



Center for Autism and Related Disorders  
at Kennedy Krieger Institute

## CARD Social Skills Program Questionnaire

Thank you for your interest in CARD's social skills groups. We ask that you complete the form below to the best of your ability. ***This form must be returned for your child to remain on our social skills group waiting list.***

If you have questions regarding the form, please call 443-923-7595.

Child's name: \_\_\_\_\_  Male  Female

Child's Birthday: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Would you be able to attend a group that starts at 4:00 on a weekday?  Yes  No**

**If so, please note when it would be most feasible to attend group (check all):**

Fall

Winter

Spring/Summer

All of CARD's Social Skills groups start at 4:00 on weekdays. If your child is **not able** to attend a group that starts at 4:00 during the week, you can send in the form with the remainder blank. Please contact CARD if a schedule change allows participation in the future.

### Background Information

1) Address : \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # : \_\_\_\_\_

2) Name of person completing this application: \_\_\_\_\_

3) Relationship to child:

Mother

Father

Grandparent

Guardian

Other

4) How did you learn about our groups?  CARD provider  KKI provider  Community Event

Online  Other: \_\_\_\_\_

5) Please list the services your child **currently** receives in school or in the community:

Occupational Therapy

Speech Therapy

Mental Health Services

Behavioral Psychology

Physical Therapy

Other: \_\_\_\_\_

6) What social skills do you want to be addressed in a social skills group in CARD (Please circle each)?

Initiate a conversation

Turn taking in conversations

Good Sportsmanship Skills

Be successful in a social outing

Other: \_\_\_\_\_

7) How does your child typically communicate?

Gestures/behaviors (e.g. pointing, pulling, crying)

Single words

Short phrases

Sentences  Paragraphs/multiple sentences

Communication device

Name of device/app \_\_\_\_\_

### School Information:

1) Name of your child's school: \_\_\_\_\_

2) Does your child have an Individualized Education Plan/Program (IEP)?  Yes  No

3) Describe your child's classroom setting:

- General education classroom  General Education with 1:1 aide
- General Education with Special edu. pull-out  Self-contained Special Education
- Non-public placement

4) Describe your child's reading (please check all that apply):

- Not Reading  Reading

Can currently read:  Own Name  Sight Words  Full Sentences

5) Describe your child's writing level (please check):

- Forms letters appropriately  Copies a model  Writes independently

### Behavior Information:

1) How long is your child able to sit and attend for a group activity

- 0 minutes  5 minutes  10 minutes  15 minutes  15 + minutes

2) Is there a Behavior Intervention Plan (BIP) being used at school?  Yes  no

3) What motivates your child?

- Food  toys  free time  games
- praise  prizes  video games  other

4) **(Check all that apply)** Does your child engage in disruptive behaviors such as...

- Throwing objects  Physical aggression (i.e. hitting, pinching)  Yelling
- Touching others  Hurting or hitting themselves on purpose?

5) **(Check all that apply)** What do you do to re-direct the behaviors?

- Reminders  Time out  Taking things away  Distraction  Ignoring  Other

6) Is this effective, does it work?  Yes  No  Sometimes

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**Thank you for completing this form. Our providers will be able to use this information in an effort to align your child with the most appropriate social skills group available in our clinic.**