

Social Skills Groups

We are excited to announce that social skills groups are forming and will begin this September in Conway. The groups will include up to 8 children with 2 group leaders.

The social skills groups are open to children ages 4-12 who need instruction in the area of social skills. Deficits in this area are commonly found in children who have been diagnosed with autism spectrum disorders but a formal diagnosis is not required.

Group leaders will utilize research-based strategies and ABA methodology during instruction. Data will be collected during each session to monitor progress on the areas being programmed for.

An intake appointment with both the parent and child will be scheduled for August and will assist group leaders in developing social skill goals and group placement. Ongoing communication with parents will assist in allowing skills that are learned in group to be practiced outside of group times.

Group Leaders:

Jennifer Hennessey, Ed.D., is a Board Certified Behavior Analyst. She has over 10 years experience working with children on the autism spectrum in both home and public school settings.

Shelia Smith, Ph.D., Licensed Psychologist, has over 6 years experience specializing in early childhood and working with children on the autism spectrum. She is currently completing coursework and receiving supervision required for the BCBA exam.

For more information, please contact Jennifer at 501-940-4435 jhennessey@conwaycorp.net or Shelia at 501-730-3578 dr.sheliasmith@gmail.com





Social Skills Group Registration Procedure

The enrollment process consists of 3 steps:

1. Fill out **intake form** and send to Shelia Smith, Ph.D. 865 Woodard Drive, Conway, AR, 72034.
2. You will be contacted either by email or phone informing you that we have received your child's application. If there is an available opening in one of our groups you will be contacted to set up an intake appointment in August. The intake appointment is not a formal evaluation; it is an opportunity for the therapists to meet you and your child to gather baseline data (based on observations and parent interview) enabling the therapist to place your child with an appropriate group. If there is not an opening available your child will be placed on our wait list. We will contact you when there is an opening in an appropriate group.
3. If we determine that your child will benefit from the social skills group we will place them in an appropriate group. Children are placed in groups based on similar goals, age, and grade levels. If there are no openings in that group, you may place your child on a waiting list. Fall social skills groups will consist of 10 weekly sessions beginning in September.

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Social Skills Group
Intake Form

Child Information:

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Male/Female _____ Date of Birth _____ Age _____

How did you hear about us/who referred you? _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____

Check if legal guardian

Home address (if different than child):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

If custody is shared, when is the child in your custody? _____

Parent/Guardian Name: _____

Relationship to Child: _____

Check if legal guardian

Home address (if different than child):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

If custody is shared, when is the child in your custody? _____

Educational Information:

Child's Current School: _____ Current Grade: _____

Does your child have an Individual Education Plan (IEP)? Yes/No

Classroom Setting (mark all that apply):

_____ Mainstream _____ Resource Room _____ Self-Contained _____ Other

What kinds of services, if any, does your child receive **AT SCHOOL**?

_____ Speech/Language Therapy _____ Occupational Therapy

_____ Physical Therapy _____ Behavioral Services

_____ Other: _____

Medical Information:

Please provide the diagnoses your child has received if any (a formal diagnosis of ASD is not required): _____

Child's Physician _____

Does your child know his/her diagnostic label? Yes / No If yes, what diagnostic language or words have you shared with your child about him/herself? _____

Is your child currently taking any medication? If yes, please list: _____

Allergies, Chronic Health Conditions (e.g., asthma), Special Diet: _____

Community Provider Information:

What type of professional support is your child currently receiving OUTSIDE OF SCHOOL?

_____ Applied Behavior Analysis (ABA) _____ Social Skills Groups

_____ Individual Counseling _____ Psychiatrist

_____ Speech Therapy _____ Occupational Therapy/Sensory Integration

_____ Physical Therapy _____ Relationship Development Intervention

_____ Other (Please Specify): _____

Social/Behavioral Information:

What are your child's strengths and interests? _____

What are your child's current areas of need or challenges? _____

At what level does your child communicate?

_____ Words _____ Phrases _____ Sentences _____ Conversation

Does your child have a history of aggressive behavior or episodes? **Yes or No** If so, when? _____

Does your child bolt or run away from others? **Yes or No** If so, when? _____

Please describe the specific factors or events that trigger frustration or nervousness for your child? _____

How are peer relations at school? What about in the neighborhood or community? _____

Can your child handle a group setting (4-8 kids) with 2 therapists and structured lessons? _____

What are your goals for your child in a social skills group? _____

Rank the top *five* (1 being the most important) social skills that need to be addressed.

_____ Listening skills

_____ Participating in groups

_____ Greeting others

_____ Compromising

_____ Eye contact

_____ Negotiating

_____ Initiating a conversation

_____ Identifying problems

_____ Making supportive comments

_____ Proximity/personal space

_____ Making comments in conversation

_____ Apologizing

_____ Keeping comments brief

_____ Identifying emotions

_____ Asking questions

_____ Identifying consequences

_____ Answering questions

_____ Imaginative play

_____ Asking for help

_____ Waiting for a turn in conversation

_____ Using appropriate vocal tone/volume

_____ Asking questions about others

_____ Identifying facial expressions

_____ Exhibiting appropriate facial expressions

_____ Using appropriate body language

_____ Identifying appropriate body language

_____ Joining in with peers

_____ Other: _____

I understand and agree that the Social Skills Group Therapists will determine if my child is appropriate for group therapy and will arrange groups according to age and similar goals. My child will then be placed in the most appropriate group as determined by the therapists. If there are no openings in a group, I can place my child on a waiting list.

Parent/Guardian Signature: _____ Date: _____