



Social Skills Group Parent Questionnaire

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian (s) Name: _____

Address: _____

Cell Number: _____ Home Phone: _____

Email Address: _____

Today's Date: _____ Referred By: _____

School: _____ Grade: _____

Please list strengths and weaknesses your child has in the area of social skills:

Strengths:

Weaknesses:

What are some of your child's interests/activities within and out of school?

Are there any situations, relevant to our group, which may upset or agitate your child?
