

REACH Educational Services, Inc.
Mailing address: 1 Huckleberry Lane
Forestdale, MA 02644
508-747-1556

For groups to be held at 68 Tupper Road #8 Sandwich, MA
located at CAPE COD NEUROPSYCHOLOGY

Dates- Wednesday's June 30, July 7, 14, 21, 28, August 4

2:00- 3:00 Girls ages 10-12 3:15- 4:15 Boys ages 10-12

4:30- 5:30 Girls ages 13-15 5:45- 6:45 Boys ages 13-15

Please circle group you are registering for

GENERAL INFORMATION:

Name of child: _____ DOB: _____ Gender: _____

Parent's Name(s): _____

Primary Address: _____

Home Phone Number: _____ Email Address: _____

Mom's Work Number: _____ Mom's Cell Number: _____

Dad's Work Number: _____ Dad's Cell Number: _____

Siblings Names & Ages: _____

Emergency contact: _____

CHILD'S DIAGNOSIS: (check all that apply)

Asperger's Syndrome PDD Autism Obsessive-Compulsive Disorder

Non-Verbal LD Tourette's Syndrome ADD or ADHD Anxiety or Phobias

Bi-Polar Communication Disorders Developmental Delay Down Syndrome

Learning Disabilities None

Other (please describe) _____

BEHAVIORAL ISSUES: (check all that apply)

- Hits Kicks Bites Scratches Pinches Tantrums Yells

Other _____

- Does your child have a behavior plan at school or home? ____YES ____NO
(if yes, please attach copy)

COMMUNICATION:

Please describe your child's communication skills/ communication tools used
(examples: expressive language delay/level, receptive language delay/level, non-verbal,
speaks in one-word sentences, at age level, uses voice output device, PECS, etc)

GOALS:

Please state your goals for your child _____

INTERESTS:

What are your child's favorite topics/ areas of interest? _____

OTHER:

Any other information you would like us to know _____

HOW DID YOU HEAR OF US?:
