



BOSTON
SENSORY
SOLUTIONS, LLC

Participation Form

This participation form **MUST** be submitted to information@bostonsensorysolutions.com in order to ensure your child's participation in the group.

Which group are you registering? _____

How did you hear of this group? _____

Child Name _____ Date of Birth _____

Home Address _____

Allergies/ Medical Precautions _____

Relevant Diagnoses _____

Parent/ Guardian #1 Name _____ Phone # _____

Email Address _____

Parent/ Guardian #2 Name _____ Phone # _____

Email Address _____

Additional Emergency Contact: Name _____ Phone # _____

Why are you registering your child for this group?

Social Difficulties- please circle any that may apply:

- Joining a group
- Listening skills
- Assertiveness/shyness
- Inappropriate attention seeking behaviors
- Remaining on topic
- Asks inappropriate questions
- Finding common interests
- Making friends
- Turn taking in conversations
- Good sportsmanship skills
- Bullying aggressor
- Bullying victim
- Starting conversations
- Reflective communication
- Controlling/bossy
- Lacks empathy for others
- Social anxiety

How does your child typically communicate?

Gestures/behaviors Single words Short phrases Sentences Paragraphs

Communication Device _____

Does your child have an IEP? Yes No

Describe your child's educational setting:

General Education General Education with 1:1 aide Substantially Separate
General Education with Special Education Pull Out Non-Public Placement

Describe your child's reading ability: Reading Not yet reading

Describe your child's writing level:

Forms letters appropriately Copies a model

Writes independently

How long can your child sit and attend to a group activity?

0 min

5 min

10 min

15 min 15+ min

What motivates your child?

Toys

Free time

Games Praise

Prizes

Other

Does your child engage in disruptive behaviors such as:

Throwing objects Physical Aggression (if so, what type)_____

Yelling

Touching others

Spitting

Hurting or hitting themselves

If your child has been exhibiting aggressive behavior, please explain any known triggers:

What do you do to redirect the behaviors?

Reminders

Time out

Taking things away

Distraction

Ignoring

Other

Is this effective?

Yes

No

Sometimes

What do you and your child hope to gain from the group experience?:

Will you have any events/plans that would conflict with your child's ability to participate in any of the scheduled dates of the group?

If yes, please specify which dates your child will not be able to attend:

Participation in groups is subject to clinician approval.

****Please note group members are required to attend at least 3 of the 4 scheduled sessions to be selected as a group member. Fees are not prorated; however, you will be provided with any handouts that may have been discussed during the child's absence****

Boston Sensory Solutions, LLC Group Waiver MUST be on file in original form. Valid for 1 year.