

Center for Counseling and Education, LLC

Group Program

Is your child on any medications? _____yes _____no

If yes to either, please list and describe:

Is your child toilet trained? _____yes _____no

Does your child need assistance when using the bathroom? _____yes _____no

If yes, please talk to your child's group facilitator. We may require that you remain on the premises during your child's group.

Does your child have anxiety?

_____none _____mild _____moderate _____severe

How does your child do academically?

_____below average _____average _____above average

How does your child get along with peers?

_____below average _____average _____above average

Does your child have an I.E.P.? _____yes _____no

Has your child had any special testing or evaluations in school? _____yes _____no

If yes to either, please describe:

Does your child have any communication or language challenges?

_____yes _____no

If yes, please specify:

Has your child been or is your child currently in counseling? _____yes _____no

If yes, please provide name of therapist: _____

(The group facilitator may find it beneficial to speak with your child's therapist).

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List your child's three greatest strengths:

- 1. _____
- 2. _____
- 3. _____

List three areas that need improvement for your child:

- 1. _____
- 2. _____
- 3. _____

Briefly describe your child's interests, hobbies and/or activities:

What are your goals for this group?

Is there anything else you would like us to know about your child to help us in our work together?

Would you like to schedule a parent feedback session to learn more about how your child interacts with and benefits from the group? _____ yes _____ no
If yes, what is your availability?

The name of the group you are registering for: _____

Age Group: _____ Day: _____ Time: _____

Choose Location: _____ Medford or _____ Marlton