

Dear Parents and Families,

Welcome to The Quad Manhattan! We are looking forward to a season filled with adventure, learning, and lasting friendships. In this welcome kit you will find helpful information about The Quad, as well as interest and motivation inventories to be filled in by you and your child.

We look forward to an amazing experience with your child! Please let us know if you have any questions and or comments- we always welcome both.

Sincerely,

Kimberly Busi, M.D. Founder

Ashley Riviere, Managing Director

Julia Rutkovsky, LMSW, Associate Director

Benjamin Klein, Supervising Psychologist, Summer Camp

**Contact Information**

**Child’s Information**

Last name First name

Current School School `19/`20

Grade in Sept 2019 Child’s DOB

**Parent/Guardian 1 Information**

Last name First Name

Home phone Cell

Email

Mailing address

City State Zip

**Parent/Guardian 2 Information**

Last name First Name

Home phone Cell

Email

Mailing address

City State Zip

**Please list any siblings and age** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**With whom does your child live?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Does your child have any allergies, food sensitivities or follow a special diet? Please specify.**

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**Program Guide**

Please indicate your programs of interest. Note: we will call you to review selections and assist customizing your child’s program to suit your specific needs.

* **After School Clubs**
* **Strategy Games**
* **Capoeira**
* **Tech with Maker State**
* **Quad Squad**
* **Quad Squad Jr.**
* **Other: (Specify a build-your-own location and needs)**
* **Summer Camp 2020**
* **Tutoring**
* **Homework Help**
* **Executive Functioning Training (check all that apply)**
	+ **At-home**
	+ **On site**
	+ **At-School**
* **Local school pickup @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (neighborhood)**
* **\*Childcare (only available in conjunction with another service)**

**List any other types of programs/services not currently listed that you’d like to see at The Quad.**

**About Your Child**

Please describe your child’s strengths.

What are your child’s favorite activities?

What activities do your child find particularly challenging? (i.e. sports, board games)

Please describe any situations that cause your child to feel anxious.

What kinds of events trigger frustration or anger in your child?

What does your child do when frustrated or angry and what works to calm your child? (list both effective coping mechanisms and ones he/she is working on.)

What kinds of limit setting do your practice at home?

How does your child experience interactions with peers?

Does your child struggle with aggressive behaviors (verbal and/or physical)? If yes, please describe and include what events tend to trigger these behaviors?

Does your child learn differently? If yes, please describe your child’s learning style.

Does your child have an Individualized Education Plan (IEP)?

Please specify your child’s medical or developmental diagnosis (if applicable).

Does your child have a physical disability? If yes, please describe the disability and modifications required to meet your child’s physical needs.

What, if any, therapy or assistance is your child currently receiving, including current medications, to help with any of the social, emotional, learning or physical issues listed above?

If your child receives outside services, please provide the contact information (Name, company, phone number, email address) for any relevant outside providers (counselor, therapist, psychiatrist, speech/language pathologist, OT, etc.)

Please describe anything else we should know about your child.

What would you most like for your child to experience at The Quad?

How did you hear about us?

*The QUAD MANHATTAN reserves the right and has sole discretion to terminate and/or limit the participation of a child if it is deemed that the child’s behavior is inappropriate for the program or poses a danger to other children and staff.*

**Child Inventories**

We are delighted to be working with your family and child. It is our goal to provide an environment in which your child can focus on their interests and gifts through various enriching and high quality activities and to use these activities to explicitly support psycho-social skill development.

To become better acquainted with your child and their strengths, motivations and challenges, we have developed inventories for you and your child to complete.

**We individualize our classes based on your kids** and ask that you take the necessary time to complete the inventories and return to us as soon as possible so we can begin program planning accordingly.

Thank you!

**Interest Inventories**

The Quad aspires to create an environment in which students can feel valued for their interests, whether they be alike other children’s or different.Please read each activity. Place a check in the column to show how much you enjoy doing this activity. **1 is the lowest score and 5 is the highest**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity Description** | **1** | **2** | **3** | **4** | **5** | **Never Done It** |
| Reading newspapers |  |  |  |  |  |  |
| Playing a musical instrument |  |  |  |  |  |  |
| Going shopping |  |  |  |  |  |  |
| Reading about famous people |  |  |  |  |  |  |
| Reading science fiction (aliens, space, etc) |  |  |  |  |  |  |
| Drawing or painting |  |  |  |  |  |  |
| Listening to music |  |  |  |  |  |  |
| Playing video games |  |  |  |  |  |  |
| Cooking food |  |  |  |  |  |  |
| Reading about sports |  |  |  |  |  |  |
| Going to museums |  |  |  |  |  |  |
| Reading funny books |  |  |  |  |  |  |
| Going to the movies |  |  |  |  |  |  |
| Reading about real places |  |  |  |  |  |  |
| Going camping |  |  |  |  |  |  |
| Using the internet |  |  |  |  |  |  |
| Talking on the telephone |  |  |  |  |  |  |
| Going to the library or bookstore |  |  |  |  |  |  |
| Going swimming |  |  |  |  |  |  |
| Riding the subway |  |  |  |  |  |  |
| Going to the beach |  |  |  |  |  |  |
| Reading about cars or motorcycles |  |  |  |  |  |  |
| Reading about the military |  |  |  |  |  |  |
| Reading long chapter books |  |  |  |  |  |  |

Other:

**Circle at least 2 from each list.**

**I am interested in…**

|  |  |
| --- | --- |
| 1. The stars and planets
2. Birds
3. Dinosaurs and fossils
4. Life in the ocean
5. Trees and plants
6. The Human body
7. Monsters and mysteries
8. Animals and their homes
9. Outer space, astronauts, and rockets
10. The weather
11. Electricity
12. Volcanoes and earthquakes
13. Insects
14. Reptiles
15. Rocks and minerals
 | 1. Families
2. The future
3. Our Presidents
4. The United States
5. Other countries
6. History and long ago times
7. Famous men and women
8. Problems we have in our town
9. Holidays
10. Explorers
11. People who live and work in our town
12. Travel and transportation
 |

**Circle at least 2 items from each list**

|  |  |
| --- | --- |
| 1. Math games and puzzles
2. Measuring lines, liquids, weight

3. Shapes and sizes4. Buying and money5. Calculators and computers6. Building7. Counting and numbering8. Calendars and times9. Math stories and problems | 1. Cartoons
2. Art projects

3. Painting4. Clay5. Acting6. Dancing7. Drawing8. Writing music9. Photography10. Movies11. Puppets12. Radio and television13. Famous artists and their work14. Making new toys15. Magic16. Mime |

**Circle at least 2 from each list.**

**I am interested in:**

|  |  |
| --- | --- |
| 1. Doctors2. Lawyers3. Police work4. Fire fighters5. Scientists6. Builders7. Reporters8. Store workers9. Sports stars10. Actors11. Veterinarians12. Farmers13. Writers14. Artists15. Inventors | 1. Writing a book2. Writing poems3. Writing plays and skits4. Writing newspapers5. Making speeches6. Sign language7. Making a book8. Comic and cartoon strips9. Letter writing10. Spanish and French11. Talking and listening to stories12. Making a new game or puzzle |

**Motivation Inventory**

What Motivates Your Child? Rate the following categories according to motivation level on a scale of 0-2.

2 stands for “Very Motivated By,” 1 stands for “So-So,” and 0 stands for “Not At All”

**\_\_\_\_\_\_\_\_\_\_Peer Connections**

**\_\_\_\_\_\_\_\_\_\_Acquiring Knowledge**

**\_\_\_\_\_\_\_\_\_\_Approval/Praise**

**\_\_\_\_\_\_\_\_\_\_Autonomy/Directing**

**\_\_\_\_\_\_\_\_\_\_Mastery/Completing Projects**

**\_\_\_\_\_\_\_\_\_\_Recognition**

**Check all boxes that apply to your child’s personality:**

* Extroverted
* Good Humored
* Dislikes being alone
* Enjoys group work, teams
* Peer-Oriented
* Masters new material rapidly
* Very Productive
* Good Memory
* Enjoys Independent Work
* Very Curious
* Extensive Vocabulary
* Decisive
* Self-motivated
* Fears Failure
* Highly Sensitive to Criticism
* Often Requests Confirmation
* Judgmental
* Needs Praise
* Self-Critical
* Generally Compliant
* Enjoys the Spotlight
* Has Passionate Interests
* Gives Unique Responses
* Enjoy Problem Solving
* Has Strong Opinions
* Likes Responsibility
* Argumentative
* Questions
* Complains
* Persuasive
* Quick Temper
* Outspoken
* Enjoys Being in Charge
* May Engage in Power Struggles
* Leadership Qualities
* Self-Confident
* Independent
* Competitive
* Persistent
* Industrious
* Goal Driven
* Efficient
* Optimistic
* Highly Competitive
* Persistent
* Self Promoting
* Enjoys the Spotlight
* Sensitive, Easily Disappointed
* Enjoys Performing
* Seeks Group Identity
* Admires Role Models

**Challenges Inventory**

In order to create an environment that allows for effective problem solving, The Quad implements a version of Ross Greene’s Collaborative Problem Solving approach. Knowing the challenges that may trigger your child will allow us to help them gain the perspective and skills required to better solve problems that they encounter.

**Please check all that apply, and elaborate if applicable:**

**General**

\_\_\_\_\_\_ Difficulty handling transitions, shifting from one mindset or task to another

\_\_\_\_\_\_ Difficulty doing things in a logical sequence or prescribed order

\_\_\_\_\_\_ Difficulty persisting on challenging or tedious tasks

\_\_\_\_\_\_ Poor sense of time

\_\_\_\_\_\_ Difficulty reflecting on multiple thoughts or ideas simultaneously

\_\_\_\_\_\_ Difficulty maintain focus

\_\_\_\_\_\_ Difficulty considering the likely outcomes or consequences of actions

\_\_\_\_\_\_ Difficulty considering a range of solutions to a problem

\_\_\_\_\_\_ Difficulty expressing concerns, needs, or thoughts in words

\_\_\_\_\_\_ Difficulty understanding what is being said

\_\_\_\_\_\_ Difficulty managing emotional response to frustration so as to think rationally

\_\_\_\_\_\_ Chronic irritability and/or anxiety significantly impede capacity for problem solving or heighten frustration

\_\_\_\_\_\_ Difficulty seeing the “grays”/concrete, literal, black and white thinking

\_\_\_\_\_\_ Difficulty deviating from rules, routines

\_\_\_\_\_\_ Difficulty handling unpredictability, ambiguity, uncertainty and novelty

\_\_\_\_\_\_ Difficulty shifting from original idea plan or solution

\_\_\_\_\_\_ Difficulty taking into account situational factors that would suggest the need to adjust a plan of action

\_\_\_\_\_\_ Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g. “everyone is out to get me,” “Nobody likes me,” “You always blame me,” “It’s not fair,” “I’m stupid”)

\_\_\_\_\_\_ Difficulty attending to and/or accurately interpreting social cues/poor perceptions of social nuances

\_\_\_\_\_\_ Difficulty starting conversations, entering groups, connections with people/lacks other basic social skills

\_\_\_\_\_\_ Difficulty seeking attention in appropriate ways

\_\_\_\_\_\_ Difficulty appreciating how his/her behavior is affecting other people

\_\_\_\_\_\_ Difficulty empathizing with other, appreciating another person’s perspective or point of view

\_\_\_\_\_\_ Difficulty appreciating how s/he is coming across or being perceived by others

**NOW GO BACK AND CIRCLE THE THREE ITEMS YOUR CHILD STRUGGLES WITH THE MOST THESE WILL PROVIDE A SPRINGBOARD FOR GOAL WRITING THAT OUR TEAM WILL TARGET**

**Problems at home with:**

\_\_\_\_\_\_ Waking up/getting out of bed in the morning

\_\_\_\_\_\_ Completing morning routine/getting ready for school

\_\_\_\_\_\_ Sensory hypersensitivities

\_\_\_\_\_\_ Starting or completing homework or a particular academic task

\_\_\_\_\_\_ Food quantities/choices/preferences/timing

\_\_\_\_\_\_ Time spent in front of screen (TV, video games, computer)

\_\_\_\_\_\_ Going to/getting ready for bed at night

\_\_\_\_\_\_ Boredom

\_\_\_\_\_\_ Sibling interactions

\_\_\_\_\_\_ Cleaning room/completing household chores

\_\_\_\_\_\_ Taking medicine

\_\_\_\_\_\_ Riding in car/wearing seatbelt

Other:

**Problems at school with:**

\_\_\_\_\_\_ Shifting from one school task to another (specify)

\_\_\_\_\_\_ Getting started on/completing class assignment (specify)

\_\_\_\_\_\_ Interactions with a classmate/teacher (specify)

\_\_\_\_\_\_ Behavior in hallway/at recess/in cafeteria/on school bus/waiting in line (specify)

\_\_\_\_\_\_ Talking at appropriate time

\_\_\_\_\_\_ Specific academic tasks/demands, e.g., writing assignments (specify)

\_\_\_\_\_\_ Handling disappointment/losing at a game/not coming in first/not being first in line (specify)

Other: