



PEERS[®] Chicago
Social Skills Program

Application

How did you hear about this program (who referred you to this program)?

Identifying Information

I am completing this application for:
My Family Member (indicate relationship)
Myself (Applicant)
Applicant Name:

Applicant Gender:
Male
Female

Applicant Birthdate and Age:

Applicant Address:

City, State, Zip Code:

Applicant phone number:

Applicant email address:

Education Information

Current School (if applicable)

Please indicate your/applicant's current program or classes.

Past school history (if applicable)

Please include only secondary and post-secondary information.

Applicant Work Information (if applicable)

Please list both current and past information.

Name of employer Position Dates of employment

CURRENT Services and Interventions

Please list the services and interventions received. Include both school-based and/or community services (i.e., speech therapy, psychotherapy, group therapy, school based services, psychiatric services, etc.).

Service Provider/Health/Medical Information

Please list all CURRENT providers (e.g., therapist, psychiatrist, etc.)

Please list any medications taken regularly.

What is your/applicant's current/most recent diagnosis? Who made the diagnosis?

Please describe any significant health conditions.

Please list any allergies.

Please list any special diet/food restrictions.

Further Information About Applicant

What special interests and strengths do you/does applicant have?

What are your/applicant's current areas of need or challenge?

What has been done so far to try to meet your/applicant's needs?

How is the issue of diagnosis discussed in the family and with others?

Please describe any behavioral difficulties (e.g. verbal or physical aggression, self-injurious behaviors, etc.).

Please add anything else you think we need to know about you/applicant.

Parent/Guardian Information

Full Name

Relationship to Applicant

Address

City, State, Zip Code

Phone

Alternate phone

Email

Alternate email

Preferred method of contact

Second Parent/Guardian Information

Full Name

Relationship to Applicant

Address (if different from above)

City, State, Zip Code

Phone

Alternate phone

Email

Alternate email

Preferred method of contact

Are there siblings or other significant family members in the home? (provide name, gender, age, and relationship to applicant)

Signature

By checking the box below I hereby make an application for me/applicant to attend PEERS®Chicago Social Skills Intervention Program. I/We have filled out all of the information to the best of my/our knowledge. I/We understand that this is an application and that I/my family member has not been accepted to the PEERS® Social Skills Intervention Program at this time.

Please type your name as your Digital Signature or sign your name:

Date

Please feel free to use additional space if needed. It would also be helpful to provide a copy of a past or current IEP, psychological evaluation or any other documents that you feel may be helpful.

