



# Occupational Therapy

Family Services LLC

**INTAKE INFORMATION for Social and Life Skill Groups:**

Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
School/Grade: \_\_\_\_\_

**Primary Parent/Guardian Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list your **child's**  
**Strengths:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List Current Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication/Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagnosis/Medical Condition(s)/Hospitalizations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please list names and ages of the child's siblings:

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Discuss previous therapy the child has participated in:

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What are your child's interests?

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What are your child's fears?

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What are your goals for social skills classes?

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Name of the person completing the social skills assessment:

Directions: Directions: Rate this student on how well he or she uses the following social skills.  
Circle:

- 1 – If the skill is SELDOM or RARELY used correctly (<25%)
- 2 – If the skill is SOMETIMES used correctly (25-50%)
- 3 – If the skill is FREQUENTLY use correctly (50-75%)
- 4 – If the skill is ALMOST ALWAYS used correctly (>75%)

## Communication Skills

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Eye Contact<br>(Looks at others when speaking and when they are speaking)                | 1 | 2 | 3 | 4 |
| 2. Speaking Volume<br>(Speaks at an appropriate volume for the conversation or situation)   | 1 | 2 | 3 | 4 |
| 3. Facial Expressions<br>(Uses appropriate facial expressions for the situation)            | 1 | 2 | 3 | 4 |
| 4. Body Language<br>(Uses appropriate body language and reads others body language)         | 1 | 2 | 3 | 4 |
| 5. Personal Space<br>(Stands and sits at an appropriate distance for play and conversation) | 1 | 2 | 3 | 4 |
| 6. Initiating conversations<br>(Starts conversations with a greeting)                       | 1 | 2 | 3 | 4 |
| 7. Participation in conversations<br>(Takes turns speaking, listens when not speaking)      | 1 | 2 | 3 | 4 |
| 8. Interrupting conversation<br>(Interrupts appropriately when absolutely necessary)        | 1 | 2 | 3 | 4 |
| 9. Listening to direction<br>(Demonstrates “listening” body language)                       | 1 | 2 | 3 | 4 |
| 10. Giving Compliments<br>(Says nice things to others)                                      | 1 | 2 | 3 | 4 |
| 11. Receiving Compliments<br>(Says thank-you when a compliment is given)                    | 1 | 2 | 3 | 4 |



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Directions: Directions: Rate this student on how well he or she uses the following social skills.  
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## Friendships

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Makes Friends Easily<br>(Chooses words and actions that show they care)  | 1 | 2 | 3 | 4 |
| 2. Respecting Differences<br>(Understands that everyone is unique)  | 1 | 2 | 3 | 4 |
| 3. Joining a group<br>(Shows willingness to join a group with various individuals)  | 1 | 2 | 3 | 4 |
| 4. Conflict Management<br>(Finds a way to work out disagreements)   | 1 | 2 | 3 | 4 |
| 5. Giving an Apology<br>(Chooses words and actions to demonstrate how sorry they are for the action of doing something wrong) | 1 | 2 | 3 | 4 |
| 6. Staying on Task<br>(Gives full attention to the group/task)  | 1 | 2 | 3 | 4 |
| 7. Playing Cooperative<br>(Plays in a way that includes and invites others)   | 1 | 2 | 3 | 4 |

Please give examples or comments (e.g. explain low grades and give examples of specific behavior noticed).

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