

HI-STEP Summer Program
Screening Form
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I. Child's Name: _____ **Date of Birth:** _____ **Age as of July 1, 2018:** _____

Grade as of September 2018: _____

Check off Location: _____ **HI-STEP (Marlton)** _____ **HI-STEP (Pennington)** _____ **HI-STEP (Scotch Plains)**

How did you find out about HI-STEP? (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, physician): _____**
_____ **Other: _____**

Person Completing Form (i.e., respondent): _____ **Relationship to child:** _____

Parent(s): _____ **Parent Cell Phone #:** _____

Address: _____ **Parent Home Phone #:** _____

_____ **Parent Email:** _____

School: _____ **District:** _____ **Case Manager:** _____

Case Manager's Email: _____ **Case Manager's Phone #:** _____

II. Student's Most Recent School Placement (check all that apply):

___ **Regular education / Mainstream program** ___ **Resource Center/Room** ___ **Self-Contained Classroom**
___ **Special Education School** ___ **1:1 assistant/paraprofessional provided**

III. If receiving Special Education Services, what category has child been classified: _____

IV. List any diagnoses that have been given: _____

V. List any medications child is currently taking: _____

HI-STEP is designed to assist children with social skills difficulties who have cognitive and language abilities ranging from the low average range to the gifted range. While it is expected that many children attending HI-STEP may have weaknesses in social conversation skills, we have found that children with deficits in cognitive, receptive and expressive language may experience difficulty finding success at HI-STEP and therefore are probably not a good match for the program.

HI-STEP is **NOT** appropriate for children who present with physical aggression toward others or the environment, throwing objects, self-injurious behavior, running away (elopement), threats to harm self or others, significant oppositional / defiant behavior or frequent 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 the environment**
_____ **Throwing objects**
_____ **Self-injurious behavior**
_____ **Running away (elopement)**
_____ **Threats to harm self or others**
_____ **Significant oppositional / defiant behaviors**
_____ **Frequent use of profanity**

If you checked any item above, please provide additional information about each item:

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VII. Any hospitalizations during the child's life for social-emotional-behavioral issues? If yes, please state when and describe briefly:

VIII. Please indicate child's IQ / cognitive ability (or best guess if no prior testing has been done). Please describe any significant differences between child's verbal ability and nonverbal abilities.

☐ Deficient (<70 IQ); ☐ Borderline (70-79 IQ); ☐ Low Average (80-89 IQ); ☐ Average (90-109 IQ);
☐ Above Average (110-119 IQ); ☐ Superior (120-129 IQ); ☐ Very Superior (>= 130 IQ)

IX. Child's current reading grade level: _____

X. Strengths: _____

XI. Needs/Concerns: _____

<input type="checkbox"/> Making friends	<input type="checkbox"/> Anger management	<input type="checkbox"/> Problem-solving	<input type="checkbox"/> Conversation skills
<input type="checkbox"/> Impulse control	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Inattention	<input type="checkbox"/> Handling social situations

Other Needs/Concerns:

Additional Information that will help us screen your child:

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

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

HI-STEP
35 Clyde Road - Suite 101
Somerset, NJ 08873

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

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