

**ASSIST**  
**ACQUIRING SOCIAL SKILLS THROUGH**  
**INTERVENTION SUPPORT AND TRAINING**

**Application Form**

**Date** \_\_\_\_\_

Name – parent(s)/guardians(s): (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name –child: (last) \_\_\_\_\_ (first) \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Diagnosis/Disability \_\_\_\_\_

What are your child’s strengths? \_\_\_\_\_

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

List your child’s 2 strongest social skills and rate each on a scale of 1 – 10 (10 being strongest).

1. \_\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_ 10

2. \_\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_ 10

What behavioral concerns do you have for your child? \_\_\_\_\_

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

List your child’s 2 weakest social skills and rate each on a scale of 1 – 10 (10 being strongest)

1. \_\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_ 10

2. \_\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_ 10

What expectations do you have for your child from attending this group? Be specific, if possible-(ex.: I want him/her to be able to take turns...to approach peers in an appropriate manner, etc.).

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

**Please return to Anne Klingner, Mental Health Association, 73 County Highway 108, Middletown, N.Y. 10940**

**ASSIST**  
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Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group activities in which your child participates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which social settings is your child most comfortable? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which social settings is your child most uncomfortable? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your greatest concerns about your child's social skills? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXAMPLES OF SOCIAL SKILLS

- Taking turns.
- Greeting others.
- Paying attention to others.
- Helping others.
- Responding to re-direction.
- Seeks & or accepts help from others.
- Accepts no.
- Anger management.
- Interacting positively and appropriately within a group.
- Conversational skills.
- Models appropriate peer behavior.
- Behavior control.
- Developing friendships / relationships.
- Participates in group activities.
- Communicating within a group.
- Self-confidence within a group.
- Sharing