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SOCIAL SKILLS GROUP QUESTIONNAIRE

GENERAL INFORMATION

Child's name: _____ Age: _____ Date of birth: _____ Gender: M F

Name of person completing this form: _____

Relationship to child: _____

Who referred you? _____

Date form completed: _____

In what way are you hoping that this social skills group can be of help to your child?

Is your child aware of his or her social difficulties? If so, how do you know?

Has your child expressed interest in participating in this group? Please explain.

| | Yes | No |
|--|------------|-----------|
| Has your child ever been evaluated by a psychologist, psychiatrist, or counselor? If yes, please describe reasons and when: _____ _____ _____ | _____ | _____ |
| Has your child been given any learning, psychological, or other diagnoses? If yes, please specify: _____ _____ | _____ | _____ |
| Is your child currently taking any medications? | _____ | _____ |
| If yes, please list name and dosage if known): | | |
| Reason child is taking: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

SCHOOL INFORMATION

Current school name: _____
Grade placement: _____

| | Yes | No |
|--|------------|-----------|
| Did your child attend preschool? If yes, give ages of attendance: _____ | _____ | _____ |
| Has your child ever repeated a grade? If yes, which grade(s)? _____ | _____ | _____ |
| Does your child have an Individualized Education Plan (IEP)? If yes, when was s/he last evaluated? _____ | _____ | _____ |
| Does your child have a 504 Plan? If Yes, why? _____ | _____ | _____ |
| Has your child ever received services in a special education classroom? If yes, when and for what reasons (e.g., learning difficulties, emotional problems)? _____ _____ _____ | _____ | _____ |

Has your child received any of the following services?

| Service | Yes | No | Ages or Grades |
|--------------------------------|-----|----|----------------|
| Speech/language therapy | | | |
| Physical therapy | | | |
| Occupational therapy | | | |
| Learning disabilities tutoring | | | |
| School counseling | | | |

Over the years, how have teachers generally described your child?

DESCRIPTION OF CHILD

What do you consider your child's best qualities or strengths?

What do you consider your child's weaknesses?

Does your child prefer to play with older, younger, or same-age children? _____

Describe how your child typically gets along with his or her peers:

What activities does your child enjoy when not in school?

Thank you for taking the time to complete this questionnaire.

Signature of parent/guardian: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Okay to leave phone messages? Yes No

Please take a moment to complete the screening measure on the next pages. The information you provide will help with the planning of the group and insure your child's specific needs are addressed. Thank you.

Parent/Guardian Name: _____

Child's Name: _____

| | Never | Rarely | | Sometimes | | | Frequently |
|--|-------|--------|---|-----------|---|---|------------|
| 1. Does your child lack an understanding of how to play with other children? For example, is he/she unaware of the unwritten rules of social play? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. When free to play with other children, such as recess, does your child avoid social contact with them (e.g., finds a secluded place or goes to the library)? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does your child appear unaware of social conventions or codes of conduct and make inappropriate actions and comments (e.g., making a personal comment to someone but your child seems unaware of how the comment could offend)? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Does your child lack empathy (i.e. the intuitive understanding of another person's feelings)? For example, not realizing an apology would help the other person feel better. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Does your child seem to expect other people to know their thoughts, experiences and opinions (e.g., not realizing you could not know about something because you were not with the child at the time)? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Does your child need an excessive amount of reassurance, especially if things are changed or go wrong? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Does your child lack subtlety in their expression of emotion? For example, your child shows distress or affection out of proportion to the situation. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Does your child lack precision in their expression of emotion? For example, not understanding the levels of emotional expression appropriate for different people. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Is your child indifferent to peer pressure? In other words, your child does not follow the latest trends in toys or clothes. (A rating of "0" means the child follows current trends). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Does your child take a literal interpretation of comments? For example, your child is confused by phrases such as "turn that frown upside down," "if looks could kill." | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Does your child have an unusual tone of voice? For example, the child seems to have a "foreign" accent or monotone that lacks emphasis on key words. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| | Never | Rarely | | Sometimes | | | Frequently |
|---|-------|--------|---|-----------|---|---|------------|
| 12. When talking to your child does he or she appear uninterested in your side of the conversation? For example, not asking about or commenting on your thoughts or opinions on the topic. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. When in a conversation, does your child tend to use less eye contact than you would expect? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Is your child's speech over-precise or pedantic (e.g., talks in a formal way or like a 'walking dictionary')? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Does your child have problems repairing a conversation? For example, when your child is confused, he or she does not ask for clarification but simply switches to a familiar topic, or takes a long time to think of a reply. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Does your child lack social imaginative play? For example, other children are not included in your child's imaginary games or your child is confused by the pretend games of other children. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Is your child fascinated by a particular topic and avidly collects information or statistics on that interest? For example, your child has become a walking encyclopedia of knowledge on vehicles, maps, Egyptology, etc. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Does your child become unduly upset by changes in routine or expectation? For example, is distressed about going to school if using an alternate route. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. Does your child have poor motor coordination (e.g., is not skilled at catching a ball). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

(OPTIONAL) If your child would like to provide a brief description of his or her social concerns, feel free to encourage this using the space below. If your child has difficulty with writing, please offer assistance and allow him or her to dictate those concerns to you for inclusion below.