

Bay Laurel Center

Social Skills Group Application

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[Please be as complete as possible with this information as it may help us serve you better.]

Client Name: _____

Address: _____

[Please give both "street" & "mailing" addresses, if different.]

City State Zip Code

Telephone Numbers: _____

Home

Work [Extension]

Other [Specify]

E-mail Address: _____

[Please indicate whether the email you receive at this site is secured (S) or unsecured (U).]

Birthdate: _____ Social Security #: _____

Sex: ☐ Male ☐ Female Marital Status: _____

Education: 0 PS K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+
[Circle highest grade or year completed]

Degrees(s): _____ Current School [if enrolled]: _____

IQ [if known, please list year of testing and IQ score for all known evaluations]: _____

Primary Care Physician: _____

Current Health Issues [if any]: _____

Current Household Members: [For all persons in home, list name, age, & relationship to client, if any]:

Responsible Party's Name [if other than Client]: _____

Birthdate: _____ Social Security#: _____

Address: _____

City State Zip Code

Prior Mental Health Services Experience(s): ____ Yes; ____ No. If "Yes," please give a brief description of the reason(s) service was sought, when/where service was received, who provided the service, and whether it was helpful or not helpful in reaching your goal(s).

Who referred you to this office? [Please specify]: _____

Please describe the concern(s) that brings you here. _____

What has prompted you to seek assistance now? _____

What change(s) do you want to see as a result of this service? _____

List all currently prescribed/over-the-counter medications: [Please give the name, amount (mg), dosage frequency, length of time taken, and prescribing physician for each.]

Health Insurance Company: _____ **ID #** _____

Subscriber Name: _____ **Social Security#:** _____

Subscriber DOB: _____ **Employer:** _____

Date

Signature of Client or Parent or Legal Guardian

Date

Signature of Additional Client [e.g. Partner if entering Couple's Treatment]

Social Skills Survey for Parents

Child's Name _____

Parent's Name _____

Date of Rating _____

Please help us get a clear picture of your child's current social functioning at home and in the community. The following statements relate to specific social abilities that are commonly affected by pervasive developmental disorders, ADHD, anxiety and other issues. Please read each statement and assign a numerical value using the following scale, based on actual observations of your child. Feel free to write comments of clarification beside any of the items.

1 = Never

2 = Rarely

3 = Sometimes

4 = Most of the time

5 = Always

N = Have not had the opportunity to observe

At home and in general community (not school):

- _____ maintains eye contact while speaking
- _____ maintains eye contact while listening
- _____ engages in social conversations
- _____ is able to maintain a conversation that is of interest to the other person
- _____ initiates social interactions
- _____ can understand another's point of view
- _____ can negotiate or compromise
- _____ can assess a situation and respond appropriately
- _____ can read other people accurately
- _____ can make a good impression
- _____ can control emotions
- _____ can selectively and appropriately share things about self with others
- _____ can work cooperatively with others
- _____ can make others feel comfortable
- _____ can make friends
- _____ can keep friends
- _____ can stand up for own belief or opinion
- _____ has a good sense of humor
- _____ uses common sense
- _____ works to develop a positive reputation
- _____ reacts appropriately to conflict
- _____ makes good decisions
- _____ views situations realistically
- _____ is flexible with change

- 1 = Never
2 = Rarely
3 = Sometimes
4 = Most of the time
5 = Always
N = Have not had the opportunity to observe

At home and in general community (not school):

- _____ is invited by peers to join social activities
- _____ asks for help with challenging tasks
- _____ doesn't interrupt
- _____ handles competition
- _____ manages time and social life
- _____ responds appropriately to discipline
- _____ follows instructions
- _____ respects others as individuals
- _____ takes advantage of social opportunities
- _____ is a good conversationalist
- _____ can put needs of others first
- _____ respects the property of others
- _____ demonstrates good manners toward others
- _____ can deal with annoying or challenging people
- _____ practices personal safety
- _____ gets along with parents
- _____ gets along with siblings
- _____ balances responsibilities and desires
- _____ helps to maintain a supportive family environment
- _____ gives and takes within the family
- _____ handles upsetting family conflict
- _____ honors privacy and personal boundaries
- _____ handles changing roles and demands
- _____ demonstrates healthy self-esteem

At school [Please report what is observed by you or reported by teacher]:

- _____ is invited by peers to join social activities
- _____ is involved in school-based extracurricular activities
- _____ gets along with teachers or authority figures
- _____ asks for help
- _____ doesn't interrupt
- _____ handles competition
- _____ manages time and social life
- _____ works to overcome failure in academics
- _____ responds appropriately to discipline
- _____ responds appropriately to intimidation from other students

- 1 = Never
2 = Rarely
3 = Sometimes
4 = Most of the time
5 = Always
N = Have not had the opportunity to observe

At school [Please report what is observed by you or reported by teacher]:

- _____ doesn't feel or behave like a misfit
- _____ has a good attitude toward school
- _____ puts forth extra effort towards excellence
- _____ helps others at school
- _____ demonstrates school spirit
- _____ follows instruction
- _____ respects others as individuals
- _____ recognizes the value of friendship
- _____ has positive relationships with peers of both genders
- _____ takes advantage of social opportunities
- _____ can manage how much influence others will have over own choices
- _____ initiates social interactions
- _____ is a good conversationalist
- _____ can put needs of others first
- _____ respects the property of others
- _____ demonstrates good manners toward others
- _____ can deal with annoying or challenging people
- _____ practices personal safety
- _____ volunteers/initiates answers in class
- _____ volunteers for student roles in classroom activities
- _____ demonstrates leadership

Your child's actual age _____

Your child's social/emotional age as perceived by you _____

Other comments regarding your child's social skills and development: _____
