



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?

Does your child have any allergies (food or otherwise) or other medical conditions we need to be aware of?

Please add any additional comments and/or information regarding your child which you feel would be relevant to our social skills group:

Thank you so much for completing this form, it is helpful for us to plan the content of our social skills groups!