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## Social and Play Skills Classes Registration

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

Date of Birth: \_\_\_\_\_

Present School Grade \_\_\_\_\_ Name of the School \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Home Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Does your child have a medical diagnosis?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what diagnosis? \_\_\_\_\_ Diagnosed By: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

**Behavior: Does your child engage in the following behaviors?**

Non compliance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Tantrum: \_\_\_\_\_ Yes \_\_\_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Aggression: \_\_\_\_\_ Yes \_\_\_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Running Away: \_\_\_\_\_ Yes \_\_\_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Self Injurious Behaviors: \_\_\_\_\_ Yes \_\_\_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Stereotypical Behaviors (hand flapping, flicking, toe walking, rocking, twirling, etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Frequency\_\_\_\_\_ Duration\_\_\_\_\_ Intensity\_\_\_\_\_

Other behaviors not listed above: \_\_\_\_\_

Frequency\_\_\_\_\_ Duration\_\_\_\_\_ Intensity\_\_\_\_\_

Repeat previously heard words: \_\_\_\_\_ Yes \_\_\_\_\_ No

Difficult with transitions or changes in routine: \_\_\_\_\_ Yes \_\_\_\_\_ No

Unusual interest in the sight, feel, sound or smell of things: \_\_\_\_\_ Yes \_\_\_\_\_ No

Unusual preoccupations/obsession: \_\_\_\_\_ Yes \_\_\_\_\_ No

Verbalizing in a repetitive manner: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Communication:**

1. What are the primary ways the child communicates with other people?

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**Reinforcers:**

Please list the things that the child likes:

1. Food:

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2. Objects:

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3. Activities:

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4. Other:

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**Goals and Objectives:**

Please list 2-3 goals that you would like your child to achieve by participating in the social and play skills classes:

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**(Please See Next Page for Payment Information)**

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

**Cost:** \$340 (8 classes) – new clients  
\$320 (8 classes) – continue clients

There will be no refunds for absence and withdrawal from the classes.

**Payment**

Please find enclosed check in the amount of: \$\_\_\_\_\_

I would like the amount of \$\_\_\_\_\_ to be charged to my credit card account:

Visa/Master card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 20\_\_\_\_\_

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

Name as It Appears On The Card: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date