

Autism Social, Emotional, Educational Development
Therapeutic Support Group
PreScreen Form

Name of Child:

Child's Date of Birth:

Child's School Placement:

Child's Grade:

Does the child have an IEP or 504?

Name of Parent(s):

Address:

Home Phone:

Cellular Phone

E-mail Address:

Has the child been evaluated for Autism?

Name of Assessing Professional

Diagnosis

Please respond to the following statements using the number that most closely matches the description of your child's behavior as listed below:

1-False,

2-Sometimes True

3-Often True

4-Always True

_____My child may avoid looking at you in the eye and become fussy if interaction is forced.

_____My child seems unaware of adults or children around them.

_____You must be persistent and forceful to get my child's attention.

_____My child almost never responds or initiates contact with others.

_____My child occasionally overreacts emotionally to situations and reactions.

_____My child's reactions to situations are inappropriate and extreme, especially when things are changed.

_____My child shows wildly different emotions even when nothing is changed.

_____ My child is restless or “lazy” and slow moving.

_____ My child is very active and difficult to restrain.

_____ My child will wander away if not watched closely.

_____ My child has strange body movements such as rocking, spinning, finger wiggling, toe walking, or hand flapping.

_____ My child is physically aggressive with others.

_____ My child sometimes uses peculiar words or jargon.

_____ My child repeats what he hears others say almost word for word.

_____ My child makes squeals or strange animal type sounds instead of words.

Does your child have food allergies? ___ Yes ___ No

Does your child have animal allergies? ___ Yes ___ No

In 2-3 sentences, what do you hope your child will gain from participating in the therapeutic social skills group?

Please return:

--Via e-mail to shawn.ware-avant@theupcenter.org with the following in the subject line:

A-SEED Prescreen

--Via fax ATTENTION: Ciara Henry to (757) 640-8402

Once your prescreen form is received, you will be contacted for additional information to schedule an in-office appointment for screening and placed on the waitlist if appropriate.