



MOSAIC Children's Therapy Clinics
Social Skills Intake
Effective September 2018

IDENTIFYING INFORMATION	
Parents/Responsible Party: _____	Relationship to Child: _____
Child's Name: _____	Date of Birth: _____ <input type="checkbox"/> M <input type="checkbox"/> F
Email Address: _____	Phone Number: _____
Allergies: _____	
What are you hoping your child will get out of the social skills classes?	
Other Pertinent Information:	

SOCIAL SKILLS QUESTIONNAIRE IF THE ANSWER TO ANY OF THE QUESTIONS IS 'NO' PLEASE PROVIDE SOME EXAMPLES	
Will your child remain with a group during outings? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child follow verbal directions? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child make transitions to the next activity when directed? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child accept interruptions or unexpected changes? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child able to answer simple social questions? <i>(i.e.: name, age, address?)</i> Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child able to respond to simple "wh" questions? <i>(i.e.: What color is that ball?)</i> Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child ask "wh" questions for information? <i>(i.e.: Who is that boy/girl)</i> Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child initiate a conversation around specified topics? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child maintain appropriate proximity to conversation partners? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child maintain appropriate eye contact? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child pay attention to others nonverbal language & understand what is being communicated? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child play with other children, such as sharing toys and talking about the play activities even though the play agenda of children may be different? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child respond to interactions from peers? <i>(i.e.: physically accepts toys from peers, answers questions)</i> Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child play cooperatively with peers? <i>(i.e.: roles during dramatic play, lead the play, games with rules)</i> Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take turns during unstructured activities? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have the ability to calm him/herself when upset? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have the ability to calm him/herself when their energy level is high? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child use acceptable ways to express anger or frustration? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child demonstrate aggressive behavior towards others? Example	<input type="checkbox"/> Yes <input type="checkbox"/> No