



INTERVENTIONS
UNLIMITED

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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: _____

Please indicate the location for which you are registering your child:

Oviedo Social Skills groups

Brevard County Social Skills groups

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?

Reinforcers:

Please list the things that the child likes:

1. Food:

2. Objects:

3. Activities:

4. Other:

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:

(Please See Next Page for Payment Information)

Child's Name: _____

Cost: \$370 (8 classes) – new clients
\$350 (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 #_____ CVC code _____

Exp. Date:_____ 20_____

Billing Address: _____

Name as It Appears On The Card: _____

Card Holder Signature

Date