



Savvy Social Skills

Savvy Social Skills, LLC
A Social Learning Program for Children and Adults
443-292-6580
www.savvysocialskills.org

APPLICATION

DETAILS OF THE SOCIAL LEARNING PROGRAM

Placement in Social Learning Groups:

We group students with peers that function similarly in cognitive, social, language and auditory processing abilities. We take careful consideration to appropriately place students.

Attendance Policy for Social Learning Groups:

Group work is dependent upon all group members attending as many sessions as possible. Groups run year-round from September through December and January through mid-July. If you need to discontinue sessions for any reason, we ask for a two-week notification so that we can try to find a replacement group member.

Our program closes for most school holidays as we follow the school calendar. There are two (2) excused absences per semester with 24-hour notice. While we understand that emergencies occur, we have a 24-hour cancellation policy. You will be billed for missed classes without 24-hour notice. Beyond that, missed sessions will be billed as a regular session.

On the rare occasion that everyone is absent from the group except for one child, we will still hold the session, but it will be an individual session for 45 minutes. This is a good opportunity to focus on the student's individual needs.

Parent Education:

Parents/caregivers are expected to attend the last 10 minutes of each therapy session to discuss with the therapist the new ideas learned during the session. The student's growth depends on all adults living and working with him/her to learn these new concepts along with the student and then encourage their use throughout the day.

The Cost:

Please contact us regarding fees. Payment is due at the time of service each week, or you may prepay at the beginning of each month. We do not accept any insurance. We will provide you with a receipt at the end of the month for insurance purposes.



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CLIENT INFORMATION

Date _____ Client's Name: _____ Birth date _____

Grade: _____ (in fall of current year) Diagnosis (if any): _____

Parent # 1 Name: _____ Parent #2 Name: _____

Address: _____ Address _____

City: _____ City: _____

State/Zip Code: _____ State/Zip Code: _____

Parent # 1 Home Phone: _____ Parent #2 Home Phone: _____

Parent # 1 cell #: _____ Parent #2 cell #: _____

Parent # 1 work #: _____ Parent #2 work #: _____

Parent # 1 email: _____ Parent #2 email: _____

Siblings name and ages: _____

School Name: _____

Best Contact at the School: Name and Phone #: _____

When was the client's last IEP? _____

When was the client's last Triennial Testing? : _____

If your child is enrolled in a Special Education class or related service, please list those here:
(Please be specific as to the type of service, frequency and duration i.e. paraprofessional,
speech, OT, PT, resource room etc...)

If we were to observe your child at school, describe what we would see. (Use back if needed.)

During structured time (such as classroom learning)

During unstructured time (such as recess/lunch)

If we were to observe your child at home, describe what we would see.

SCHEDULING INFORMATION

Currently, after school sessions will be scheduled on Wednesday afternoons at St. Stephen's Episcopal Church in Crownsville, Maryland at 4:00pm, 5:00pm, and 6:00pm.

Please be aware that receipt of your schedule preference does not guarantee placement in a group. We do our best to place all students, but group placement is based on matching similar students together for the best possible group interaction and finding corresponding times when the group can meet.

My child is available:

Wednesday: 4:00pm _____ 5:00pm _____ 6:00pm _____

PLEASE RETURN THE APPLICATION AS SOON AS POSSIBLE TO:

Savvy Social Skills
PO Box 600
Gambrills, MD 21054

OR E-MAIL TO:

Karen@savvysocialskills.org