



Parent to Child
THERAPY ASSOCIATES

1226 S. Broad Street
Philadelphia, PA 19146
P 215.644.9176 F 215.644.9177

parent2child.net

Social Skills Registration Form

Date of registration: _____ Therapist Name: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Child's School: _____ Grade: _____

Teacher: _____ School Contact: _____

Referral Reason: _____

How did you hear about us? _____

Diagnosis (if applicable): _____

Client additional services/clinicians: _____

Parent (1): _____ Parent (2): _____

P1 Cell #: _____ P2 Cell #: _____

P1 Work #: _____ P2 Work #: _____

P1 Email: _____ P2 Email: _____

P1 Employer: _____ P2 Employer: _____

Home Phone: _____ Parent(s) marital status: Married__ Separated__

Address: _____ Divorced__ Single__ Remarried__

Billing Name: _____

Billing Address: (write "same" if same as above) _____

Is this child adopted? Y N

Are any siblings adopted (please indicate)? Y N

Family Members

Relationship					
Name					
Age					

Family members additional services/clinicians: _____

Please tell us your overall concerns for social engagement with your child: _____

List your child's interests and activities: _____

Social Communication Skills

Rate your child on how well he or she uses the following social skills.

Circle: 1 – If the skill is SELDOM used correctly

2 – If the skill is SOMETIMES used correctly

3 – If the skill is ALMOST ALWAYS used correctly

Please give examples or comments when appropriate (e.g. if you give a low rating, explain why you gave that rating and use specific examples of behaviors you have observed.)

1.	Eye Contact – looks at others when speaking <i>Comments:</i>	1 2 3
2.	Volume – Uses a speaking volume appropriate for the situation <i>Comments:</i>	1 2 3
3.	Tone of Voice – Avoids using inappropriate voice tones <i>Comments:</i>	1 2 3
4.	Facial Expression – Avoids using inappropriate facial expressions (looking rude, pouty, stuck up, etc.) <i>Comments:</i>	1 2 3
5.	Posture – Uses standing and sitting postures appropriate for the situation <i>Comments:</i>	1 2 3
6.	Personal Space – Stands or sits a distance from others that is appropriate for the situation <i>Comments:</i>	1 2 3
7.	Hygiene – Keeps body and clothes clean on a regular basis <i>Comments:</i>	1 2 3
8.	Body Talk – Uses body talk appropriate for the situation <i>Comments:</i>	1 2 3
9.	Manners – Uses manners which are appropriate for the situation (saying please, thank you, excuse me and I'm sorry) <i>Comments:</i>	1 2 3
10.	Listening Basics – Uses body talk that says "I'm listening" and thinks about what is being said <i>Comments:</i>	1 2 3

11.	Staying on Topics/Switching Topics – Sticks to the topic of a conversation or changes topics smoothly <i>Comments:</i>	1 2 3
12.	Conversations – Starts conversations with a greeting, takes turns talking and listening, and ends with a farewell <i>Comments:</i>	1 2 3
13.	Interrupting – Interrupts in an appropriate way and only when necessary <i>Comments:</i>	1 2 3
14.	Right Time and Place – Thinks about whether it is the appropriate time and place to do or say things <i>Comments:</i>	1 2 3
15.	Being Formal or Casual – Knows why and how to be more formal (proper and respectful) or more casual (relaxed, natural) <i>Comments:</i>	1 2 3
16.	Playing Cooperatively – Plays in a way that invites everyone to have fun <i>Comments:</i>	1 2 3
17.	Respecting Differences – Understands that we are all unique and equally important. <i>Comments:</i>	1 2 3
18.	Being a Friend – Chooses words and actions that show he/she cares. <i>Comments:</i>	1 2 3
19.	Giving/Receiving Compliments – Says nice things to other people and says “thank you” when someone says something nice about him/her. <i>Comments:</i>	1 2 3
20.	Dealing with Teasing – Knows that mean teasing is not OK and uses positive strategies to stop the teasing cycle. <i>Comments:</i>	1 2 3
21.	Getting into a Group – Shows a willingness to join a group and work with whoever is in that group. <i>Comments:</i>	1 2 3

22.	Staying on Task – Gives his/her full attention when working in a group. <i>Comments:</i>	1 2 3
23.	Disagreeing Politely – Disagrees without giving put-downs. <i>Comments:</i>	1 2 3
24.	Being Assertive – Speaks up for him/herself in a confident and respectful way. <i>Comments:</i>	1 2 3
25.	Taking Charge of Anger – Takes charge of angry feelings by dealing with them in a responsible way. <i>Comments:</i>	1 2 3
26.	Settling Conflicts – Can find a way to work out disagreements, so that everyone involved feels OK. <i>Comments:</i>	1 2 3
27.	Making an Apology – Chooses words and actions that show he or she is sorry after doing something wrong. <i>Comments:</i>	1 2 3

For the following areas, please circle yes or no for each question.

<u>Language Abilities</u>		
Is your child's language expression at or above age expectancy level?	Yes	No
Is your child's language expression below age expectancy level?	Yes	No
Is your child's comprehension of spoken language at or above age expectancy level?	Yes	No
Is your child's comprehension of spoken language below age expectancy level?	Yes	No
Does your child argue?	Yes	No
Does your child blurt out?	Yes	No
Does your child monopolize conversations?	Yes	No
Does your child repeat him/herself (perseverates)?	Yes	No
Is your child slow to respond verbally (needs more time)?	Yes	No
Is your child difficult to understand when speaking?	Yes	No
Is your child's voice volume too loud?	Yes	No
Is your child's voice volume too soft?	Yes	No

Sensory Issues

Is your child sensitive to bright lights?	Yes	No
Is your child sensitive to touch?	Yes	No
Is your child sensitive to loud sounds/voices?	Yes	No
Is your child sensitive to infringement into personal space?	Yes	No
Is your child sensitive to textures?	Yes	No
Is your child sensitive to smells?	Yes	No

Health Concerns (please list below)

General: _____

Medications: _____

Seizures: _____

Diet Restrictions: _____

Dietary Concerns: _____

Sleeping: _____

**Please list any additional information you feel would be helpful. You may also suggest topics you would like to see addressed during the social skills groups.
