



Children Learn through play... We make therapy FUN.

SOCIAL SKILLS GROUP QUESTIONNAIRE

General Information:

Today's Date: _____
Child's Name: _____ Date of Birth: _____
Parent's Names _____
Child's Home Address: _____
Home Phone Number: _____ Email: _____
Best Daytime Telephone Number: _____
Name of School: _____ Grade: _____
Siblings and ages: _____

1. Does your child have any medical concerns or food allergies that require precautions? If so, please describe.

2. What are your concerns related to your child's social skills?

3. Have other people (teachers, family, etc.) expressed concerns? If so, what were they?

4. Has your child mentioned problems with other children?

5. Does your child prefer playing alone, with adults, or other children?

6. Give an example of a problem your child had with a peer recently.

7. What activities does your child enjoy playing/engaging in?

8. Does your child have a tendency to be too rough or be in other's personal body space?

9. Can your child initiate and maintain a conversation (on topic for at least four turns) with an adult? A peer?

10. Does your child have difficulty with impulsivity, distractibility, or hyperactivity that interferes with interactions with peers and/or play?

11. Has your child been involved in any programs designed for social skill development? If so, did he/she show any improvement as a result of participating?

12. Does your child have play dates around other children on a regular basis outside of the school environment?

13. Does your child have significant behavioral problems (i.e., physical or verbal aggression toward self or others, severe attention deficit, etc...)? If the answer is yes, please briefly describe and include any techniques that are being used to help with challenging behaviors.

14. Describe your child's social strengths and weaknesses (e.g., ability to initiate social contact, interactions with other children, interacting in a reciprocal manner, handling frustration)

Components of Social Competence:

Please rate the child's social behaviors in the following areas by choosing the appropriate selection.

Social and Play Behavior	Rarely	Sometimes	Often
1. Takes advantage of opportunities to play with others	1	2	3
2. Plays with appropriate peers	1	2	3
3. Participates in a wide variety of games and activities	1	2	3
4. Demonstrates playfulness	1	2	3
5. Demonstrates age appropriate play (solitary to cooperative)	1	2	3

Self-Regulation	Rarely	Sometimes	Often
1. Looks at people appropriately when listening and speaking	1	2	3
2. Uses appropriate body language and personal space	1	2	3
3. Pays attention	1	2	3
4. Uses voices appropriately (tone, volume, pitch)	1	2	3
5. Keeps control of emotions when upset	1	2	3

Communication	Rarely	Sometimes	Often
1. Starts a conversation with peers	1	2	3
2. Keeps a conversation going	1	2	3
3. Takes turns during a conversation	1	2	3
4. Uses appropriate language when speaking (words, sentence structure)	1	2	3
5. Expresses self clearly (gets message across to listener)	1	2	3
6. Starts a conversation again after it breaks down (at a time of silence or disagreement)	1	2	3
7. Uses language for the following purposes:			
a. makes requests	1	2	3
b. describes events	1	2	3
c. comments	1	2	3
d. shares information	1	2	3
e. explains or justifies opinions	1	2	3
f. protests or expresses dissatisfaction	1	2	3
g. disagrees	1	2	3

Social Decision Making	Rarely	Sometimes	Often
1. Notices when things are not going well	1	2	3
2. Considers the ideas and feelings of others	1	2	3

3. Contributes ideas for possible solutions	1	2	3
4. Describes possible consequences for the solutions	1	2	3
5. Makes an effort to carry out the chosen solution	1	2	3
6. Tires problem-solving process again if previous efforts fail	1	2	3

Adapted from: *Components of Social Competence* with permission by G. Gordon Williamson © 2002.

SPECIFIC and DETAILED problems and concerns (please be as descriptive as possible, goals are derived DIRECTLY from this questionnaire):

What are the best days and times for your family? (group sessions are 60 minutes long):

Name of Person completing this form: _____

Relationship to Child: _____