



## Contact & General Information (\*Required Information)

### ***Tween/Teen's Information:***

Name\* \_\_\_\_\_ Age\* \_\_\_\_\_ DOB:\* \_\_\_\_\_ Gender\* \_\_\_\_\_

Which school does the child attend?\* \_\_\_\_\_ Grade\* \_\_\_\_\_

### ***Parent(s) Information:***

Name(s)\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone \* \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Is your teen a new or current client of Wynns Family Psychology? (select using "x") \_\_\_\_\_New \_\_\_\_\_Current

Select Group: \_\_\_\_\_ Tween DBT \_\_\_\_\_ Teen DBT

Which DBT Module(s) are you signing up for? (Please note, if you decide at a later date to continue with additional modules, this registration form and associated agreements will "carry over").

\_\_\_\_\_ Module - Mindfulness

\_\_\_\_\_ Module - Emotion Regulation

\_\_\_\_\_ Module - Distress Tolerance

\_\_\_\_\_ Module - Interpersonal Effectiveness

Start Date Your Tween/Teen will Join Group\* \_\_\_\_\_

How did you learn about this group? \_\_\_\_\_

## Tell Us About Your Teen

What is the reason for referral to the group?  
\_\_\_\_\_

Has your child had any prior therapy or testing? \_\_\_\_ Yes \_\_\_\_ No

If "yes," please describe. \_\_\_\_\_

\* As this group is primarily educational in nature, each member is required to concurrently participate in individual therapy at the provider of their choosing. Please provide the name of your teenager's current therapist. We will not release information without written consent. Provider's name: \_\_\_\_\_

Would you like for your teen's therapist to receive a treatment summary? (You will need to sign a written authorization release.) \_\_\_\_ Yes \_\_\_\_ No

Has your child been given a diagnosis? \_\_\_\_ Yes \_\_\_\_ No

If "yes," please describe. \_\_\_\_\_

Has your child been suspended or expelled from school? \_\_\_\_ Yes \_\_\_\_ No

If "yes," please explain. \_\_\_\_\_



Does your child require 1:1 or special assistance in the classroom to manage his or her behavior?

Yes  No

If "yes," please explain. \_\_\_\_\_

Does your child have an IEP?

Yes  No

If "yes," briefly explain. \_\_\_\_\_

Does your child take medication?

Yes  No

If "yes," please list. \_\_\_\_\_

What are some of your teen's strengths? \_\_\_\_\_

What are your goals for the group?

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

**In which skill areas does your teen need help? (mark all that apply)**

Self-esteem

Regulating emotions

Expressing emotions

Self-injury

Suicidal thoughts

Conflict resolution

Purging

Suicidal attempts

Expressing emotions

Impulsivity

Substance use

Confusion about self

Truancy

Online behavior

Inappropriate sexual behavior

Communication/ respect with adults

Family conflict

Other comments or concerns about your teen:

\_\_\_\_\_

Does your teen have any food allergies or medical conditions we should be aware of?  Yes  No

If "yes," please list. \_\_\_\_\_



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expert solutions for kids, teens & families



## Agreement

Thank you for sharing your tween/teen with us! We're excited to get to know your family. Please read through the important information and sign/date below.

**All group members must attend a parent and tween/teen consult.** This consult allows us to obtain more detailed background information, understand your goals for group, and help answer questions about the DBT group experience. As you will have the opportunity to meet with one of our providers and receive recommendations, this fee is non-refundable, even in the event a group is cancelled.

**Payment is required to reserve your tween/teen's spot in a group. All fees, including any advanced payments, are non-refundable and are not able to be applied towards future groups/ modules. There are no exceptions unless we cancel a group due to low number of participants.**

Also note there are no "guarantees" as to a certain number of participants, ages of participants, number of males versus females, or where the participants attend school. We find the tweens/teens can be successful in our groups and camps, even if the participants have different disorders or difficulties, are older/younger, or higher/lower functioning. One aspect that makes our groups successful is that teens with strengths in a particular area can model their skills and provide a positive example for kids who might be struggling with similar skills. That said, we do screen participants to make sure they are a proper fit for a group/camp.

Warning: If your tween/teen is socially awkward or anxious, he/she may insist on NOT coming (or coming back) to the group or camp. Our groups/camps encourage your tween/teen to confront his or her social fears, which can be anxiety- provoking. A critical component in conquering fears is to face them "head on."

Please encourage your tween/teen to do his or her "homework." This helps generalize the skills outside of the group even more quickly.

Please commit to bringing your teen to all sessions so that he or she can get the most out of them and maximize success. Consistent attendance each week is essential for proper training, further developing peer relationships, and having a safe place to practice his or her newly emerging skills. In addition, attendance is important because leaders plan each session around how many participants will be present. If you can't make a group, please contact the office so the group leader(s) can plan accordingly. There are no refunds for missed sessions.

Your digital signature below confirms that you have read through this entire document, understand the information, and agree to it.

**Parent's Digital Signature (please type out)\* \_\_\_\_\_ Date\* \_\_\_\_\_**

**Date deposit paid\* \_\_\_\_\_ Method\* \_\_\_\_\_ Paypal \_\_\_\_\_ Check \_\_\_\_\_ Cash**

Would you like to sign up for our free No Wimpy Parenting Newsletter?  Yes  No

Once you've completed this form, please save it and email to [info@WynnsFamilyPsychology.com](mailto:info@WynnsFamilyPsychology.com)