

Therapeutic Options

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Social Skills Program Questionnaire

Child's Name: _____ Date of Birth: _____

Date: _____

Please fill this out using a 0-4 scale. 0=Always, 1=usually, 2=sometimes, 3=rarely, 4=never

Communication Skills

Introduces oneself _____
Pays attention to speaker _____
Greets others _____
Knows when to ask questions _____
Asks permission _____
Stays on topic _____
Keeps conversations going _____
Explains things more than needs to _____
Asks for help _____
Uses facial expressions appropriately _____
Uses gestures appropriately _____
Makes eye contact _____
Sustains eye contact _____

Cooperation and Conflict Management

Initiates group activities _____
Joins ongoing activities _____
Invites others to join in _____
Takes turns _____
Shares with others _____
Questions unfair rules _____
Insists upon winning _____
Cheats _____
Can talk out conflict _____

Empathy

Compliments people _____
Does nice things for others _____
Knows feeling words _____
Expresses own feelings _____
Recognizes feelings in others _____
Responds to others when hurt _____
Reads facial expressions appropriately _____

Self Regulation

Responds to a complement _____
Makes positive self-statements _____
Makes negative self-statements _____
Becomes angry easily _____
Complains often _____
Braggs about self _____
Enters people's "personal space" _____
Touches people inappropriately _____
Physically aggressive _____
Impulsive _____
Interrupts others _____
Has temper tantrums _____
Withdrawn _____
Isolated _____
Rigid _____
Perseverative _____
Whines _____