Behavior Therapy Associates' Summer Programs Screening Form Page 1 of 2

I. Child's Name:	Date of Birth: Current Grade:
Check off Program: HI-STEP (Marlton)	HI-STEP (Pennington)HI-STEP (Scotch Plains)
W.I.S.E. Weekend	
How did you find out about the program? (please	check all that apply):
Returning student	_Attended Seminar (title & date:)
Referred by a friend	_ Internet search
Referred by student's school	_Received e-newsletter promoting program
Referred by private provider (therapist, phy	ysician):
Other:	
Person Completing Form (i.e., respondent):	
Parent(s):	Parent Cell Phone #:
Address:	Parent Home Phone #:
	Parent Email:
School: District:	Case Manager:
	Case Manager's Phone #:
II. Type of Program Placement (check all that ap	ply):
Regular education / Mainstream program Re	esource Center/Room Self-Contained Classroom
Special Education School 1:	1 assistant/paraprofessional provided
III. If receiving Special Education Services, what	t category has child been classified:
IV. List any diagnoses that have been given:	
V. List any medications child is currently taking:	
abilities ranging from the low average range to STEP and WISE may have weaknesses in social	Iren with social skills difficulties who have cognitive and language the gifted range. While it is expected that many children attending HI conversation skills, we have found that children with deficits in any experience difficulty finding success at HI-STEP and WISE and be program.
HI-STEP and WISE are <u>NOT</u> appropriate for cenvironment, throwing objects, self-injurious be significant oppositional / defiant behavior or free	children who present with physical aggression toward others or the ehavior, running away (elopement), threats to harm self or others, equent use of profanity.
VI. Please indicate if the child has displayed any	of the following behaviors in the last 12 months:
Physical aggression toward others or thThrowing objectsSelf-injurious behavior	e environment
Running away (elopement)	
701 1 10 .1	iona
Threats to harm self or others	
Threats to harm self or othersSignificant oppositional / defiant behavFrequent use of profanity	wis
Significant oppositional / defiant behav	

Behavior Therapy Associates' Summer Programs Screening Form Page 2 of 2

Making friendsAnger managementProblem-solvingConversation skillsImpulse controlHyperactivityInattentionHandling social situa Other Needs/Concerns:	IX. Child's current read	ling grade level:		
XI. Needs/Concerns: Making friends Anger management Problem-solving Conversation skills Impulse control Hyperactivity Inattention Handling social situa Other Needs/Concerns:				
XI. Needs/Concerns: Making friends Anger management Problem-solving Conversation skills Impulse control Hyperactivity Inattention Handling social situa Other Needs/Concerns:				
Impulse controlHyperactivityInattentionHandling social situa Other Needs/Concerns:				
	XI. Needs/Concerns:			
Other Needs/Concerns:	Making friends	Anger management	Problem-solving	Conversation skills
	Impulse control	Hyperactivity	Inattention	Handling social situations
Additional Information that will help us screen your child:	Other Needs/Concerns:			
Additional Information that will help us screen your child:				
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Additional Information that will help us screen your child:				
Additional Information that will help us screen your child:				
J	Additional Information	that will help us screen voi	ur child:	
	,			

***Please make sure to forward any recent, relevant reports, IEP, evaluations, etc. ***

Please return this screening form via email, fax or regular mail.

Behavior Therapy Associates, P.A., 35 Clyde Road - Suite 101 Somerset, NJ 08873

Phone: 732-873-1212; Fax: 732-873-2584; E-mail: histep@comcast.net

<u>HI-STEP Executive Directors:</u> Michael C. Selbst, Ph.D., BCBA-D (NJ#3779, PA#9320) Steven B. Gordon, Ph.D., ABPP (NJ#936)

<u>W.I.S.E. Executive Director:</u> Michael C. Selbst, Ph.D., BCBA-D (NJ#3779, PA#9320)