



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

SOCIAL SKILLS QUESTIONNAIRE

Date _____

Name of child _____ Nickname/Name child goes by _____

Date of Birth _____ Age _____

Name of person completing form _____

Relationship to child _____

Your comments will help us to best meet your child's therapeutic needs. Please use information you know about your child as well as goals/objectives from his/her IEP (if applicable).

EXPRESSIVE/SOCIAL SKILLS	YES	NO	COMMENT (write additional info on reverse)
Does your child show understanding of others' feelings (i.e., recognize nonverbal language such as body language, facial expressions)?			
Does your child use appropriate eye contact?			
Does your child respect personal boundaries (e.g., maintain appropriate distance from others)?			
Does your child request what he/she wants in an appropriate manner?			
Does your child comment about what he/she does or sees (e.g., "I am playing;" "Look, a truck!")?			
Does your child appropriately express his/her feelings verbally (e.g., "I am angry")?			
Does your child request help when needed in an appropriate manner?			
Does your child show that he/she likes someone in an appropriate way?			
Does your child inappropriately repeat what is said (i.e., echolalia)?			
Does your child talk to him/herself?			
Does your child perseverate (e.g., repeat actions, sentences, or talk about the same topic over and over)			

EXPRESSIVE/SOCIAL SKILLS	YES	NO	COMMENT (Write additional info on reverse)
Does your child engage in scripting (i.e., reciting lines from books, movies, commercials)			
Is your child able to maintain a conversational topic?			
Is your child's speech easy to understand?			
RECEPTIVE LANGUAGE			
Does your child listen/pay attention when others are speaking?			
Does your child show that he/she understands the speaker by responding appropriately?			
Does your child seem to understand directions and follow them? How many steps? ___ 1 ___ 2 ___ 3 or more			
INTERACTIVE PLAY			
Does your child show interest in playing with peers?			
Does your child ask other children to play or extend an invitation to others to join in his/her activity?			
Does your child share toys with peers?			
Does your child know how to play games?			
Does your child play games appropriately with peers?			
Does your child accept not being first at a game or activity?			
Does your child wait his/her turn when playing a game with others?			
Does your child become very upset or angry if he/she loses a game?			
EMOTION AND BEHAVIOR			
Does your child easily separate from his/her parent(s)/caregiver?			
Does your child seem comfortable in social situations such as parties?			
Does your child demonstrate impulsive behavior?			
Is your child easily distracted, particularly in a group setting?			

	YES	NO	COMMENT (write additional info on reverse)
Does your child have difficulty maintaining attention during structured tasks?			
Is your child able to calm him/herself when he/she is upset?			
Does your child use appropriate ways to express his/her anger or frustration?			
Does your child persevere when tasks are difficult?			
Does your child become upset easily when he/she makes a mistake?			
Does your child accept changes in routine?			
Does your child transition (e.g., change from one activity to another) easily when directed?			
Has your child had any incidents of physical aggression towards others and/or self-injurious behavior at school, home or community during the last 12 months? If yes, please describe.			
SENSORY PROCESSING			
Does your child exhibit self-stimulatory behaviors (e.g., hand flapping, spinning, rocking, etc.)?			
Does your child have any specific sensory needs (e.g., does not like getting messy, does not like loud sounds or bright lights, craves hugs/tickles)?			
Is your child a "picky eater?"			

Please describe your child's school setting (e.g., mainstream classroom, integrated preschool, self-contained classroom, ABA program). If your child has a shadow/aide at school, please indicate: _____

Does your child receive therapy services in or out of school (e.g., speech, occupational or physical therapy; tutoring/resource services)? If yes, please describe, including areas addressed (e.g., balance, coordination, expressive language, articulation, reading) _____

Please specifically describe your child's expressive language ability (e.g., conversational, one word answers, 3 word phrases, nonverbal, etc.) _____

Please describe any challenges at home/school/in the community: _____

Please indicate your child's interests and favorite activities: _____

What do you feel are the most important social skills for your child to work on (please list 3-5)? _____

Is there anything else you feel we should know about your child? _____