



Child & Family Consultants, Inc.

Summer Social Skills Group Survey

Child and Family Consultants, Inc. is providing summer social skills groups for children of all ages. We encourage you to give your opinion on any ideas and thoughts you may have concerning the groups. This survey is one way of getting the parents involved, and to establish what we can do to help the children in the home, community and in school.

Child/children's name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

This is the age your child will be as of June 1st, 2009. We plan on having boys and girls social skills groups. Feel free to check more than one response depending on how many children you would like to participate in the groups.

age 1-3 age 4-7 age 8-10 age 11-14 age 15-18

Which would you prefer? One week intensive program Once a week for X amount of weeks

What type of information would you like to learn from these groups? _____

What are you willing to pay for the social skills groups? (For example, \$X/8 sessions) _____

Would you be interested in coming to an open house/interview at our facility for a tour, brief discussion of your child and any concerns you have regarding your child's social skills? Yes No

Behavioral Characteristics:

(Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Poor eye contact |
| <input type="checkbox"/> Willing to try new activities | <input type="checkbox"/> Easily distracted/short attention |
| <input type="checkbox"/> Plays with others for a reasonable length of time | <input type="checkbox"/> Destructive/aggressive |
| <input type="checkbox"/> Separation difficulties | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Easily frustrated/impulsive | <input type="checkbox"/> Inappropriate behavior |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Self-abusive behavior |

Concern

(Please check your concerns)

- | | |
|--|--|
| <input type="checkbox"/> Participating in a group | <input type="checkbox"/> Asking/answering questions |
| <input type="checkbox"/> Making/keeping friends | <input type="checkbox"/> Solving problems/negotiating |
| <input type="checkbox"/> Listening during conversation | <input type="checkbox"/> Giving feedback |
| <input type="checkbox"/> Interrupting inappropriately | <input type="checkbox"/> Negative feedback |
| <input type="checkbox"/> Accepting limits | <input type="checkbox"/> Giving/receiving compliments |
| <input type="checkbox"/> Following instructions/rules | <input type="checkbox"/> Giving/receiving help |
| <input type="checkbox"/> Responding to teasing | <input type="checkbox"/> Initiating cooperative ventures |