

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 contact Stephanie Alban at 443-923-7541 or alban@kennedykrieger.org

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 minute s ☐ 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

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.