

# Social Skills Superstars

## Social Skills Superstars 2013 Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State zip code

Gender:     Male     Female

Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your child have any allergies? : \_\_\_\_\_ If so, please specify:

\_\_\_\_\_

Please check all the concerns that apply regarding your child and indicate degree of concern (H=high, M=medium, L=low, N= none). All information you provide is held in strict confidence.

\_\_\_\_\_ Adjusting to divorce/separation                      \_\_\_\_\_ Understand facial expression

\_\_\_\_\_ Aggressive behavior                                      \_\_\_\_\_ Making eye contact

\_\_\_\_\_ Anxiety    \_\_\_\_\_ Appetite disturbance

\_\_\_\_\_ Conduct    \_\_\_\_\_ Depression

\_\_\_\_\_ Discipline    \_\_\_\_\_ Distractibility/attention

\_\_\_\_\_ Family communication                                      \_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Identity concern    \_\_\_\_\_ Impulse control

\_\_\_\_\_ Interpreting social cues                                      \_\_\_\_\_ Motivation

\_\_\_\_\_ Organization    \_\_\_\_\_ Panic Attack

\_\_\_\_\_ Conversation Turn taking                                      \_\_\_\_\_ Joining a group

Mail this form along with \$250.00 deposit to:    **Comprehensive Learning Services**  
**1642 E. 56<sup>th</sup> Street, Suite 110**  
**Chicago, IL 60637**