

# Behavior Therapy Associates' Summer Programs Screening Form

I. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Check off Program: \_\_\_ HI-STEP (Pennington) \_\_\_ HI-STEP (Scotch Plains) \_\_\_ W.I.S.E. Weekend

How did you find out about the program? (please be specific) \_\_\_\_\_

Person Completing Form (i.e., respondent): \_\_\_\_\_; Relationship to child: \_\_\_\_\_

Respondent's phone # to obtain more information if needed: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_ Email: \_\_\_\_\_

II. Type of Program Placement (check all that apply):

\_\_\_ Regular education / Mainstream program \_\_\_ Resource Center/Room \_\_\_ Self-Contained Classroom

\_\_\_ Special Education School \_\_\_ 1:1 assistant/paraprofessional provided

III. If receiving Special Education Services, what category has child been classified: \_\_\_\_\_

IV. List any diagnoses that have been given: \_\_\_\_\_

V. List any medications child is currently taking: \_\_\_\_\_

VI. Has your child had any incidents of aggression at school, home, or community during the last 12 months?  
If yes, please state when and describe briefly: \_\_\_\_\_

VII. Any hospitalizations during the child's life for social-emotional-behavioral issues? If yes, please state  
when and describe briefly: \_\_\_\_\_

VIII. Please describe any oppositional or defiant behaviors: \_\_\_\_\_

VIII. Please indicate child's cognitive ability (or best guess if no prior testing has been done).  
Please describe any significant differences between child's verbal ability and nonverbal abilities.

\_\_\_ Deficient (<70 IQ); \_\_\_ Borderline (70-79 IQ); \_\_\_ Low Average (80-89 IQ); \_\_\_ Average (90-109 IQ);

\_\_\_ Above Average (110-119 IQ); \_\_\_ Superior (120-129 IQ); \_\_\_ Very Superior (>= 130 IQ)

IX. Child's current reading grade level: \_\_\_\_\_

X. Strengths: \_\_\_\_\_

XI. Needs/Concerns: \_\_\_\_\_

\_\_\_ Making friends \_\_\_ Anger management \_\_\_ Problem-solving \_\_\_ Conversation skills

\_\_\_ Impulse control \_\_\_ Hyperactivity \_\_\_ Inattention \_\_\_ Handling social situations

Other: \_\_\_\_\_

**\*\*\*Please make sure to forward any recent, relevant reports, IEP, evaluations, etc.\*\*\***

Behavior Therapy Associates, P.A., 35 Clyde Road - Suite 101, Somerset, NJ 08873

Phone: 732-873-1212; Fax: 732-873-2584; E-mail: [hstep@comcast.net](mailto:hstep@comcast.net)

**HI-STEP Executive Directors:**

Michael C. Selbst, Ph.D. (NJ#3779, PA#9320)

Steven B. Gordon, Ph.D., ABPP (NJ#936)

**W.I.S.E. Executive Director: Michael C. Selbst, Ph.D. (NJ#3779, PA#9320)**