



North Shore Center, LLC

Social Skills Group

INTAKE SCREENING FORM

Child: First Name: _____ Last Name: _____,
Date of Birth _____, Address _____

Parent/Guardian:
First Name _____, Last Name _____,
Email _____, Phone # _____,

Has your child been in therapy? Please check : yes-current , yes-past , no

If yes-current: current therapist & Clinic name:

Question	Never	sometimes	often	Almost always
My child is generally well behaved and follows adults requests				
My child engages in bullying/physical aggression				
My child has difficulty comprehending what has been said to them				
My child has difficulties with speech, language or speaking in front of others				

Question	Not at all	Somewhat	Very much
How motivated is your child in improving their social skills?			

Has your child ever been diagnosed with any of the following:

Diagnosis	Current	Past
Autism Spectrum Disorder		
Social Communication Disorder		
ADHD		
Oppositional Defiant Disorder		

Diagnosis	Current	Past
Conduct Disorder		
Language Impairment related disorder		
Intellectual Disability		
Specific Learning Disability		
Depression		
Anxiety		
Obsessive Compulsive Disorder		
Social Anxiety Disorder		
Selective Mutism		
PTSD		
Eating Disorder(s)		
Other (please specify)		

If you answered “other” to any of the questions above, please explain:

General Summary of current concerns:

- 1) Please fill out the SDQ questionnaire attached and email to mae@northshorecenterllc.com. Please note there is an SDQ questionnaire version for 10-11 year olds and a separate one for 12-year old children.
- 2) Dr. Broch or Dr. Schwarz will review your application and will follow up with you about the application status. Approval of application depends on several factors including goodness of fit of your child’s needs and what our program can provide to meet your child’s needs.
- 3) If the application was approved, registration for the program is only confirmed after the consent form is signed and the first half of the program fee is paid (\$600 of the total \$1200).

If your child is 10 years old, fill out the form on the next page. If your child is older, please fill out the form in 4 pages.

Strengths and Difficulties Questionnaire (SDQ) Parent version, for ages 4-10

Initial SDQ

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name

Gender:

Date of birth

The following choices are: **Not True**, **Somewhat True**, or **Certainly True**

	<u>Not True</u>	<u>Somewhat True</u>	<u>Certainly True</u>
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees chores/homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No Yes- minor difficulties Yes – definite difficulties Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

· How long have these difficulties been present?

Less than a Month 1 – 5 Months 6 – 12 Months Over a Year

· Do the difficulties upset or distress your child?

Not at all Only a little A medium amount A great deal

· Do the difficulties interfere with your child's everyday life in the following areas?

HOME LIFE: Not at all Only a little A medium amount A great deal

FRIENDSHIPS: Not at all Only a little A medium amount A great deal

CLASSROOM LEARNING: Not at all Only a little A medium amount A great deal

LEISURE ACTIVITIES: Not at all Only a little A medium amount A great deal

· Do the difficulties put a burden on you or the family as a whole?

Not at all Only a little A medium amount A great deal

Your Name

Date

Mother/Father/Other (please specify:)

Thank you very much for your help by completing this SDQ!

If your child is 10 years old, please stop here and submit the screening packet.

If your child is older, please fill out the form on the next page.

Strengths and Difficulties Questionnaire (SDQ) Parent version, for ages 11-18+

Initial SDQ

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name

Gender:

Date of birth

The following choices are: **Not True**, **Somewhat True**, or **Certainly True**

	<u>Not True</u>	<u>Somewhat True</u>	<u>Certainly True</u>
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other youth, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No Yes- minor difficulties Yes – definite difficulties Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

· How long have these difficulties been present?

Less than a Month 1 – 5 Months 6 – 12 Months Over a Year

· Do the difficulties upset or distress your child?

Not at all Only a little A medium amount A great deal

· Do the difficulties interfere with your child's everyday life in the following areas?

HOME LIFE: Not at all Only a little A medium amount A great deal

FRIENDSHIPS: Not at all Only a little A medium amount A great deal

CLASSROOM LEARNING: Not at all Only a little A medium amount A great deal

LEISURE ACTIVITIES: Not at all Only a little A medium amount A great deal

· Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all Only a little A medium amount A great deal

Your Name

Date

Mother/Father/Other (please specify:)

Thank you very much for your help by completing this SDQ!