



HBC Detectives Program Registration Form

Please complete all the questions on this form. This information will be kept strictly confidential.

Parent's name: _____ Date: _____

Address: _____

Telephone contact numbers

Home: _____ Mobile: _____ Work: _____

Email: _____

Please indicate your preferred weekly session time from the two options shown below.

Tuesday 5:00pm-6:30pm

Wednesday 5:00pm-6:30pm

* * * * *

Your child's name: _____

Name your child goes by: _____

Child's date of birth: _____ Child's age (years): _____

Child's gender: _____

How are you related to the child? (Please circle)

Mother Father Guardian Other (Please specify): _____

Primary language(s) spoken at home: _____

How well does your child speak and understand the English language: (Please circle)

Very poorly Poorly Reasonably well Well Very Well

Child's school (if attending): _____

Child's grade/year level at school: _____

Name of child's teacher: _____



Does your child receive any special assistance at school? (Please circle) Yes No

If so, please describe: _____

Has your child been diagnosed with a mental health condition or psychological disorder, such as an Anxiety Disorder, Attention Deficit Hyperactivity Disorder (ADHD) or an Autism Spectrum Disorder? (Please circle) Yes No

If so, which disorder(s)? _____

Does your child have any other health problems (e.g. allergies)? (Please circle) Yes No

If so, please describe: _____

Does your child take any medications? (Please circle) Yes No

If so, please list the medication names, dosages and what each medication is for (if known)

Name	Dosage	What is the medication for?
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child engages in history or engaging in self-injury or aggression towards other people?

Yes No

If yes, how often per week? _____

If yes, what typically triggers the behaviour?



Has your child received therapy or support in the past to develop new social skills? *(Please circle)*

Yes No

If so, describe what this involved (e.g. social skills group, individual therapy, etc).

For each therapy service or support listed, note when and how long the service was received for, and who provided it (e.g. Individual therapy for social skills, September-November, 2013; approximately 10 weeks, Horizons Behaviour Consulting).

Service/Support	Date Received (Year and months)	Duration	Provider
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Please provide contact details for any professionals who your child is currently seeing for help with mental health conditions, developmental delays and/or learning difficulties:

* * * * * * * * * * * * *

What hobbies or interests does your child have? _____

Please list below the three major difficulties that your child is experiencing at the moment
(e.g. *bullying at school, problems making friends, poor anger management, unwillingness to try new activities, difficulties adjusting to changes in routine, etc*).

1. _____
2. _____
3. _____

Describe up to five common situations where your child struggles in a social setting:

1. _____
2. _____
3. _____
4. _____
5. _____

Please rate the following sentences:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Don't Know
My child has many close friends	1	2	3	4	5	0
My child can easily talk to people they don't know	1	2	3	4	5	0
My child frequently starts conversations with adults	1	2	3	4	5	0
My child frequently starts conversations with kids their age	1	2	3	4	5	0
My child frequently starts conversations with strangers	1	2	3	4	5	0
My child can tolerate losing games	1	2	3	4	5	0

My child knows when they are not wanted in a conversation	1	2	3	4	5	0
My child can understand other people's body language	1	2	3	4	5	0
My child picks up on other people's social cues	1	2	3	4	5	0

Does your child engage in any behaviours that we should be aware of? If so please provide details on the behaviour and the circumstances they typically engage in that behaviour.

Please provide any additional information that you think is important for us to know.



HBC Detectives Parental Consent to Participate in Program

I give consent for myself _____ and my son/daughter _____ to take part in the HBC Detective's program on the understanding that:

1. I am aware of the aims and structure of the program.
2. I have had the opportunity to ask any questions arising from the information provided and these questions have been answered to my satisfaction.
3. I am aware that some group meetings may be filmed for the purposes of peer supervision and support sessions.
4. The information that I provide will be kept confidential.

Parent/Guardian's name: _____

Parent/Guardian's signature: _____

Date: _____

Thank you for completing this registration form. Please return this form to before your program intake interview.