



The Drama-Play Connection, Inc.

6 Abbott Road
Wellesley Hills, MA 02481
phone (781) 237-3200
fax (781) 899-1180
www.dramaplayconnection.org

September 26, 2016

Dear Prospective Client:

Thank you for inquiring about our Workshops. This Drama-Play Connection serves children and adolescents who are struggling with social anxiety, social understanding, and/or peer relationships. Our program is designed to help these children acquire the skills necessary to function more competently with their peers. This is accomplished through a variety of performance-based workshops where the students not only develop a skill they can bring back to their community, but they also learn the fundamentals of working with or entertaining others. These fundamentals incorporate Body Language, Communication, Social Language, Emotional Regulation, and Leadership.

An application consultation (30 minute session) helps us determine a student's readiness to participate in the workshops. Our typical student is enthusiastic, motivated, and able to independently participate in a group setting for 90-120 minutes without becoming disruptive. Selection is based on the child's fit to the whole group as the goal is to provide children with an appropriate peer group in terms of chronological age, cognitive ability and social skills.

There is a non-refundable fee of \$50 for applying and attending the consultation. The cost of the workshops vary and can be found on our website. Also, each workshop has limited enrollment based on the type of exercises and lessons provided. Priority for slots will be filled on a "first-come-first-served" basis after the determination that a child is able to participate in the program.

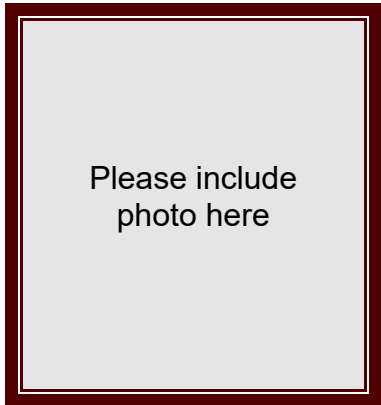
Application and supporting materials may be sent to the address or fax number above. Also, please send copies of any previous medical, psychological, or academic evaluations/reports that are relevant. If you have any questions, please contact us at (781) 237-3200. Thank you for your interest in our program.

Sincerely,

Liana Peña Morgens, Ph.D.
Clinical Neuropsychologist
Director, The Drama-Play Connection, Inc.



The Drama-Play Connection



Student Enrollment Application

(Please Print Clearly)

Today's date: _____

Child's Name: _____ Gender: _____

Birthdate: _____ Age: _____

Address: _____
No. & Street City State Zip Code

Who referred your child? _____ Phone #: _____

Why was your child referred? _____

Please list which workshop(s) you are applying to attend: _____

Please list why you would like your child to participate in our program: _____

Parent/Guardian Information:

Parents' Marital Status:	Single	Married	Divorced → Date: _____	Widowed → Date: _____
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Parent 1 Name: _____

Parent 2 Name: _____

Parent 1 DOB: _____

Parent 2 DOB: _____

Home Number: _____

Home Number: _____

Address: _____

Address : _____

Last Grade/Degree Completed: _____

Last Grade/Degree Completed: _____

Occupation: _____

Occupation: _____

Work Number: _____

Work Number: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

If parents are divorced, what is the custody arrangement? _____

Who lives in Child's home? (Please include parents, siblings and others and their ages): _____

Child's Current School History Information:

Current School:	School Phone Number:	Current Grade:
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Contact Person (*child's advocate or program director*): _____ Role: _____

Has your child ever repeated a grade? _____ Which grade? _____ Why? _____

Please describe your child's educational setting (e.g., mainstream, in special ed. services or classes, special school, etc.):

Please describe any learning difficulties (LD) that your child may be experiencing:

Please describe any behavioral or social difficulties that your child may be experiencing:

Child's Individual Medical/Therapy History Information:

Current Pediatrician:	Phone Number:
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Other Physician (Psychiatry): _____ Phone Number: _____

What is the nature of the visits? _____

Current Therapist/Counselor: _____ Phone Number: _____

What is the nature of the visits? _____

Please list all medical and psychological conditions your child has or had: _____

Please list all medications and their dosages that your child is presently taking: _____

Please list the child's therapy history including dates, therapist, nature of the therapy, and relevant diagnoses.

Dates Attended

Therapist / Nature of Therapy / Relevant Diagnoses

Please list the child's history of evaluations:

TYPE	FACILITY	EXAMINER/FACILITY
Speech-Language		
CORE		
Psychological or Neuropsychological		
Other:		

Please check any of the following that describes your child:

- Anxious Overactivity Difficulty Sitting Still
 Poor Frustration Tolerance Destructiveness Other:

If yes to any of the above, PLEASE DESCRIBE:

Please list any major or traumatic transitions that your child has made in the last year. _____

How do you describe your child?
Please describe your child's strengths:
Please describe your child's weaknesses:

Please describe any other information that may be important for us to better serve your child:

The Drama-Play Connection



DPC Workshop Agreement Form

Student Assignment, Readiness and Goals of the Workshops

Students are generally matched in terms of grade and age. A student may not be considered ready for our workshops if his or her cognitive, language, attention and/or emotional/behavioral challenges interfere with the ability to participate in the group effectively or if such challenges may be disruptive to the other workshop members.

Each workshop is designed to provide two main goals. The first is to teach a valuable skill (performance art) that the student can use as a tool to engage with others in his or her own community. The second main goal is to teach valuable social and leadership skills through the medium of the first main goal, the performance art being taught.

Our workshops are NOT therapy sessions. The students learn through performance art and discussion of engaging in that type of performance art. While the instructors develop their program in a manner to foster the development of body language, social communication and leadership, they are not necessarily trained to provide therapy to the students. The instructors are all supervised by Liana Morgens, Ph.D., and their curriculum is also overseen by Dr. Morgens.

Payment and Attendance

As each workshop varies in length, time, instructor, and materials, the prices vary accordingly. Please check our website for the price of each workshop. The one-time application fee of \$50 covers the cost of processing the application and the 30 minute application consultation session. This session is scheduled once all the application materials are submitted.

New students are accepted for the next available session. Each session is made up of 4 to 8 weekly classes. Once a student enrolls in a workshop, a weekly slot is held for that child. The session fee is non-refundable regardless of attendance as that fee covers the cost we incur to run the workshop. As each class builds on the previous classes, it is important for your child attend every class. The instructors are not able to update students at the beginning of each class. In the case of inclement weather, the session will be rescheduled.

The weekly classes begin and end on time. Members agree to be present and on time.

If you have any questions about the information on this form or any other aspect of the DPC workshops, please contact our offices at 781-237-3200.

Your signature below indicates that you have read this document, understand its content, and agree to its terms.

- I understand that I am financially responsible for services rendered, **regardless of attendance**.
- I also understand that submitting this application does not guarantee acceptance to the program.

Signature of Parent or Guardian

Date