|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SASS  Seriously Awesome Social Skills   |  |  | | --- | --- | | Initiating Social InteractionsMaking FriendsShowing Interest in OthersManaging FrustrationSeeing Others' PerspectivesHaving ConversationsBeing More Socially FlexibleManaging Self-Stimulation | GIRL AND BUS.jpg  Join your friends for  after-school learning, outings, and fun at SASS! |  |  |  | | --- | --- | | Sessions Every Tuesday & Thursday  3:00pm-5:00pm  Frequent Field Trips  Led by a Board-Certified Behavior Analyst  Call or e-mail Matt Stoelb  (573) 999-3568 TrendlineMO@gmai.com |  |  Trendline Consulting1061 Sierra court Jackson, MO 63755 |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Participant Information | | | | | | | Participant |  |  | Date of Birth |  |  | | Phone Number |  |  | School Grade Level |  |  | | Cell Phone |  |  | Street Address |  |  | | Other Phone |  |  | City, State |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Parent/Guardian |  |  | Street Address |  |  | | Phone Number |  |  | City, State |  |  | | Cell Phone |  |  | E-Mail Address |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Emergency Contact #1 Information (different person than Parent/Guardian) | | | | | | | Name |  |  | Relationship |  |  | | Phone Number |  |  | Cell Phone |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Emergency Contact #2 Information (different person than Parent/Guardian) | | | | | | | Name |  |  | Relationship |  |  | | Phone Number |  |  | Cell Phone |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Transportation | | | | | | | | | Does the student need transportation to and from group sessions? | | | | Yes |  | No | | | Who can drop off and pick up the student? (Self, Staff, Family Members, etc.) | | | | | | | | | Individual 1 |  |  | Phone # |  | | |  | | Individual 2 |  |  | Phone # |  | | |  | | Individual 3 |  |  | Phone # |  | | |  | |  |  |  |  |  | | | |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | Health/Safety Questions | | | | | | List any health concerns: |  |  | | |  | |  | |  |  |  |  | |  | |  |  |  |  | | List any food /  environmental allergies: | |  |  |  |  | |  |  |  |  | | List any fears or  triggers for anxiety: | |  |  |  |  | |  |  |  |  | | List any behavioral  concerns or issues: | |  |  |  |  | |  |  |  |  | | List 3 most important  goals for this experience: | |  |  |  |  | |  |  |  |  | |  | |  |  |  | | |  | |