



SCREENING QUESTIONNAIRE

This application represents your first step in exploring enrollment at The Hangout Spot! We are thrilled that you are interested in becoming part of our community. The information you provide below will help the team determine whether or not our service model represents an appropriate intervention for your child at this time. Here at The Hangout Spot, we believe that there are no pre-requisite skills required to benefit from social skills instruction, so we welcome all families to participate in our screening process. However, we also have an obligation to ensure that we are recommending the best possible interventions for your child. So, if our team recognizes significant potential to be achieved through participation in another intervention, you may be provided suggestions of applicable providers to address your child’s specific concerns. Any suggestions provided are a courtesy only, and in such instances, the choice of a provider will be your sole responsibility. The Hangout Spot makes no representation or warranties nor bears any liability related to the suggested provider’s ability to serve the specific area of need, quality, licensure or any other consideration.

Upon receipt of your questionnaire responses, our team will contact you to discuss your family’s needs in greater detail and outline next steps. Please be aware that our team is dedicated to identifying groups with peers of similar age, need, and interests- and also groups that include positive peer models for each and every client. Therefore, if a “best fit group” is not available at this time, a child may be added to our waitlist while we search for a “just right” option. We appreciate your patience and cooperation throughout the decision-making and placement process.

Select your preferred service modality.	<input type="checkbox"/> Telehealth Services <input type="checkbox"/> On-Site Services <input type="checkbox"/> Both
Child’s Name	
Child’s Age	
Child’s Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child’s Birthdate	
Parent/Guardian’s Name(s)	
Parent/Guardian’s Phone Number(s)	
Parent/Guardian’s Email Address	
Parent/Guardian’s Address	

Town of Residence	
Select the statement that best describes your previous involvement with The Hangout Spot.	<input type="checkbox"/> Never been enrolled at The Hangout Spot. <input type="checkbox"/> Currently enrolled at The Hangout Spot. <input type="checkbox"/> Previously enrolled at The Hangout Spot.
Diagnosis (If Applicable)	
Select any other services your child currently receives at home or school.	<input type="checkbox"/> Traditional Applied Behavior Analysis (for problem behavior reduction/skill acquisition programming) at school <input type="checkbox"/> Home-based Applied Behavior Analysis services <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____
Select the statement that best describes your child's current educational placement.	<input type="checkbox"/> In-district self-contained classroom <input type="checkbox"/> In-district co-taught classroom <input type="checkbox"/> In-district general education classroom with special education pull-out/push-in services <input type="checkbox"/> In-district general education classroom <input type="checkbox"/> Out-of-district placement <input type="checkbox"/> Residential placement <input type="checkbox"/> Homeschool <input type="checkbox"/> Other: _____
Select the statement that best describes your child's communication abilities. Select all that apply.	<input type="checkbox"/> No formal means of communication <input type="checkbox"/> Can point to communicate wants <input type="checkbox"/> Emerging ability to use Augmentative and Alternative Communication (sign, PECS, iPad); Uses single words or short phrases <input type="checkbox"/> Fluent ability to use Augmentative and Alternative Communication (sign, PECS, iPad); Uses full sentences <input type="checkbox"/> Verbal communicator with word approximations <input type="checkbox"/> Verbal communicator with single words <input type="checkbox"/> Verbal communicator with short phrases <input type="checkbox"/> Verbal communicator with full sentences
Select the statement that best describes your child's level of independence. Select all that apply.	<input type="checkbox"/> Requires constant 1:1 support <input type="checkbox"/> Requires 1:1 support for certain activities; Describe activities where 1:1 support is required: _____

	<input type="checkbox"/> _____ <input type="checkbox"/> Can participate in small group with high staff to child ratios <input type="checkbox"/> Can participate in small group instruction independently <input type="checkbox"/> Can participate in large group instruction independently
Select the statement that best describes your child's toileting needs.	<input type="checkbox"/> Not toilet trained <input type="checkbox"/> Requires minimal support to complete all steps (e.g. pulling up pants, washing hands). <input type="checkbox"/> Independent but requires supervision (e.g. help locating bathroom, reminders to close door/wash hands, reminders to come out of the bathroom in a timely manner) <input type="checkbox"/> Independent throughout the entire toileting process
Select the statement that best describes your child's behaviors. Select all that apply.	<input type="checkbox"/> Self-Injury; Describe frequency and intensity: _____ <input type="checkbox"/> Aggression towards peers; Describe frequency and intensity: _____ <input type="checkbox"/> Aggression towards adults; Describe frequency and intensity: _____ <input type="checkbox"/> Elopement/Bolting <input type="checkbox"/> Wandering <input type="checkbox"/> Property Destruction <input type="checkbox"/> Tantrums (screaming, crying, flopping to floor beyond what is considered age-appropriate) <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Vocal Stereotypy <input type="checkbox"/> Motor Stereotypy <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Problem Behaviors Identified
Identify three skills you would like to see prioritized for instruction at The Hangout Spot that you believe would be the most meaningful for your child and family.	1. _____ _____ 2. _____ _____ 3. _____ _____

Identify your child's current interests/preferences.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Identify things your child does not like.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Identify your enrollment preference.	<input type="checkbox"/> One time weekly <input type="checkbox"/> Two times weekly <input type="checkbox"/> Three times weekly
Select your day preferences. Note that while The Hangout Spot attempts to accommodate scheduling requests to the greatest degree possible, our priority is to identify a "best fit group" for your child that will ensure the greatest possible progress, so we cannot guarantee that scheduling requests will be granted.	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
After-school/early evening time slots at The Hangout Spot are reserved for school-age clients. If your child is not school-age, please indicate your time preferences. Note that while The Hangout Spot attempts to accommodate scheduling requests to the greatest degree possible, our priority is to identify a "best fit group" for your child that will ensure the greatest possible progress, so we cannot guarantee that scheduling requests will be granted.	<input type="checkbox"/> Morning between 9:00 am -11:00 am (Birth-Preschool Age) <input type="checkbox"/> Early Afternoon between 11:00 am -1:00 pm (Birth-Preschool Age) <input type="checkbox"/> Late Afternoon between 1:00 pm -3:00 pm (Birth-Preschool Age) <input type="checkbox"/> Afterschool/Evening 3:00 pm-6:30 pm (School-Age)
Describe your child's interest in making and keeping friends.	<input type="checkbox"/> Very resistant <input type="checkbox"/> Seems disinterested <input type="checkbox"/> Interested <input type="checkbox"/> Very Interested
Has your child ever participated in a social skills group before? Select all that apply.	<input type="checkbox"/> Yes, at school. <input type="checkbox"/> Yes, outside of school; please identify the provider: _____ <input type="checkbox"/> No
Who can we thank for connecting us?	<input type="checkbox"/> Personal Referral: _____ <input type="checkbox"/> School Personnel <input type="checkbox"/> Medical Provider

	<input type="checkbox"/> Social Media <input type="checkbox"/> Resource Fair/Conference <input type="checkbox"/> Google Search <input type="checkbox"/> Autism Speaks Resource Guide <input type="checkbox"/> Lawyer/Advocate <input type="checkbox"/> Other: _____
<p>Please feel free to share any additional information/questions you have for our team.</p>	_____ _____ _____ _____ _____

Please complete this questionnaire, sign, and submit to us at hello@thehangoutspotllc.com or mail to The Hangout Spot LLC, 9 Thames Street, Norwalk, CT 06851.

Email Disclaimer and Authorization: In submitting this questionnaire via email, I acknowledge that email is not necessarily an encrypted form of communication and that there is risk in transmitting Protected Health Information via unencrypted email via the Internet. I authorize the Company to send emails regarding my child's services and other protected health information to the email address through which I contact the Company.

_____ Parent/
 Legal Guardian Name Parent/Legal Guardian Signature Date