BOOST Parent Interest Form

Interested in BOOST, our social skills group? Tell us a little about your child and what you hope they will gain. Our team will contact you with program details and next steps. Completing this form expresses interest and does not reserve a spot or confirm enrollment.

Parent or caregiver information

Name _____

Email _____

Phone _____ Preferred contact ☐ Email ☐ Call ☐ Text

About your child

Child's name _____ Age _____

Grade _____ Has your child attended BOOST? ☐ Yes ☐ No

Your goals for BOOST

What would you like your child to practice? Check all that apply.

☐ Making and maintaining friendships
☐ Starting and joining conversations
☐ Taking turns and working with others
☐ Understanding social situations
☐ Managing frustration in group activities
☐ Confidence with peers
☐ Other _____

What does your child enjoy? What helps them feel comfortable in a group?

Any support or accommodations you would like us to discuss? Optional.
Please save detailed medical or clinical information for a conversation with our team.

Availability and follow up

Interested in ☐ Upcoming session ☐ Future sessions ☐ More information

How did you hear about BOOST? _____

Submit Form

Open in Adobe Acrobat Reader to submit using your email app.
Or save the completed PDF and email it to info@refocusbehavior.com.