



**CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.**  
 EIN 87-0735538  
 19535 Sea Pines Way  
 Boca Raton, FL 33498  
 Phone 561-350-7939 - Website [www.childrensfeat.org](http://www.childrensfeat.org)  
 E-Mail: [anke@childrensfeat.org](mailto:anke@childrensfeat.org)

## Social Skills Group Assessment

Name of child \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Your answers will help us to best serve your child's social needs.**

**Please circle appropriate number in scale 1 = Never 5 = Always**

- |                                                                                                                                         |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Does your child appear to listen when others are speaking? (i.e. eyes on speaker)                                                    | 1 | 2 | 3 | 4 | 5 |
| 2. Does your child show that he/she understands the speaker by responding appropriately?                                                | 1 | 2 | 3 | 4 | 5 |
| 3. Does your child seem to understand directions and follow them?                                                                       | 1 | 2 | 3 | 4 | 5 |
| 4. Does your child pay attention to non-verbal language (body language and gestures) and seem to understand what is being communicated? | 1 | 2 | 3 | 4 | 5 |
| 5. Does your child use eye contact to maintain social interaction?                                                                      | 1 | 2 | 3 | 4 | 5 |
| 6. Does your child play fairly with peers?                                                                                              | 1 | 2 | 3 | 4 | 5 |
| 7. Does your child wait his/her turn when playing or interacting with others?                                                           | 1 | 2 | 3 | 4 | 5 |
| 8. Does your child share with others?                                                                                                   | 1 | 2 | 3 | 4 | 5 |
| 9. Does your child invite other children to play and initiate interactions with peers?                                                  | 1 | 2 | 3 | 4 | 5 |
| 10. Does your child accept losing at a game or activity without becoming upset or angry?                                                | 1 | 2 | 3 | 4 | 5 |

11. Does your child accept not being first at a game or activity?	1	2	3	4	5
12. Does your child have problems with invading another person's space? (i.e. getting too close, etc.)	1	2	3	4	5
13. Does your child request what he/she wants in an appropriate manner?	1	2	3	4	5
14. Does your child indicate what he/she doesn't want or like?	1	2	3	4	5
15. Does your child discuss or comment about what he/she is doing?	1	2	3	4	5
16. Does your child talk about how he/she feels and name his/her feelings?	1	2	3	4	5
17. Does your child request help when needed in an acceptable manner?	1	2	3	4	5
18. Does your child show that he/she likes someone in an acceptable way?	1	2	3	4	5
19. Does your child use acceptable ways to express his/her anger or frustration?	1	2	3	4	5
20. Does your child accept making mistakes without becoming angry or upset?	1	2	3	4	5
21. Does your child continue to try when something is difficult instead of giving up?	1	2	3	4	5
22. Does your child accept changes in routine?	1	2	3	4	5
23. Does your child transition easily when directed?	1	2	3	4	5
24. Does your child exhibit any of the following:					
Self-stimulatory behaviors	1	2	3	4	5
Echolalia (repeats what is said)	1	2	3	4	5
Talking to himself/herself	1	2	3	4	5
Perseveration on a topic or question	1	2	3	4	5
Repeating books or video scripts	1	2	3	4	5
Inappropriate conversational topics	1	2	3	4	5

25. Please list any other areas your child needs help with in social skills.

---

---

---

---

26. List the 5 most important social skills for your child to learn.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Thank you for taking the time to complete this as accurately as possible. This will help us and you to identify your child's needs, measure your child's progress, and improve your child's social skills and interactions.**

**Plases return forms and tuition within one week to:**

**Children's F. E. A. T.  
19535 Sea Pines Way  
Boca Raton, FL 33498  
E-Mail: [anke@childrensfeat.org](mailto:anke@childrensfeat.org)**