

Social Skills Survey



In lieu of this form, a 2018-2019 school year IEP with social skills goals may be submitted.

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. (Please note in the comments section when prompting is needed.)

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 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/or 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 or when lining up?				
12. Does the child have problems with invading another person's space? (i.e. getting too close, interrupting conversations, touch to get attention, 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 does or sees?				
16. Does the child appropriately express his/her feelings?				
17. Does the child request help when needed in an appropriate manner?				
18. Does the child show that he/she likes someone in an appropriate way?				
19. Does the child use appropriate ways to express his/her anger or frustration?				
20. Does the child accept making mistakes without becoming angry or upset?				
21. Does the child persevere when tasks are difficult?				
22. Does the child accept changes in routine?				



Social and Communication Behavior Child's Name.....	Yes	No	Some- times	Comments
23. Is the child able to maintain a conversational topic?				
24. Does the child seem comfortable in social situations such as parties?				
25. Does the child transition easily when directed?				
26. Is the child bothered by loud or certain noises?				
27. Does the child display anxiety or fear about specific things? Please explain.				
28. 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 school				
Other				
29. 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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