

## SUMMER SOCIAL SKILLS CAMPS

Come join us for our FUN, SUMMER PROGRAMS

**2 Week Social Skills Summer Camps:** 2 week camp that meets  
DAILY, Monday-Friday!

**Session I:** June 15-June 26th from 9:30-11:30 AM (**Minecraft**, Legos, Science)

**Session II:** July 27-Aug 7th from 9:30-11:30 AM (**Pokémon**, Legos, Science)

Key social skills, including social thinking and emotional regulation concepts will be taught through the use of games, group activities and projects, role playing, and other preferred activities of interest. These weekly sessions will also provide opportunities for the students to generalize their social thinking skills and emotional regulation skills to other less structured settings. Open to students ages 4-10. Clients will learn and practice:

- *Identifying expected and unexpected behaviors in different situations*
- *Learning to think with our eyes and make smart guesses about what's expected in situations*
- *Understanding the thoughts, feelings and intentions of others*
- *Social communication*
- *Emotional Regulation*
- *Flexible thinking and problem solving*
- *Executive Functioning Skills and Much, Much More!*

**Apply early as spaces are limited and will fill up quickly!**

**Registration deadline:** May 31<sup>st</sup>, 2026  
**For more information call:** (281) 312-4434 or  
**Email:** navigatingbehaviorsolutions@yahoo.com

SUMMER SOCIAL SKILLS CAMP INFORMATION

- Session I (June 15- June 26)/MINECRAFT CAMP
- Session II (July 27- August 7)/POKEMON CAMP

Description of Summer Social Skills Camp:

This 2-week social skills camp will meet Monday-Friday from 9:30-11:30 AM. The camp will be held at our offices located at 2330 Timber Shadows Drive, #205 (second floor), Kingwood, Texas 77339. Key social skills concepts, including social thinking and emotional regulation skills, will be taught through the use of games, group activities and projects, role playing, and other preferred activities of interest. These weekly sessions will also provide opportunities for the students to generalize their social thinking skills and emotional regulation skills to other, less structured settings.

Enrollment in Summer Social Skills Camp:

We group students with peers that function similarly to your child in terms of cognitive, perspective taking, social language, and other abilities.

Attendance Policy for Summer Social Skills Camp:

Families planning vacations must understand that by signing up for any summer program you are committing to pay for the entire program even if you are not able to attend all sessions. On the rare occasion that everyone is absent from the group except for one child, we will still hold the session and focus on your child's specific needs. This is a good opportunity to meet and discuss any individual's concerns you may have that we are not able to address in the larger group setting. The session will still be billed at the group therapy rate. We will not call families to let them know that the child will have an individual session, as we don't often hear about absences until the last minute.

Program Cost:

***Payment for the summer social skills camp is due in full on or before the first day of camp. Payments can be made by cash, check or zelle.***

Session I-2-week intensive Summer Social Skills Camp: \$850

Session II- 2 week intensive Summer Social Skills Camp: \$850

Insurance Policy:

We do not accept or process any insurance claims for any of our social thinking groups or summer social skills camps.

Deposits and Cancellations Fees:

Parents must send in a non-refundable, \$250 deposit with the application for placement into each of our Summer Social Skills Camp. This deposit WILL be applied towards the student's balance for the Summer Social Skills Camp(s). If our clinic is unable to place your child in a Summer Social Skills Camp, your full deposit will be refunded to you. If you cancel your child's spot in our social thinking camps, please note that the deposit will NOT be returned for cancellation within 30 days of the start of camp.

**Navigating Behavior Solutions, LLC – 2330 Timber Shadows Drive, #205 – Kingwood, TX 77339  
Clinic Services: 281-312-4434 or – [www.navigatingbehaviorsolutions.com](http://www.navigatingbehaviorsolutions.com)**

Please make sure all forms are completed and signed prior to submission.

**Application Deadline for first consideration: May 31, 2026**

**Returning and NEW clients, please include the following documents:**

- Registration Form
- New Client Information Form
- Parent Assessment Form
- Teacher Questionnaire(s) (please have at least 2 educators complete this form if possible)
- Parent Permission Form
- Clinic Policies and Consent to Treatment Forms
- Recent IEP/Report(s)/Outside assessments (if available)/ any additional information that will give us a better understanding of your child and his/her strengths and challenges
- **Deposit of \$250 payable to Navigating Behavior Solutions, LLC**

**Please mail or drop off completed applications to:**

**Navigating Behavior Solutions, LLC  
Summer Social Skills Camp  
2330 Timber Shadows Drive  
#205  
Kingwood, Texas 77339**

Notes about completing your application:

- ❖ **The attached registration form must be filled out completely even if you have attended social skills/social thinking group sessions at our clinic before.**
- ❖ Please be aware that our receipt of your application does NOT guarantee placement in summer session nor should it be assumed that because you attended a previous summer session or clinic social skills/social thinking group that you will automatically be enrolled without a completed application. Group placement is primarily based on matching similar students for the best possible learning environment and group interactions. It will also be based on students' availability.
- ❖ For those who do not make it into one of the initial summer social skills sessions, your name will be placed on the waiting list & contacted when an opening occurs; we generally are able to place the majority of applicants in groups if we receive their applications by the **deadline of May 31<sup>st</sup>, 2026.**

**Please return this application with \$250.00 deposit**

Make deposit check out to: **Navigating Behavior Solutions**

Mail to: 2330 Timber Shadows Drive, #205, Kingwood, TX 77339

Current client?  Yes  No

Child's Name: \_\_\_\_\_

Age

D.O.B

Gender

Grade

(on 09/01/26)

Parent's Name: \_\_\_\_\_

Parent's Home #: \_\_\_\_\_

Parent's Cell #: \_\_\_\_\_

Parent's Work #: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Instructions:

1. Check the box for any programs you would like your child to attend.
2. Indicate preferred groupmates/other special requests.

**Summer Session I- June 15- June 26th Minecraft Camp<sup>(\$850)</sup>**

Summer Session I:

Elem: \_\_\_\_\_

Preferred groupmates/other special requests: \_\_\_\_\_

**Summer Session II- July 27- Aug 7<sup>th</sup> Pokémon Camp (\$850)**

Summer Session II:

Elem: \_\_\_\_\_

Preferred groupmates/other special requests: \_\_\_\_\_

**Client Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Home Phone: \_\_\_\_\_

Parent's cell #: \_\_\_\_\_ Parent's work #: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Current Educational Setting: \_\_\_ Public School \_\_\_ Private School \_\_\_ Home Schooled \_\_\_ Combination

Current Services: \_\_\_ Speech \_\_\_ OT \_\_\_ PT \_\_\_ 1:1 Aide \_\_\_ ABA \_\_\_ Other: \_\_\_\_\_

School Name and Location: \_\_\_\_\_

Siblings' Names(s) and Age(s): \_\_\_\_\_

When was your child's last IEP/ARD? \_\_\_\_\_ Last FIE? \_\_\_\_\_

What are your current concerns about your child's performance at school? \_\_\_\_\_  
\_\_\_\_\_What are your current concerns about your child's performance at home? \_\_\_\_\_  
\_\_\_\_\_Please list the classes or topics your child does BEST in at school: \_\_\_\_\_  
\_\_\_\_\_Please list the classes or topics your child struggles the most with at school: \_\_\_\_\_  
\_\_\_\_\_

What is his/her favorite class/club/activity? \_\_\_\_\_

What is his/her least favorite class/club/activity? \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_ Diagnosing clinician: \_\_\_\_\_

Please rate your child on a 1-5 scale (5 = great performance/understanding)

Paying attention to others	Understanding personal space
Asking questions about others	Participating in a group
Making eye contact	Accurately identifying facial expressions
Understanding the feelings of others	Accurately identifying body language
Showing empathy	Greeting others
Listening	Participating in conversation
Understanding what people mean by what they say	Quality of information provided
Doing homework	Adding relevant comments to a conversation
Turning in homework	Apologizing
Keeping backpack organized	Asking for help
Keeping school desk/locker organized	Personal problem solving
Taking responsibility for self	Compromising and/or negotiating
Understanding consequences	Doing chores

Please check all characteristics that describe your child.

Unmotivated	Oppositional
Anxious	Physically aggressive
Externally distracted	Verbally aggressive to peers or adults (describe)
Impulsive	Physically aggressive when upset towards adults
Rigid (my way or the highway attitude)	Verbally aggressive towards adults
Aloof/internally distracted	Withdrawn (may hide or emotionally shut down when upset)
Other:	Other:

**PLEASE WRITE A BRIEF PARAGRAPH DESCRIBING YOUR CHILD.**

Include information about the following areas to help us obtain a better picture of who your child is, which will increase our ability to find an appropriate group placement for him/her. If you are a returning client, only include a letter if there are changes you would like us to keep in mind.

Please include the following areas in your letter:

- Your child's strengths and challenges related to functioning in the social world
- Describe his/her interactions with peers
- Describe his/her awareness of their challenges (e.g., Are they aware of how others perceive them, do they think they are perceived as "different" from their peers?)
- How well does he/she understand that his/her actions and words affect others?
- How does he/she respond to every day problems, such as changes in schedule, peer conflicts, etc?

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### Dietary Restrictions/Medical Information

Please list any food allergies or dietary restrictions for your child: Need Epi-Pen? YES  NO

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Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Other adults permitted to pick up your child:

1. \_\_\_\_\_  
Print Name Clearly

2. \_\_\_\_\_  
Print Name Clearly

3. \_\_\_\_\_  
Print Name Clearly

4. \_\_\_\_\_  
Print Name Clearly

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## Photograph/Video Release

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Occasionally, during the course of our sessions, we will want to capture an interaction that accurately illustrates a particular concept or teaching strategy. In this instance, we would like the opportunity to use this photograph or video in a training/conference setting. The photograph/video will be used to educate fellow parents and professional about how to employ social thinking therapy techniques that are being discussed.

**Sign here:**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print parent/guardian name**I agree to the follow the fee schedule and polices as noted:****Cost of Summer Social Skills Camp:**

Two-week Summer Social Skills Camp: \$850

**PAYMENT FOR THE SUMMER PROGRAM IS DUE IN FULL ON OR BEFORE THE FIRST DAY OF SESSIONS****Please Initial Every Section****Absences and Missed Sessions:**

There are no excused absences in the summer. Clients planning vacations must understand that by signing up for a summer sessions you are committing to pay for the entire program even if you are not able to attend all of the sessions.

**Sick Child Policy:**

Children who show signs of illness or lethargy do not benefit from attending therapy sessions. Please exercise good judgment in deciding whether or not to bring your child to the clinic. If he/she is running a fever, is lethargic or complaining of illness, please keep your child at home.

**Policy for Reduced Group Attendance:**

When therapists work in the group, they observe small details in your child they are not always able to address in depth at that given moment given the group setting. When all the other students in the group are absent, we will see your child in an individual session, at the same price as if it was a group session. This is an excellent time for giving your child some direct feedback and encouragement. However, it is not a choice to cancel this session without the absence being noted as a cancellation.

**Waiting Room Policy:**



APPLICATION FOR Ages 4-10  
SUMMER 2026

Client Last Name, First Name  
**APPLICATION PACKET**

Summer Social Thinking Camps draw large numbers of kids for each session to our office. Because of this, we often utilize our small, front-waiting room for camp activities. During summer social thinking camp, we will not have a waiting room available for use. We recommend that parents drop their children off and then attend to errands while their child(ren) are at camp. We like for parents to be back for debrief and pick at 11:50 AM. Our social thinking teachers will meet you in the small waiting room for debrief and will then dismiss students.

**Policy for Late Child Pickup:**

In the event that a child is not picked up at the end of the session, we reserve the right to charge a \$60 fee for any part of each ½ hour that they are left waiting (e.g., 40 minutes late, \$120). We realize this may seem extreme, but as you know, many of our students do not deal well with changes to their schedule, transitions and/or stress well. Additionally, the therapist must start her next group on time and cannot stay with your child, which creates a very difficult situation for our staff. We have adopted this policy to keep our clinical schedule running smoothly and allow our staff to devote their time to our students.

**Recoding for therapeutic Purposes:**

The use of video, picture imagines and audio recording may be used as teaching tools and/or training material for clinical staff and other educational purposes.

**Payment Policy:**

We are a “private pay” clinic, meaning that all of our services must be paid for by the guardians of the client, or the adult client themselves. We do not accept 3<sup>rd</sup> party reimbursements. We recognize that obtaining insurance coverage may be a difficult process and we wish to do what we can to make this difficult process easier. We strongly encourage families to keep their own copies of their invoices and any reports or written updates we send to them each month.

**Deposits and Cancellation Fees:**

A great deal of time and effort is invested in processing applications and considering each child’s placement for our social skills camps and social thinking groups. The deposit will be applied towards the student’s balance for summer program(s). If our clinic is not able to place your child in a summer session, the full deposit will be refunded. All cancellations made within 30 days of the start of camp will forfeit ALL deposit money paid towards the camp(s).

**Summer Social Skills Camp Payment Policy**

*Payment for the summer program is due in full on or before the first day of sessions. Payment in full is the responsibility of the client.* There is a \$50.00 charge for returned checks. If you have any questions about payments, please contact Andrea Cherry at (28) 312-4434 or by email at: [navigatingbehaviorsolutions@yahoo.com](mailto:navigatingbehaviorsolutions@yahoo.com).

Initial indicate that I have read/received a copy of Navigating Behavior Solutions, LLC Privacy Policy (see attached). Please retain a copy of our Privacy Policy for your file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



APPLICATION FOR Ages 4-10  
 SUMMER 2026  
 Print parent/guardian name

Client Last Name, First Name  
**APPLICATION PACKET**

Dear Professional,

Date: \_\_\_\_\_

This student is either being considered for placement in a group or seeking an evaluation at our clinic. It will be of great benefit to have you complete the below information regarding this student based on your own experience.

Please return this form to the person who gave it to you.

Please complete by: \_\_\_\_\_

Grade of Student: \_\_\_\_\_

Professional's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Please check off where you feel how this student does in your setting in the following areas:

Skills to Explore	Comments	Above grade level	At grade level	Below grade level	Not observed
Math					
Reading Decoding					
Reading Comprehension					
Written Expression					
Participating as a part of a large group during class discussion/lecture					
Making and keeping friends during free time					
Ability to ask for help in class					
Organizational skills while in class					
Organizational skills while in class					
Feedback from teacher					
Feedback from peers					
Does this child stand out as a unique in his interpersonal skills, either in class or out of class?	Yes or No, if Yes, please explain				
Do you anticipate that this student will encounter more challenges in future school years?	Yes or No, if Yes, please explain				
How would this student's peers describe					

him/her?	
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*It is important that you review this information, initial the box in the policies signature page and keep this for your records.*

This notice describes how information about our clients may be used and disclosed and how they can obtain access to this information.

**Terms:**

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for Navigating Behavior Solutions (NBS) to perform **\*Treatment, Acquire Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

*(\*Treatment: NBS philosophy includes a ten minute "group" parent meeting as part of each group session to discuss topics covered during the session. During this time it is understood that the therapist will speak openly to all the parents about all the students in the group with regard to their participation and skills parents can practice with their children at home. If the therapist needs to address any behavioral concerns, they will make every attempt to have these discussions in a private setting.*

**Access:**

The following people will have access to PHI:

- The client when 18 years old or older.
- Parents or legal guardians of a minor.
- Parents of an adult client with written permission of client.
- Any person to whom the adult clients has authorized, in writing, the release of PHI.
- NBS staff and contractors who are involved in providing care or administrative assistance.
- The client's health insurance company, for payment purposes.
- Public Health Services and regulatory officials, when required by law.
- An appropriate authority when a determination is made that the client may pose physical threat to themselves or others.
- Courts, when the request is accompanied by a duly executed subpoena.

**Minimum Necessary:**

Requests for disclosure of PHI for all purposes will be reviewed by the NBS Privacy Contact to assure that they meet the minimum necessary requirement.

**Patient/ Client Rights:**

- Parent/ Guardian of client or adult clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.

Clients have a right to request changes in their PHI.

Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Therapist must keep a disclosure log. The log must record all disclosures, both written and verbal.

**Security:**

Privacy measures are designed to protect the confidentiality of all PHI.

All staff will receive instruction about and be familiar with the NBS Privacy Policy.

All staff will exert due diligence to avoid being overheard when discussing PHI.

All records will be maintained in a secure environment.

**Information with regard to grievances:**

Clients who have complaints or concerns with regard to therapeutic management, please first contact your child's personal therapist to discuss your concerns. If you feel that the therapist has not been able to adequately address your needs, then please contact either Andrea Cherry or Brittany Smith. If you still feel that your complaint has not been resolved to your satisfaction, you can address complaints to the Secretary of the United States Department of Health and Human Services. Navigating Behavior Solutions, LLC will not retaliate against any Individual for filing a complaint.

**Additional Resources on Health Information Privacy**

Health Privacy Project  
Georgetown University  
[www.healthprivacy.org](http://www.healthprivacy.org)

Office for Civil Rights  
U.S. Department of Health & Human Services  
[www.hhs.gov/ocr/hippa](http://www.hhs.gov/ocr/hippa)

\_\_\_\_\_ Please initial the box at the end of the NBS Therapy Policies and Procedures contract indicating you have read and understood these privacy policies.