

Coordinated Movements, Inc.
29770 Three Notch Road
Suite 201
Charlotte Hall, MD 20622
Telephone Number: 301/290-0800
Fax Number: 301/290-1313

Sensory Social Skills Registration Form

CHILD'S INFORMATION

Child's Name: _____

Male: _____ Female: _____

Date of Birth: _____

Allergies: _____

Diagnosis: _____

RESPONSIBLE PARTY INFORMATION

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Best time to be contacted: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Best time to be contacted: _____

I hereby assume all risks and hazards of the conduct of this program, release from responsibility any person sponsoring or providing training at this program. In case of injury, I do hereby waive all claims or legal actions, present or future, financial or otherwise, against Coordinated Movements, Inc., their employees, the organizers, sponsors or any volunteers connected with the program. In absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release.

Signature of Parent/Guardian

Date

COORDINATED MOVEMENTS, INC.
29770 Three Notch Road, Suite 201
Charlotte Hall, MD 20622
(301) 290-0800

Child's Name: _____

Date: _____

By signing below, I authorize Coordinated Movements, Inc. to photograph and / or video tape my child during his / her treatment session. I am aware that all photographs and video will be presented by a Licensed and / or Certified Coordinated Movements, Inc. staff member (s) for educational purposes only.

Parent / Guardian Signature: _____

(ONLY SIGN BOTH IF YOU HAVE MORE THAN ONE CHILD ATTENDING)

Child's Name: _____

Date: _____

By signing below, I authorize Coordinated Movements, Inc. to photograph my child during his / her treatment session. I am aware that photographs may be used in Coordinated Movements, Inc. Newsletters and on the Coordinated Movements, Inc. website.

Parent / Guardian Signature: _____

Questionnaire

Please give examples when applicable.

1.) Does your child have problems staying engaged in a conversation? Does he/she get bored easily with conversations and end them without finishing them?

2.) Does your child show appropriate eye contact when socializing? Does he/she look away from others when talking, or look directly at the person?

3.) Can your child hold a steady conversation? Does he/she only talk about what they want to talk about? Does he/she jump back and forth from one topic to another, or transition from topic to topic well?

4.) Does your child know how to ask questions appropriately? Does he/she know how to respond to questions asked?

5.) Does your child know how to start a conversation? Is he/she the conversation starter or follower? Does he/she know how to greet people appropriately? Does your child know how to get someone's attention appropriately?
