



KidSense Therapy Group

209 Cherry Street
Milford, CT 06460
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Client's Case History Form – Social Skills

General Information:

Child's Name _____ Date of Birth ____/____/____

Address _____ Home Phone (____) _____-_____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Occupation _____

Parent Guardian Name _____ Occupation _____

Where/Who does child live with _____

Pediatrician's Name _____ Phone Number (____) _____-_____

Pediatrician's Address _____

Referred by _____ Reason for Referral _____

Parent's Contact Information

Cell Phone (____) _____-_____ E-mail Address _____

Siblings (Names and Ages) _____

What is the primary language used at home _____

Does child speak/understand any other language _____

Describe primary concerns/Reason for seeking therapy _____

Does your child have a diagnostic label?

High Functioning Autism (HFA) Pervasive Developmental Disorder (PDD)

Asperger Syndrome Nonverbal Learning Disorder (NLD)

Attention Deficit-Hyper Activity (ADHD) Attention Deficit Disorder (ADD)

Expressive/ Receptive Language Delay Anxiety

No diagnosis Other _____

Child's History

Prenatal and Birth History

Length of Pregnancy _____ Length of Labor _____

General Condition of Mother during Pregnancy _____

General Condition of Mother during Labor _____

Type of Delivery _____ Birth Weight _____

General Condition of Child during/after delivery _____

Please add any information related to the pregnancy/labor/birth than may be pertinent to your child's therapy. _____

Medical History

Has your child's hearing been tested? If so, what are the results? Does your child have a history of middle ear infections? If so, include when and how often. Has he/she required ear surgery?

Has your child had any surgeries/accidents/hospitalizations? If so, what type and when?

Does your child exhibit any of the following illnesses or conditions? Circle and please explain.

Allergies Ear Infections Asthma Seizures Other

Is your child currently taking any medications? If so please explain? _____

Is your child currently seeing any other professional/ physician? If so, please list name and reason? _____

Developmental History

Provide the approximate age at which your child began to perform the following activities:

Rolling over _____ Sitting _____ Crawling _____ Walking _____

Using Single Words (No, mom, doggie) _____

Combine words(me go, daddy shoe) _____ Feeding Self _____

Name Simple Objects _____ Use Simple Questions (where's doggie?) _____

Engage in Conversation _____

Were there any feeding problems? (sucking, swallowing, drooling, chewing) Yes No

If yes, explain. _____

Does your child have any feeding difficulties currently? Yes No

If so, please describe _____

Describe your child's response to sound _____

Does your child have difficulty walking, running, or participating in activities, which require small or large muscle coordination?

Receptive Language Development (Processing): Check all that apply

Processes information quickly

Uses new concepts readily, incorporates new vocabulary into communication

Learns new concepts with repetition, needs cues to use new vocabulary. Visual and physical cues helpful

Delay in response time

Understands communication when paired with visual and physical prompts

Very concrete comprehension

Child has difficulty understanding the concepts and language introduced- requires visual and/or physical prompts to understand message

Expressive Language Development: Check all that apply

Advanced vocabulary and sentence structure

Age expected vocabulary and sentence structure

Slightly delayed vocabulary and sentence structure

Significantly delayed vocabulary and sentence structure

Behaviors: Please check behaviors that describe your child. Please check all that apply.

- Motivated Anxious Externally distracted
- Impulsive Oppositional Aloof/ internally distracted
- Rigid (my way of the highway attitude) Physically aggressive
- Verbally aggressive to peers or adults (describe) Withdrawn (may hide or emotionally shut down when upset)

Educational History

Where does your child currently attend school? _____

Teacher _____ Grade _____

Does your child exhibit any academic difficulties? _____

Does your child receive any services in school? _____

Does your child have an Individualized Educational Plan (IEP) for school? If so, please list which services are received. _____

Speech History

How does the child usually communicate (gestures, simple words, short phrases, sentences)? _____

Does the child use speech meaningfully? Yes No

Can the child's parents understand speech? Yes No

Can playmates, teachers, and relatives understand speech? Yes No

Describe your child's social interactions.

Is your child aware of the problem?

How does your child interact with peers? _____

How does your child interact with adults? _____

Has your child received any therapy in the past? If so which therapy, where and please give a brief summary of results? _____

Does your child currently receive services by a speech-language pathologist? If so, please describe current goals and objectives.

Has your child ever attended a social skills group? If so, please describe (setting, length, topic covered).

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

How many close friends does your child have? _____

For each friend please complete the following:

<u>First Name</u>	<u>Age</u>	<u>Gender (M/F)</u>
_____	_____	_____
_____	_____	_____

How many times per week does your child invite friends to play? _____

How many times per week do friends invite your child to play? _____

Please list all organized peer group activities that your child is involved in:

_____	_____
_____	_____
_____	_____

Please list your child's special interests or talents:

_____	_____
_____	_____
_____	_____

How interested is your child in spending time with peers?

1	2	3	4	5
Not Very Interested				Extremely Interested

How interested is your child in making new friends?

1	2	3	4	5
Not Very Interested				Extremely Interested

Please complete the table below to indicate your child's favorite activities:

	At Home- Inside	At Home- Outside	In the Community
When Alone			
With Other Children			
With Parent(s)			

Which aspects of your child's social skills development are you most concerned about?

What would you like your child to learn in a social skills intervention program?

Person Completing Form _____ Relationship to Child _____

Signature _____ Date _____

(Please complete the scales on the following pages**)**

****Thank you for taking the time to complete this form. It is greatly appreciated and will be helpful in completing your child's intake process here at KidSense. We look forward to working with you and your child!****

Social Communication Scales

Please use the following scale to indicate how well your child does each of the following:

1	2	3	4
Not Very Well			Very Well

Affective Understanding/ Perspective Taking

How well does your child...

Understand what other people's facial expressions mean?	1	2	3	4
Understand what other people's "body language" means?	1	2	3	4
Use a wide range of conventional facial expressions to express his/ her feelings (for example, raised eyebrows to express surprise, a scowl to express anger)?	1	2	3	4
Understand that other people can have thoughts and feelings that are different from his/her own?	1	2	3	4
Use a wide range of gestures or "body language" to communicate (for example, use an "OK" hand sign, cross arms when angry)	1	2	3	4
Understand other people's perspectives in a variety of situations (i.e. put himself "in another person's shoes")?	1	2	3	4
Understand what makes other people feel basic emotions such as happiness, sadness, or fear?	1	2	3	4
Understand what makes other people feel complex emotions such as surprise, guilt, or embarrassment?	1	2	3	4

Initiating Interactions

How well does your child...

Initiate greetings to familiar people on his/her own?	1	2	3	4
Invite others to play with him/her?	1	2	3	4
Join a group of children who are already playing?	1	2	3	4
Ask others in a direct manner for something he/she wants?	1	2	3	4
Ask others for help when he/she needs it?	1	2	3	4
Start conversations with others?	1	2	3	4
Get the attention of others before talking to them?	1	2	3	4
Offer to assist others when they need help?	1	2	3	4
Offer comfort to others when they are upset or hurt?	1	2	3	4
Apologize in a sincere way for hurting someone, without being reminded?	1	2	3	4

Compliment or congratulate other people for their accomplishments or good fortune?	1	2	3	4
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Responding to Initiations

How well does your child...

Respond in a friendly manner when he/she is greeted by others?	1	2	3	4
Respond in a friendly manner when others invite him/her to play?	1	2	3	4
Respond in a friendly manner to questions or requests from others?	1	2	3	4
Respond in a friendly manner when others try to start conversations with him/her?	1	2	3	4
Respond in a positive way to compliments?	1	2	3	4

Maintaining Interactions

How well does your child...

Play cooperatively with other children (i.e. sharing, taking turns, following rules)?	1	2	3	4
Have conversations about a wide range of topics?	1	2	3	4
Talk about things that interest the other person?	1	2	3	4
Keep a conversation going by sharing information <u>and</u> asking the other person questions?	1	2	3	4
Stay on topic during conversations?	1	2	3	4
Listen to what others say and use this information during conversations?	1	2	3	4
Share a conversation by talking and listening for about the same amount of time?	1	2	3	4
Maintain eye contact with others during interactions?	1	2	3	4
Speak in an appropriate tone of voice during interactions (i.e. not too loud, soft, mechanical, or sing-songy)?	1	2	3	4
Smile to be friendly or to indicate to others that he/she likes something?	1	2	3	4
Respect the personal space of others during interactions (i.e. not stand too close or too far away)?	1	2	3	4

Please use the following scale to rate your child's ability in each of the following areas:

1	2	3	4
Not very Competent			Very Competent

Ability to understand and express feelings	1	2	3	4
Ability to understand the perspective of another person	1	2	3	4
Ability to initiate social interactions	1	2	3	4
Ability to respond to the initiations of others	1	2	3	4
Ability to maintain social interactions	1	2	3	4
Ability to understand and use nonverbal behaviors appropriately (i.e. eye contact, smiling, body language)	1	2	3	4