

**Social Skills Therapy Play Group Questionnaire**

Dear Parent(s),

This questionnaire will help us learn more about how your child communicates and interacts in a social setting. We will use this questionnaire to determine your child's skills and needs with pragmatics (social language) and play skills to appropriately address your child's needs in our social group.

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child Lives With (Check One):

Birth Parents     Foster Parents     Adoptive Parents     Other \_\_\_\_\_

Other Children In Family:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a language other than English spoken in the home?  Yes  No  
If yes, which one? \_\_\_\_\_

Does the child understand the language?  Yes  No  
Who speaks the language? \_\_\_\_\_

Which language does the child prefer to speak at home? \_\_\_\_\_

Please check yes, no, or not sure (NS) to answer the following questions. If you answer no, please use additional lines to give examples or explanations.

1. Does your child repeat sounds, words, or phrases over and over?  Yes  No  NS

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2. Does your child follow simple directions?  Yes  No  NS

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3. Does your child respond correctly to yes/no questions?  Yes  No  NS

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4. Does your child respond correctly to who/what/ where/when/why questions?  Yes  No  NS

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5. Does your child currently communicate using 2-4 word sentences?  Yes  No  NS

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6. Does your child currently communicate using sentences longer than 4 words?  Yes  No  NS

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7. Does your child wave to greet others or say goodbye?  Yes  No  NS

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8. Does your child initiate conversations with peers? Does your child initiate conversations with adults? Are these conversations socially appropriate?  Yes  No  NS

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9. Does your child maintain topics and ask questions to gain information during conversations?  
 Yes  No  NS

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10. Does your child interrupt conversations or others actions to gain attention appropriately?

Yes  No  NS

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11. Does your child use appropriate eye contact during conversation? Yes  No  NS

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12. Does your child tell wants, needs, and preferences appropriately? Yes  No  NS

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13. Does your child understand and share feelings appropriately? Yes  No  NS

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14. Does your child share ideas, opinions, and remarks in a socially appropriate manner?

Yes  No  NS

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15. Does your child adjust/modifies language based on communication situation (communication partner/topic/place)? Yes  No  NS

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16. Does your child use appropriate voice volume and tone? Yes  No  NS

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17. Does your child understand changes in facial expression? Does your child understand and use appropriate body language? Yes  No  NS

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18. Does your child use appropriate strategies for gaining attention? Yes  No  NS

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19. Does your child ask for permission when required? Yes  No  NS

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20. Does your child ask others to change their actions appropriately (please move or please stop)?

Yes  No  NS

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21. Does your child apologize and/or accept apologies appropriately?  Yes  No  NS

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22. Does your child respond appropriately when asked to change his/her actions (by accepting/rejecting)?  Yes  No  NS

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23. How does your child respond to anger, failure, disappointment?

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24. Does your child observe turn taking rules in a group setting or during social interactions?

Yes  No  NS

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25. Does your child understand posted and implied group/school rules?  Yes  No  NS

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26. Does your child understand and use appropriate physical space and boundaries?

Yes  No  NS

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27. Does your child have separation difficulties?  Yes  No  NS

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28. Does your child have a short attention span or is easily distracted?  Yes  No  NS

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29. Does your child exhibit impulsive behavior?  Yes  No  NS

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30. Does your child demonstrate a willingness to try new activities?  Yes  No  NS

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31. Does your child exhibit destructive/aggressive behavior?  Yes  No  NS

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32. Does your child follow appropriate play routines with others?  Yes  No  NS

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33. Does your child seem withdrawn in social situations?  Yes  No  NS

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34. Does your child constantly seek movement? If Yes, about how long can they sit still during a structured task (i.e., reading, working, watching tv, dinner)?  Yes  No  NS

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35. Does your child transition appropriately from one task to another?  Yes  No  NS

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36. Does your child gain new and/or maintain friendships?  Yes  No  NS

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37. Is your child able to participate in groups (i.e., follow multi-step directions, be around others, follow simple rules)?  Yes  No  NS

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38. Is your child able to participate appropriately in family outing activities (i.e., going out to eat, shopping, church)?  Yes  No  NS

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39. Is your child able to participate in any self-care tasks (i.e. bathroom hygiene, placing coat on, shoes, etc.)?  Yes  No  NS

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40. What do you hope your child gains from this social group? \_\_\_\_\_

\_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please list any aversions to textures, food, sounds.

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