



PARTICIPANT INFORMATION FORM

THE SPECTRUM CONNECTION
Social Communication Skills Program

Student Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Sibling(s) Name(s) and Ages:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Other Phone: _____

Email address: _____

Has the student participated in any other social communication skills program before? YES NO

If so, what program(s): _____

What did you like most and least about previous social communication skills programs that your child has been a part of? _____

What would you like us to know about the students' current level of social communication development? _____

