Hope Restored
COUNSELING SERVICES LLC

Social Skills Group Registration

Participant's name _____ **Date of Birth** _____

Gender Male or Female **Grade** _____ **School** _____

Name(s) of Parent/Caregiver _____

Street Address _____ **State** _____ **Zip code** _____

Home phone _____ **Cell phone** _____

Email address _____

Best Way to Contact Email Home phone Cell phone

Please circle desired group time Wednesdays 5:00-6:00 pm Saturdays 10:30-11:30

*Cost per session: $40 (Insurance may reimburse for this service, claim forms will be provided to parent)

How did you hear about the Social Skills Group at Hope Restored Counseling Services?

{ } Physician { } School { } Website { } Family or Friend

{ } Other _____

600 W. Loveland Ave., Suite 2A Loveland, OH 45140 Phone(513)683-HOPE Fax(513)683-4108

Group Placement Questionnaire

Please list the areas you would like your child to work on during the social skills group:

Please describe some of your child's strengths:

Please list some of your child's likes/dislikes (food, activities, etc.):

Does your child receive special education services? If so, please explain:

Does your child have any emotional/behavioral challenges? If so, please explain:

Additional Comments:

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