



**Social Skills Training  
Participation Consent Form**

This consent form describes all of the components of the Children & Family Program Social Skills Training. Please read each page carefully, and initial each page at the bottom on the line provided.

1. I agree to have my child, \_\_\_\_\_, participate in the Children & Family Program Social Skills Training (CFP), and I agree to cooperate as fully as possible with the CFP staff during the program.

2. I agree to allow my child's physician, \_\_\_\_\_, my child's school, \_\_\_\_\_, my child's therapist, \_\_\_\_\_ or \_\_\_\_\_ to release relevant information (including medical and psychological history, intellectual and achievement testing, school records and teacher reports, etc.) to the program staff as it gathers diagnostic information on my child. I also understand that I may be asked to complete questionnaires regarding a number of aspects of my child's behavior and/or family. I understand the purpose of this is to gather information that might help to understand my family and child to facilitate program and service planning and evaluation. My child may also be asked to complete questionnaires that assess issues related to ADHD, response to intervention, or social relationships. I understand that the purpose of these ratings is to monitor my child's progress in the program and our services for children with behavior and learning problems. I understand that all the information gathered regarding my family and my child will be treated confidentially and information identifying characteristics will be shared only with designated CFP staff, and with my permission, with my child's physician, school, and outside therapist.

3. I understand that the program will run rain or shine. It will meet at Logan Park Farm Expansion 4405 Cherokee St, Acworth, GA 30101. Mondays, from 3:30 PM until 4:30 PM. There will be no make-ups for missed days.

4. I understand that my child will receive feedback focused on five goals:
- (a) Assisting my child to develop the social skills, problem-solving skills, and social awareness necessary to enable him or her to get along better with other children;
  - (b) Assisting my child appropriate behaviors for success in classroom situations so as to enhance academic performance and productivity;
  - (c) Assisting my child to follow through with instructions, to comply with adult requests, and to complete tasks that he/she may commonly fail to finish;
  - (d) Assisting my child to improve my self-esteem by teaching him or her competencies in academic, recreational and other task-related areas;
  - (e) Educating parents in how to develop, reinforce, and maintain these positive changes.

5. I understand that counselors and other staff will monitor my child for appropriate and inappropriate behaviors and provide immediate behavioral feedback to my child about these behaviors. I further understand that these behaviors will be tracked by counselors, may be targeted on a report, and will be used to determine whether my child earns

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certain privileges, social honors, or other rewards, as recesses and a fun on-site (or off-site) “field trips.” The behaviors for which my child may receive feedback for include: (1) following rules; (2) paying attention during activities; (3) behaving appropriately for a specified period of time; (4) good sportsmanship; (5) complying with commands; (6) helping another person; (7) sharing; (8) contributing positively to group discussions; and (9) ignoring provocations and insults. Examples of inappropriate behaviors that may be monitored and reduce rewards include: (1) breaking rules; (2) being a poor sport; (3) physical aggression; (4) destruction of property; (5) noncompliance with adult commands; (6) stealing; (7) teasing other children; (8) talking back to staff members; (9) swearing; (10) lying; (11) leaving his or her group without permission; (12) interrupting others; and (13) whining and complaining. I understand that this type of program is a token reinforcement or point system, and that this type of program is generally called behavior modification or behavior therapy.

6. I understand that my child will also participate in instruction on social skills. That instruction will include direct instruction, modeling, role-playing, and practice in concepts that may include communication, participation, cooperation, validation, frustration management, conflict resolution, development of group identity, dyadic conversation, entering and ongoing interaction, ignoring negative provocation, and social reinforcement. The skills and strategies taught will be monitored and reinforced during group activities.

7. I understand that my child will also be taught group problem solving skills. This may involve teaching my child the following four-step procedure: (1) identification of problems that interfere with their group functioning; (2) discussion and negotiation skills through which a resolution to the problem can be reached; (3) development of written contracts that specify the problem, its resolution, and the consequences that are to be applied if the contract is kept or broken; and (4) evaluation and modification of the contracts. I understand that many of the contingencies, both positive and negative, that are specified in the contracts are group contingencies; that is, they apply to the entire group of children who wrote the contract rather than solely to individuals within the group. I understand, however, that individual contracts may be developed with my child should that be deemed appropriate by CFP staff (See point 14 below).

8. I understand that my child may be punished for certain behaviors. Punishment will take the form of time out from ongoing activities or loss of privileges. I understand that *time out* means that my child will sit by the side of the activity in which his or her group is engaged for a period ranging from 5 minutes to 60 minutes or longer, depending on the child's age and the degree of the child's compliance with the time-out procedure. I understand that my child will receive time outs as a consequence for physical aggression, destruction of property, and repeated noncompliance. I further understand that if my child exhibits aggressive, self-injurious behavior or dangerous behavior (e.g. running away), he or she mayv(i)-17.a.4 ( a(i).157 Td [(t)2.(ur)-(l)2-4 (r)- a)-10.e .9 (pe(s)5.4e)-7.6ayf.9 (i)-9.2 (m)2 Tc 0.001 Tw - ( f)9.7 (u39 (l)2.7 T

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**Social Skills Program**

**Financial Agreement**

1. The cost of the Social Skills Program being conducted by the Children & Family Programs at Kennesaw State University is \$360. This covers the cost for conducting the Social Skills Program.
2. A \$360 amount must be paid in full before beginning the program, and is required to reserve your child's space in the program.
3. Cash, checks, money orders, Visa, MasterCard, Discover, and American Express are accepted forms of payment. Check should be made out to "Kennesaw State University". Please enter "CCM CFP" in the memo section of your payment.
4. You may pay online by selecting and adding "Social Skills" to your cart at [https://epay.kennesaw.edu/C20923\\_ustores/web/product\\_detail.jsp?PRODUCTID=1841&SINGLESTORE=true](https://epay.kennesaw.edu/C20923_ustores/web/product_detail.jsp?PRODUCTID=1841&SINGLESTORE=true)

**By signing below, I agree to the terms and conditions noted above.**

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Initials \_\_\_\_\_

**EMERGENCY INFORMATION/CONSENT TO TREAT AND RELEASE**

I hereby certify that my child, \_\_\_\_\_(name) \_\_\_\_\_(date of birth), is in good health and fully able to participate in all activities of the 2017 Children & Family Programs (CFP). I agree the CFP, Kennesaw State University, and Logan Farm Park will not be held responsible for any accident or loss to the child, however caused, and hereby release CFP, Kennesaw State University and Logan Farm Park from all claims, damages, or risks attendant to watching and/or participating in the program activities, including but not limited to bodily injury.

I authorize the staff of the CFP to provide first aid treatment as needed to my child and to call an ambulance as CFP deems necessary to take my child to the emergent city hospital. I understand that the CFP is not responsible for any accident or loss to the child, however caused, and hereby release CFP, Kennesaw State University and Logan Farm Park from all claims, damages, or risks attendant to watching and/or participating in the program activities, including but not limited to bodily injury.

Initials \_\_\_\_\_



**Event Description:**

Event:

Date(s):

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

**LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:**

I, the undersigned below, in consideration of my and/or my child's or ward's participation in the Event(s) referenced above and any related activities thereto including training,