

Summer 2010

Purposeful Play 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*
- Parent Assessment*
- Clinic Policies and Procedures*
- Video and Audio Permission*
- Exchange of Information*
- Email Permission*
- Allergy Form*
- Report(s)/Outside Info/any other information which will give us a better understanding of your child and his/her strengths and challenges*
- A 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*
- Video and Audio Permission*
- Exchange of Information*
- Email Permission*
- Allergy Form*
- Report(s)/Outside Info (if updates since last submitted)*
- \$210 Deposit payable to Teach SOCIAL Silicon Valley. The deposit will be applied to the total cost of the summer program*

TEACH SOCIAL SILICON VALLEY

SOCIAL AND ORGANIZATIONAL CONCEPTS FOR INDIVIDUALS WITH SOCIAL COGNITIVE CHALLENGES ACROSS THE LIFESPAN
A 501(C)(3) ORGANIZATION
3550 STEVEN'S CREEK BLVD. SUITE 200 SAN JOSE, CA 95117
(408) 244-2005 FAX: (408) 244-3870

Purposeful Play Program for children ages 3 - 6 years old

June 28th - August 6th 2010

Summer 2010 Application Form

Date: _____	Returning Client (please circle) Y N
Child's Name: _____	Birth date: _____ Gender _____ Age: _____
Parent Name: _____	Parent Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Fax Number: _____	Fax Number: _____
Siblings' names and ages: _____	

Availability

Each session meets for one hour weekly. Please indicate preferred times, offering a range of times if possible. Please note that the more options available to us the easier it will be to place your child in the program. Please indicate best times with a "1"; second best with a "2"; and cross out any times that will not work for you.

	Circle days and times available				
9:00	M	Tu	W	Th	F
10:15	M	Tu	W	Th	F
11:30	M	Tu	W	Th	F
12:45	M	Tu	W	Th	F
2:00	M	Tu	W	Th	F

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Purposeful Play Program for 3-6 year olds with Social Thinking Challenges

Play and early communication skills (verbal and non-verbal) lay the foundation for higher-level academic and conversational skills. We have created the **Purposeful Play Program (PPP)** to work on key concepts of social development to give students with social thinking challenges a head start in learning skills for relating to their families and peers. Play is the avenue through which children learn to relate to others. The PPP Program teaches children to play in novel ways and facilitates play and language development while emphasizing relationship development and connection with adults and peers.

During playgroup sessions, we explore creative approaches to the development of social and play skills in a relaxed, supportive and small social setting. Parents learn how to facilitate play and increase social skill

development in a natural and nurturing environment. Parents also learn to become play date facilitators to increase the success and social skill development of their children in a peer setting.

Our sessions will incorporate music and movement to explore how our whole body communicates socially. Whenever possible, we include a typically developing peer in our playgroup sessions in order to practice new skills with an age-appropriate social skill expert.

Practical and natural suggestions will be provided during each session, along with follow-up activities to increase relationship and social skill development at home.

Our groups meet for 1 hour once a week. Sessions will begin the week of June 28th.

Cost of the program

The cost of our program is not inexpensive because we truly spend multiple hours each day working on developing program lessons, behavioral strategies and consulting amongst the other professionals at the clinic to determine best practices since we are on the "cutting edge" of pioneering curriculum for these students. Our clinicians work directly with students for 3-4 hours each day and use the remainder of the workday preparing for the groups. You will also find that the clinicians are very generous with their time, talking to parents after the session or by phone with no extra costs incurred for general questions and conversations under 10 minutes.

1 hour group (2-4 students):

\$ 125 per hour, \$750, 6 week program

Individual Sessions:

\$ 155 per hour

Payment is due in full for the summer session on or before the first day of groups.

Deposits

A good deal of time is invested in considering each child's placement. Parents must send in a non-refundable \$210 deposit to begin consideration of your child for this program. If accepted into the program, this money will then be applied to the total program cost. 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. For new students, if a family applies for the program, but we are unable to find a good group match, you will be refunded all but \$50.00 to cover administrative costs. Returning students will be refunded the full deposit.

Make deposit checks payable to:

*Teach SOCIAL Silicon Valley
3550 Stevens Creek Blvd. #200
San Jose, CA 95117*

Videotaping in our groups:

Parents will be required to sign a videotape release form at the start of the new session. Videotaping of students is a part of the therapy process and all students will be videotaped. The students will watch their videotapes in order to learn to comment on their own and others behaviors. The videos are used in the confidence of the

therapy session and are a mandatory part of the experience.

Limited Enrollment:

We have limited enrollment opportunities; please have your enrollment forms in our office NO LATER than April 26th to be considered. Later enrollments will be accepted, but some of the groups may already be full.

Thank you for your interest in our Purposeful Play Program. We look forward to receiving your application.

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

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Purposeful Play Program – Parent Assessment **Social-Thinking Checklist For Preschoolers**

This checklist of social thinking skills helps to give us a better picture of where your child is functioning. This will help us in determining the most appropriate group fit for your child.

Child's Name: _____ **Date** _____

Gender: _____ **Date of birth:** _____ **Age:** _____

Current Educational Setting:

Public Preschool (SDC) _____ Private Preschool _____ Home Schooled _____ Combination _____

Current Services: OT ___ Speech ___ ABA ___ One on One Aide ___ Other: _____

Diagnostic label:

___ High Functioning Autism (HFA)	___ Pervasive Developmental Disorder (PDD)
___ Asperger Syndrome	___ Non-verbal Learning Disorder (NLD)
___ Attention Deficit-Hyper Activity (ADHD)	___ Attention Deficit Disorder (ADD)
___ Expressive/receptive language delay	___ Anxiety
___ no diagnosis	___ Other _____

Please read through the following language level descriptions and our four descriptions of levels of perspective taking/social skill and relationship development. Please mark off the boxes that apply the most to your child. No one descriptive category usually captures everything, so do not think your child should exactly fit any one category. This information provides us with more input about what type of group your child should be placed in and his or her level of functioning.

Receptive Language Development (Processing):

___ Processes information quickly
___ Uses new concepts readily, incorporates new vocabulary into communication
___ Learns new concepts with repetition, needs cues to use new vocabulary. Visual and physical cues helpful.
___ Delay in response time
___ Understands communication when paired with visual and physical prompts.
___ Very concrete comprehension.
___ Child has difficulty understanding the concepts and language introduced – requires visual and/or physical prompts to understand message

Expressive Language Development:

___ Advanced vocabulary and sentence structure
___ Age expected vocabulary and sentence structure
___ Slightly delayed vocabulary and sentence structure
___ Significantly delayed vocabulary and sentence structure

Level of Perspective Taking/Social Skill and Relationship Development

Own Agenda Stage – limited referencing

- _____ Appears unaware of others
- _____ Little appropriate play with toys.
- _____ May move from toy to toy without engaging in activity.
- _____ May engage with peek-a-boo, simple games with familiar adult (row boat, up/down)
- _____ Plays alone, may play appropriately with selected toys.
- _____ Appears more interested in physical aspect of toy than using it for purposeful play
- _____ Appears unaware of others' presence unless he needs something.
- _____ May request w/o referencing others

Emergent Player Stage – emergent referencing skills, needs cues

- _____ Parallel play sharing play areas and similar toys.
- _____ May imitate peer play with facilitation.
- _____ Can engage in simple turn taking games with a peer with facilitation.
- _____ Plays cooperatively w/ adult, may prefer adults

- _____ Participates in structured play with cues and model, using realistic toys in appropriate ways (makes cow moo/eat grass, drives car on track)
- _____ Play is self centered and structured.
- _____ Can play along a familiar theme with some variation introduced (train can take cows to the park).
- _____ Beginning to notice peers and demonstrate interest in peer interaction.

Early Partner Play Stage – moderate referencing skills, engages with peers in structured activities with scaffolding and model

- _____ Prefers to focus on his topic of interest or choice of game.
- _____ Difficulty with considering others in a group or playing as part of a group.
- _____ Is interested in others but struggles with sustaining play beyond his own topic of interest.
- _____ Difficulty being flexible around another's wants or interests. Often wants to be a "just me" with a peer
- _____ Parallel play showing interest in peers, sharing play areas and similar toys.
- _____ May imitate peer play with facilitation.
- _____ Plays imaginatively within a familiar structure (building a zoo or track) engages in circle games, music with peers, physical activity

Partner Stage – fairly well developed referencing skills – needs work on whole body listening and talking. Engages with peers.

- _____ Knows how to play with others in a structured or familiar activity.
- _____ May still prefer adults to peers and may direct attention to the adults.
- _____ Facilitation of play is successful.
- _____ Can vary play routines within a theme.
- _____ Is beginning to think of own plans and implement them.
- _____ Demonstrates preferred interests and wants to incorporate familiar themes in many play activities, sometimes inappropriately (always wants to play with trains)
- _____ With cues, plays cooperatively in a pretend play setting using imagination and representational props

Behaviors:

Mark off the areas of behavior that best represent your child's functioning: multiple areas can be checked off; please provide examples or explanation if necessary:

- Motivated, focused, attentive
- Anxious
- Active and distracted
- Impulsive
- Rigid
- Inattentive or aloof ("in own world")
- Oppositional
- Physically aggressive towards peers
- Verbally aggressive towards peers
- Physically aggressive when upset towards adults
- Verbally aggressive towards adults

May run away or want to leave situation when upset

Other: _____

Your answers to the following questions will help us get a fuller picture of your child:

If I were to observe your child on the **playground**, what would I notice about him/her?

If I were to observe your child in the **classroom**, what would I notice about him/her?

If I were to observe your child in a **play date** with a peer, what would I notice about him/her?

If I were to observe your child **playing at home**, what would I notice about him/her?

Strengths:

Concerns regarding social development:

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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: \$750 for six week summer program. *Payment for the 6 week summer program is due in full on or before the first day of summer sessions.*

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.

**Please Initial
Every Section**

Absences and Missed Sessions:

By signing up for this program you are committing to pay for the full program: 6 weeks of social thinking therapy. Individuals planning vacations must understand that by signing up for this program you are committing to pay for all 6 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 areas. Any observation, if allowed is completely at the discretion of the clinic and must be arranged prior to the session date.



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.



Policy for billing:

Payment in full for 6 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:

- ⊕ All staff will receive instruction about and be familiar with the TSSV 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 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:

- ⊕ The TSSV Administrative Assistant serves as the Privacy Contact.
- ⊕ 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

Office for Civil Rights
U.S. Department of Health & Human Services
www.hhs.gov/ocr/hipaa/

You may retain this copy for your files.

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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 recording 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 recoding of my child for therapeutic purposes:

_____ *Please print child's name*

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

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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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PERMISSION TO RELEASE WEEKLY THERAPY NOTES AND PHOTOS VIA EMAIL:

I am requesting and hereby give permission for TSSV to send via email the weekly therapy notes and photos taken during therapy sessions for:

PRINT YOUR CHILD'S NAME

to the following people:

1.

NAME _____

EMAIL ADDRESS _____

PARENT _____

2.

NAME _____

EMAIL ADDRESS _____

TITLE _____

SCHOOL/SCHOOL DISTRICT _____

3.

NAME _____

EMAIL ADDRESS _____

TITLE _____

SCHOOL/SCHOOL DISTRICT _____

4.

NAME _____

EMAIL ADDRESS _____

TITLE _____

SCHOOL/SCHOOL DISTRICT _____

PARENT SIGNATURE

DATE

PRINT PARENT NAME

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

Child's Name

Parent Signature

Date