. A copy of all information sent to the insurance company is held in a client's file, families can see a copy of what we sent at their request at no extra fee.

e. For families that no longer participate at our clinic, but are filing an insurance claim in retrospect, this family will then be billed a fee that we project it will cost to process this claim. They will be asked to pay this fee prior to us sending the requested paperwork to their insurance company. Given that insurance companies give us a turn around time of about 30 days, we will quickly send the family a notification of our projected fee in the mail as well as calling to give notification of the fee. They will then need to quickly send us the payment so we can process their claim. If we do not receive payment we will not be able to process the claim. We will then send a letter informing the family that their requests were not processed.

f. We will not sign any contract offered to us by an insurance company that states that we agree to pay a lesser fee than what we have established as our fee for service, even if the parent has paid our insurance administrative fee.

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**Policy for billing:**

Payment in full for 8 week summer session is due on or before the first day of sessions. Please sign below and make a copy of these policies and procedures for you to reference. Copies of our “policies and procedures” are also available at our front desk.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student's Name (Printed)

Initial indicates that I have read/received a copy of the Teach SOCIAL Silicon Valley Privacy policy. (Please make an additional copy for your file)

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## Privacy Policy for your records

It is important that you review the privacy policy. Please initial the box on the policies signature page and keep a copy 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 Teach SOCIAL! Silicon Valley (TSSV) 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: TSSV 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:

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

### **Patient/Client Rights:**

- Φ Parent/Guardian of clients or adult clients have a right to see and obtain a copy of their PHI.
- Φ Clients have a right to request limitations to the routine use of PHI for TPO.
- Φ Clients have a right to request changes in their PHI.
- Φ 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:
- Φ All staff will receive instruction about and be familiar with the TSSV

Privacy Policy.

- Φ All Staff will exert due diligence to avoid being overheard when discussing PHI.

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Φ 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 Director. For all other questions, concerns or complaints please address them to the TSSV Office Manager. If the office manager cannot handle them directly, she will bring them to the attention of the relevant employee at the TSSV. 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. Teach SOCIAL Silicon Valley will not retaliate against any individual for filing a complaint.

**Administration:**

- Φ The TSSV Administrative Assistant serves as the Privacy Contact.
- Φ A designee of the TSSV serves as the Center Security Officer.

**Additional Resources on Health Information Privacy**

Health Privacy Project  
Georgetown University  
[www.healthprivacy.org](http://www.healthprivacy.org)

Office for Civil Rights  
U.S. Department of Health & Human Services  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

You may retain this copy for your files.

**PLEASE DO NOT FAX OR E-MAIL APPLICATIONS. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.**

# TEACH SOCIAL SILICON VALLEY

SOCIAL AND ORGANIZATIONAL CONCEPTS FOR INDIVIDUALS WITH SOCIAL COGNITIVE CHALLENGES ACROSS THE LIFESPAN

A 501(C) (3) ORGANIZATION

3550 STEVENS CREEK BLVD. #200 SAN JOSE, CA 95117

(408) 244-2005

[WWW.TEACHSOCIALSV.COM](http://WWW.TEACHSOCIALSV.COM)

FAX: (408) 244-3870

**PARENTS PLEASE HAVE AS MANY EDUCATORS FILL THIS OUT AS POSSIBLE!**

Dear Professional,

Date \_\_\_\_\_

Name of 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 above number.

Please have the form completed by \_\_\_\_\_.

Your Name \_\_\_\_\_ Grade of Student \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Please check off where you feel how this person 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 the 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 him/her?					

Any further comments?

Thank YOU!

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## PERMISSION TO USE VIDEO OR PICTURED IMAGE & AUDIO RECORDING

*~~~This form must be signed in order for your child to participate in the program~~~*

The use of video, picture image and audio recordings are an essential component of therapy. For this reason, we ask that this form be signed in order for your child to participate in our program. These recordings will be used for teaching purposes only and will not be used outside of the group without your written consent.

Please check the first box to indicate that you will allow these recordings and wish to participate in our program:

I give my permission for Teach SOCIAL Silicon Valley to use the video, picture or audio recording of my child for therapeutic purposes:

---

*Please print child's name or name of adult receiving services*

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.

**Check only if you are comfortable with this option:**

I give permission for video or pictures of my child to be used in **both** clinical & conference settings. *You do not need to check this box in order to participate in our program.*

---

Parent's Signature:

---

Date

---

or Signature of Client over the age of 18

---

Date

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## EXCHANGE OF INFORMATION

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Alternate Telephone

I give permission for any employee of Teach SOCIAL to share information with any of the following people regarding the educational or medical treatment for my child.

Professional's Name	Title	Telephone Number	Address

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*How did you hear about TSSV/social thinking? (For example, a provider such as a counselor, physical therapist, psychologist, website, Michelle Winner conferences).

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# TEACH SOCIAL SILICON VALLEY

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---

I give permission for my child, \_\_\_\_\_,

to walk in the community and/or use public transportation as needed during therapy sessions with a therapist employed by Teach SOCIAL Silicon Valley.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

(Permission for 1 year from above)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone number

~~~~~

Please list any food allergies or diet restrictions for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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