



Social Skills Training Project
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OVERVIEW OF THE SOCIAL SKILLS TRAINING PROJECT

Thank you for your interest! In order to reduce the overall volume of calls and be more responsive to ongoing clients, we ask that all new clients first fill out the attached information form rather than provide information by telephone. We hope that some of your initial questions will be answered by the following information.

WHAT TO DO:

Fill out the attached information form and send it back to us. * Please note, there is a waiting list for all services.* We kindly ask for your patience, as we will contact you when we have an appointment to offer. All intake forms are initially reviewed by Dr. Baker and then passed on to the therapist that has the availability to provide the appropriate service (e.g., group, individual, or consultation with school). All therapists in the practice utilize Dr. Baker's social skill manuals supplemented by other researched based training methods. **Mail all forms to:** Jed Baker, PH.D., 29 Collinwood Road Maplewood, New Jersey 07040. Thank you for your patience.

OFFICE LOCATION: There are three office locations. One is in Village Plaza, 1075 Easton Avenue, Tower 3, Suite 3C, in Somerset, NJ 08873. The second office is on 28 Millburn Ave, Suite 7, Springfield, NJ 07081. The third office is in Westfield, NJ with Janice Bryk, LCSW.

GROUP INFORMATION: Groups meet once a week for one hour. Most of the groups are scheduled in the afternoon and early evening hours. Groups run in 12 week cycles. If you plan to join a group, then we ask that you attend at least 12 sessions, since we are holding this spot for you. If you miss more than two sessions in a 12 week cycle we ask that you pay for the missed session (excluding emergencies). Many students continue for a number of cycles with the opportunity to add new members or end therapy after each 12 week cycle. For children under 9 years old, we sometimes ask that parents participate in the group with the youngster for the first 12 weeks to facilitate the acquisition and generalization of skills. Groups typically have a structured skill lesson and a less structured conversation and/or play time to practice the skills learned during skill lessons.

WAIT TIME FOR GROUP TRAINING: There is no waiting list for groups, yet we do take the time to find the right match for students when we run groups, which can sometimes take awhile. When current members leave or when we have enough new clients of the same age with similar issues to start new groups, we will contact you for a screening session to determine if the group we have will meet your youngster's needs. Not every youngster will immediately benefit from group. Some youngsters may benefit from individual sessions to first build group readiness skills before entering a group. Groups for teenagers and adults are also available.

TYPES OF SERVICES AND FEES: There is a range of fees based on service type and group size.

1. Initial Consultation - \$175
2. Individual/Family therapy - \$175
3. Group - \$65-85
4. School consultation/In-Service/Training - fees vary

Thank you again for your patience and cooperation in this process.

Sincerely,
Jed Baker, Ph.D.,



INTAKE FORM FOR SOCIAL SKILLS TRAINING PROJECT

NAME OF CLIENT _____ AGE ____ DOB _____ DATE _____

NAMES OF IMMEDIATE FAMILY MEMBERS _____

MARITAL STATUS (if child, status of parents): (circle) SINGLE, MARRIED, SEPARATED, DIVORCED

EMAIL ADDRESS (to receive confirmation that we received form): _____

ADDRESS: Street _____
 City _____ State _____ Zip code _____

PHONE (H) _____ (W) _____ (C) _____

NAME OF SCHOOL _____ GRADE OR EQUIVALENT _____

WHAT KIND OF CLASS IS STUDENT IN: (For children and adolescents only. Circle all that apply):

1. REGULAR EDUCATION/FULLY MAINSTREAMED
2. REGULAR ED WITH SUPPORTS (AIDE, 504 PLAN, OTHER _____)
3. RESOURCE ROOM FOR SUBJECTS: _____
4. SELF-CONTAINED CLASS
5. SPECIAL ED SCHOOL
6. DISCRETE TRIAL OR ABA HOME PROGRAM
7. OTHER: _____

WORK STATUS (For adult clients only. Circle all that apply)

1. CURRENTLY EMPLOYED AS A _____
2. LOOKING FOR EMPLOYMENT AS _____
3. INVOLVED WITH THE OFFICE OF VOCATIONAL REHABILITATION TO FIND EMPLOYMENT
4. WORKING IN A SHELTERED WORKSHOP
5. GOING TO COLLEGE AT _____
6. GETTING SPECIFIC VOCATIONAL TRAINING AT _____

ANY FORMAL DIAGNOSES _____

ANY MEDICATIONS (dose and frequency) _____

SPECIFIC CONCERNS: (State your specific concerns and those expressed by teachers and others.)

ANY HISTORY OF SUICIDAL THOUGHTS OR GESTURES (words or actions) _____

ANY AGGRESSIVE BEHAVIORS (e.g., hitting, biting, or verbal threats) _____

POSSIBLE SERVICES DESIRED: Circle desired services

1. SOCIAL SKILLS NEEDS ASSESSMENT	2. INDIVIDUAL OR FAMILY THERAPY
3. DIAGNOSTIC EVALUATION	4. SOCIAL SKILLS: GROUP OR INDIVIDUAL
5. SCHOOL CONSULTATION FOR SOCIAL OR BEHAVIORAL CONCERNS	6. HOME BEHAVIOR PROBLEM ASSESSMENT, DEVELOPMENT OF A BEHAVIOR PLAN AND PARENT TRAINING
7. PEER SENSITIVITY TRAINING	8. SCHOOL INSERVICE TRAINING

AVAILABILITY FOR APPOINTMENT TIMES (the more times you list, the easier it will be to make an appointment) _____

REFERRAL SOURCE: _____