



PEERS® Application

Participant Information:

Participant Name (Printed): _____ Age: _____ Date of Birth: _____

Parent/Guardian's Name (If Applicable): _____

Address: _____

City: _____ Zip/Postal Code: _____ State: _____

Phone Number: _____ Ok to Leave Confidential Messages? ___Y/ ___N

Email Address: _____

Name of School Attending: _____ Grade: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Behavioral Health Information:

Is the participant currently receiving mental health services by another provider? _____

If yes, who? Since when? _____

Has the participant received mental health services in the past? _____

If yes, who? Since when? _____

Is the participant currently taking any medications for mental health symptoms? _____

If yes, what medications? Who is prescribing it? _____

Has the participant taken any medications in the past for mental health symptoms? _____

If yes, what medications? Who is prescribing it? _____

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Has the participant had psychological/psychoeducational evaluation completed previously?

If yes, when? _____

Does the participant currently have a mental health diagnosis? _____

If yes, what diagnosis? _____

Does the participant receive any accommodations in school? _____

Is there an IEP/504B plan in place? _____

Has the participant been to any social skills classes or trainings in the past? _____

If yes, which program(s)? _____
