
Registration Form

Social Skills Training Group

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THIS IS A TWO PAGE FORM, PLEASE COMPLETE BOTH PAGES



CHILD INFORMATION

Name:

Date of Birth:

Gender:

Current School:

Grade:

Diagnosis:

Date of last assessment:



PARENT/GUARDIAN INFORMATION

Address:

Phone Number:

Total Household Income (circle one):

<\$40,000

\$40,000 - \$60,000

\$60,000 - \$80,000

\$80,000 - \$100,000

>\$100,000



Please list the top three concerns you have for you child socially.

1)

2)

3)



Please list your child's three greatest strengths:

1)

2)

3)



What are your child's interests?



DOCUMENTS TO INCLUDE

- a copy of your child's most recent diagnostic assessment
- IEP from school



Please complete registration form, include \$100.00 non-refundable registration fee, and bring to initial individual meeting with Dr. Kleinman. Call to schedule a meeting.

(860) 288-4317

435 Buckland Road

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For directions, visit www.jamiekleinman.com.