



## Social Group Caregiver Questionnaire

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Caregiver Name(s) \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Today's Date \_\_\_\_\_

1. How did you hear about us? \_\_\_\_\_

2. Please list services that your child has received or currently receives

Occupational Therapy     Speech Therapy     ABA     Physical Therapy

Mental Health Counseling

3. Please list any social activities of extracurricular activities that your child is currently involved in: \_\_\_\_\_

4. Does your child participate in play dates with peers his/her age outside of the school environment? \_\_\_\_\_

5. What is motivating to your child (ex. super heroes, TV shows, games)? \_\_\_\_\_

\_\_\_\_\_

6. What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7. What would you like to see your child improve upon while participating in “Fun Fitness-Social Skills” Group? (ex. increased confidence, improved peer interaction, initiating play with peers)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate your child’s social behavior in the following areas

<b>Social/Play Skills/Emotions</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>N/A</b>
Initiates social interactions/play with appropriate peers					
Has good self-confidence in social situations					
Appears to be more nervous or “fidgety” in social situations					
Prefers to play and communicate with adults or older peers					
Enjoys playing with a wide variety of toys/games					
Appears confident when interacting/playing with age appropriate peers					
Appears to understand emotions of others (peers and adults)					
Responds appropriately when he/she does not win a game					
Understands and appropriately uses “turn taking” skills while playing games					



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<b>Sensory Processing/Regulation</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>N/A</b>
Has difficulty with changes in routine					
Has difficulty remaining seated during circle time or tabletop activities					
Becomes easily frustrated					
Avoids being touched and getting “messy”					
Has difficulty in large groups or crowds					
Has difficulty understanding personal space and boundaries (gets too close to peers, touches people/objects frequently)					
Frequently bumps into things and falls/appears “clumsy”					
Avoids difficult equipment on the playground/tends to gravitate towards the same play equipment					
He/She has narrow food preferences and has difficulty trying new foods					

<b>Communication/Language</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>N/A</b>
Enjoys talking about a wide variety of topics					
Understands and uses appropriate tone and volume (i.e. “inside voice” vs “Playground voice”)					



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Makes appropriate eye contact when communicating with peers and adults					
Verbally communicates his/her emotions					
Following school, he/she can accurately describe parts of their day					
Can utilizing basic turn taking during a conversation with peer or adult					
Understands and responds to facial expressions and tone of others					

Please provide any further information/goals/concerns that would assist us in maximizing your child's experience

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Form Completed By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_



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