

KIDSENSE THERAPY GROUP
SOCIAL COGNITION QUESTIONNAIRE



INSTRUCTIONS: PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO YOUR FIRST VISIT.

Child's Name: _____

Has your child ever attended a social skills group? Yes No

If so, please describe (setting, length, topics covered).

How many close friends does your child have? _____

For each friend please complete the following:

First Name	Age	Gender (M/F)

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

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

How interested is your child in spending time with peers?

Not very interested Interested Extremely Interested

How interested is your child in making new friends?

Not very interested 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 development are you most concerned about?

What are your goals for your child to learn in a social intervention program?



SOCIAL COMMUNICATION SCALE

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

1	2	3	4
Never	Rarely	Sometimes	Often

Affective Understanding/Perspective Taking

Does your child...

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

Initiating Interactions

Does your child...

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

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Responding to Initiations

Does your child...

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Respond in a friendly manner when he/she is greeted by others? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Respond in a friendly manner when others invite him/her to play? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Respond in a friendly manner to questions or requests from others? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Respond in a friendly manner when others try to start conversations with him/her? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Respond in a positive way to compliments? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Maintaining Interactions

Does your child...

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

Person completing form: _____

Relationship to client: _____ Date: _____