



Social Skills Survey

Name of child _____ Age _____ Date _____

Name of person completing form _____

Relationship to child _____

Your comments will help us to best serve the child's social needs. Please use information you know about the student as well as goals/objectives from his/her IEP.

Social and Communication Behavior	Yes	No	Some-times	Comments
1. Does the child appear to listen when others are speaking? (i.e. eyes on speaker)				
2. Does the child show that he/she understands the speaker by responding appropriately?				
3. Does the child seem to understand directions and follow them? How many steps? ___1 ___2 ___3 ___ 3 or more				
4. Does the child pay attention to a person's nonverbal language and seem to understand what is being communicated?				
5. Does the child use eye gaze to maintain social interaction?				
6. Does the child play games with peers in a fair manner?				
7. Does the child wait his/her turn when playing a game with others?				
8. Does the child share most materials and toys with peers?				
9. Does the child ask other children to play or extend an invitation to others to join in his/her activity?				
10. Does the child accept losing at a game or activity without becoming upset or angry?				



Social and Communication Behavior Child's Name	Yes	No	Some- times	Comments
11. Does the child accept not being first at a game or activity?				
12. Does the child have problems with invading another person's space? (i.e. getting too close, interrupting conversations, etc.)				
13. Does the child request what he/she wants in an appropriate manner?				
14. Does the child indicate what he/she doesn't want?				
15. Does the child comment about what he/she is doing?				
16. Does the child share how he/she feels?				
17. Does the child request help when needed in an acceptable manner?				
18. Does the child show that he/she likes someone in an acceptable way?				
19. Does the child use acceptable ways to express his/her anger or frustration?				
20. Does the child accept making mistakes without becoming angry or upset?				
21. Does the child continue to try when something is difficult instead of giving up?				
22. Does the child accept changes in routine?				



Child's Name

23. Does the child transition easily when directed?				
24. Does the child have any of the following challenges? Please explain as necessary.				
Self-stimulatory behaviors				
Echolalia(repeats what is said)				
Talking to himself/herself				
Perseveration on a topic or question				
Repeating books or video scripts/scripting				
Inappropriate conversational topics				
Behavior challenges at home				
Behavior challenges in the community				
Other				
25. Please list any other areas the child needs help with in social skills.				
26. List the 5 most important social skills for this child to learn.				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Please return completed form to:
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