



Social Skills Group Questionnaire

General Information:

Date: _____

Child's Name: _____ (circle one) Male/Female Date of Birth: _____

Parent/Caregiver Names: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business phone: _____ Cell: _____

Best # to call: (please circle one) Home/Business/Cell Email address: _____

Native Language(s) spoken in home: _____ Primary Language of child: _____

Emergency contact name and phone number: _____

Who referred you to Sensational Kids? _____

Is your child in school? Yes or No If yes, Where? _____

What Grade? _____. Is child in any special classes or have special needs? _____

Social:

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? _____

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 interfere with interactions with peers and/or play? _____

Components of Social Competence:

Please rate the child's social behaviors in the following areas by circling the appropriate number.

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

	Rarely	Sometimes	Often
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. Tries problem-solving process again if previous efforts fail	1	2	3

Additional Comments or Concerns:

Social Group Structure:

- Social group will occur weekly for 8 week periods.
- Group will have a minimum of 4 students and max of 8 (some flexibility if group is cohesive)
- There will be one therapist present throughout session, consisting of OT or SLP. We will also have one therapy tech available as well.
- Parent/Guardian participation is mandatory. One parent/guardian will be required to attend the first session and the last session, along with signing up to volunteer for at least one of the group sessions

Financial Responsibility:

- Unfortunately with insurance reimbursement being so low, we are not able to make ends meet with filing insurance for group. Effective January 2014, we will no longer be filing insurance for social group. It is not our intention to be a financial hardship on your family, so if you have financial concerns please discuss this with our office manager.
- Payment for group will be \$245 for an 8 week session, roughly \$30.00 per session. Half of the payment will be due when you sign up for social group to reserve your spot. The other half will be due the day of the first session, prior to social group starting. There will be no reimbursements if a session is missed, nor make up session provided
- In the event my account is referred to a collection agency for payment, I will be responsible for any fees associated with collection of this debt. In the event my check is returned for insufficient funds, I will be charged a returned check fee of \$25.00.
- By signing this form I declare that I am the legal guardian of this minor and allowed by law to make decisions for testing this child.
- I understand I am financially responsible for services rendered by Sensational Kids, Inc. and staff

Patient Signature: _____ *Date:* _____