



SOCIAL SKILLS AND BEHAVIORAL SERVICES

PRE-SCREENING APPLICATION

FOR OFFICE USE ONLY
Date application received
Date eligibility confirmed/declined
In-home screening scheduled?

Please complete the application below and submit it with copies of the following:

- 1. Physical with immunization record
2. Your child's latest psychological report
3. Your child's latest IEP

Date

Child's Name: Gender: M F
(Last, First, Middle Initial)

Date of Birth: Social Security #

Primary Language

Parent/Guardian #1 Name
(Last, First, Middle Initial)

Street Address:
City State Zip County

Home Phone: Cell Phone:

Work Phone: Email:

Parent/Guardian #2 Name
(Last, First, Middle Initial)

Street Address:
(if different than parent/guardian #1)
City State Zip County

Home Phone: Cell Phone:

Work Phone: Email:



**CURRENT EDUCATIONAL PLACEMENT**

**School District**

**Type of Class**

- Self contained
- Inclusion
- General Education
- Other (please specify)

**Number of Children in Class**

**Related Services**

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Counseling
- Other (please specify)

**PERSONAL HISTORY**

**Behavior:**  No behavior challenges  Moderate behavior problems  Severe/aggressive behavior  Other: \_\_\_\_\_

If you checked moderate, severe or other, please describe the behaviors (i.e. hitting, biting, verbal aggression, etc): \_\_\_\_\_

**Eating:**  No Assist  Partial Assist  Total Assist

**Hearing:**  Normal  Mild Loss  Severe Loss  Total Loss

**Speech:**  Normal  Mildly Affected  Severely Affected  Few Words  
 Nonverbal

**Communication:**  Normal  Sign Language  Communication Board  Gestures  
 Other: \_\_\_\_\_

Please list the most effective way of communication: \_\_\_\_\_

**Adaptive Devices:**  None  Braces  Night Braces  Prosthesis  Electric Wheelchair  Manual Wheelchair  Walker  Glasses  Hearing Aid  Helmet

**Dressing:**  No Assist  Partial Assist  Total Assist

If assistance is needed, please describe: \_\_\_\_\_

**Toileting:**  No Assist  Partial Assist  Total Assist  Diapers/Pull-Ups

If assistance is needed, please describe: \_\_\_\_\_

- PLEASE CHECK HERE IF YOU ARE PRIMARILY INTERESTED IN SOCIAL SKILLS TRAINING FOR YOUR CHILD***

Putnam Hall Room 177 Stony Brook NY 11794-8788

Email: [Lynne.Barnett@stonybrook.edu](mailto:Lynne.Barnett@stonybrook.edu) Web Site: [www.codycenter.org](http://www.codycenter.org)

Phone: 631-632-8983 Fax: 631-632-3120



**ACTIVITIES AND INTERESTS**

Please list or describe your child’s favorite leisure time activities and his/her interests:

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**SPECIFIC BEHAVIORAL CONCERNS**

Please list the behavioral concerns or learning needs that you would like to see addressed by the Cody Center Behavioral Services Program:

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*Please note that completing this pre-screening application does not ensure acceptance into the program.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_