CAPERNAUM PEDIATRIC THERAPY, INC.

2018 Self-Regulation Group Intake Form

By completing this form, you are formally registering your child for the **SELF-REGULATION GROUP.**

Please complete this intake form and mail your payment of $350 by JUNE 29, 2018 to:
7250 FRANCE AVE S, SUITE 305, EDINA, MN 55435-4313

Child's Name: ____ DOB: ______________________
Parents' Names: _____________________________________Email: ___________________________
Address: ____
Phone Number: ____
Emergency Number: ____
Name of person(s) bringing your child to group: ____
Preferred Group Location (please check) ❑ ACADEMY OF WHOLE LEARNING ❑ CALVIN CHRISTIAN

Pertinent Medical History

Pediatrician: ____
Medical Diagnosis: ____
Medications: ____
Allergies: ____
Special Diet Information: ____

Education

School: ____ Grade: __________
Name and describe services received in school:
____

Parent Reflections

1. What are your child's strengths? ____
   ____
2. What are your child's biggest challenges? ____
   ____
   ____
3. Does your child have any behavioral concerns? ____
   ____
   ____
4. What would you like your child to gain from attending this group? ________________________
   ____
   ____
5. What do you hope to gain for yourself from this group? _________________________________
   ____
   ____
6. Is there anything else you would like us to know regarding program planning for your child (e.g., likes, dislikes, behavioral characteristics)? ____

Your child will be assessed at the start of the group and then reassessed at the end. If you have questions regarding the group or group placement, please contact Ali at AlisonB@capernaumpeds.com.

If you have questions regarding payment, please contact Jenny at 952-285-2840.