

Center for Health, Learning & Achievement

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Social Skills Intake Form

Thank you so much for taking the time to fill out this form. This is a generic form, so some of the information will not apply to your child. However, please fill it out as completely as possible. This information can only be released to others with your written permission.

Who may we thank for this referral? _____

Name: _____ Grade: _____

Address: _____ School: _____

_____ Date of Eval.: _____

Home Phone: _____ Birthdate: _____

Age: _____

Parents/Guardian (Mr., Dr., Mrs., Ms., Miss) _____

Person filling out this form: _____

Reason for Referral

We/I are/am looking for social skills training for our/my child for the following reasons:

(Check all that apply)

_____ Difficulty meeting and making friends

_____ Difficulty keeping friends

_____ Difficulty being assertive

_____ Poor self-esteem

_____ Trouble with stress management

_____ Trouble with anger management

_____ Difficulty initiating and maintaining appropriate communication

_____ Difficulty with voice modulation and pragmatics (using and understanding language within social contexts)

_____ Exhibits socially unacceptable behaviors

_____ Difficulty with picking up nonverbal social cues

_____ Other _____

Presenting Problem:

Please explain in more detail the items you checked (concerns, difficulties, questions):

How have these difficulties improved or deteriorated?

Does anything seem to help alleviate some of the problems or concerns this child experiences? _____

Is there anything that makes the problems or concerns worse?

The primary goal we/I have for our/my child in relation to his/her participation in this social skills group is

Demographics

Mother's Name: _____ **Age:** _____
Occupation: _____ **Business Phone:** _____
Father's Name: _____ **Age:** _____
Occupation: _____ **Business Phone:** _____
Stepparent's or Legal Guardian's Name: _____
Occupation: _____ **Business Phone:** _____

If the parents are separated or divorced, how old was the child when the separation occurred?

List all people living in the household:

Name	Age	Education

Personality and Temperament

How would you describe your child's personality? _____

How does the child show the following feelings:

Love _____
 Anger _____
 Sadness _____
 Happiness _____

Choose those characteristics which apply to the child (Use M & F for Mother and Father's opinion)

- | | | |
|---|---|---|
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Acts young for age | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Acts old for age | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Proper | <input type="checkbox"/> Easily influenced | <input type="checkbox"/> Hot Tempered |
| <input type="checkbox"/> Intelligent | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Daydreamy | <input type="checkbox"/> Prim | <input type="checkbox"/> Gets along well w/
others |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Even Tempered |
| <input type="checkbox"/> Messy | <input type="checkbox"/> Happy | <input type="checkbox"/> Detached |
| <input type="checkbox"/> Resourceful | <input type="checkbox"/> Bully | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Antisocial | <input type="checkbox"/> Victim | <input type="checkbox"/> Humorous |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Energetic | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Shy | <input type="checkbox"/> Compliant |
| <input type="checkbox"/> Rigid/Compulsive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Resilient |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Easily hurt feelings | |

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Unusual | <input type="checkbox"/> Neat | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Underactive | <input type="checkbox"/> Scattered Attention |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Overactive | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Graceful | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Cries easily | <input type="checkbox"/> Secure |
| <input type="checkbox"/> Show-off | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Obedient | <input type="checkbox"/> Likes to be alone | <input type="checkbox"/> Jealous |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Often sad | <input type="checkbox"/> Physical complainer |
| <input type="checkbox"/> Drowsy | <input type="checkbox"/> Helpful | <input type="checkbox"/> Clumsy |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Different | <input type="checkbox"/> Fidgety | <input type="checkbox"/> Forgetful |

Recreation/Interests

What activities does this child enjoy?

Sports: _____

Hobbies: _____

Special Interests: _____

Has this child’s interest in participating in these activities declined recently? No Yes

If yes, describe _____

Does this child have any idiosyncratic behaviors, obsessions and/or fears that interfere with social interactions?

Please check all that apply to your child’s difficulties-

1. Verbal Pragmatics – Using and understanding language within social contexts

- Communication and Interpretation of Feelings (Discerning and conveying a speaker’s true or intended feelings through language)
- Code Switching (Being able to speak somewhat differently depending on the context and people involved)
- Topic Selection and Maintenance (Knowing what to talk about, when, with whom, and for how long)
- Humor Regulation (Making use of tasteful humor at appropriate times, and responding to other people’s jokes)
- Conversational Technique (Engaging in the give and take of verbal interaction)

2. Social Behaviors – Acting in a way that fosters optimal relationships with others

- Self-marketing (Building and displaying an image that is appealing to others)
- Social Information Processing (Figuring out the true meaning or agenda in a social encounter)
- Collaboration (Working and playing in a cooperative manner with others)
- Initiation Technique (Knowing how to begin a relationship or enter into a social activity)
- Social Control Regulation (Maintaining the optimal level of personal choice and will when relating to others)
- Timing and Staging Relationships (Knowing how to pace a relationship- i.e. when it is okay to do what with a peer)
- Social Conceptualization (Understanding the meaning of different kinds of relationships)
- Conflict Resolution (Resolving interpersonal disagreement without aggression)
- Political Acumen (Nurturing positive relationships with important people, particularly adults)