



Dear Parents,

Thank you for your interest in the Social Skills Groups at North Shore Speech Therapy. The groups are always rewarding and enjoyable for those involved. In order to ensure maximum benefit for your child, please complete this questionnaire providing as much detail as possible.

<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Parent's Name/s:</b>			
<b>Address:</b>		<b>Phone Numbers:</b>	h)                      w) m) email)
<b>School Name:</b>		<b>Emergency Contact:</b>	Name:
<b>School Address:</b>			Contact Number/s:
<b>School Phone No.:</b>			h)                      w) m) Relationship:
<b>School Year &amp; Teacher:</b>		<b>Other therapists involved with your child's care</b>	Profession                      Name
<b>Health Insurance:</b> <i>You should be able to claim back a significant amount from your private health fund</i>			

Who suggested that your child attend the Social Skills Group?

\_\_\_\_\_

Please describe your child's difficulties

\_\_\_\_\_

\_\_\_\_\_

Does your child have any behaviours that might inhibit his/her progress in the group? (If Yes, please describe the behaviours and note any successful strategies that you currently use.)

\_\_\_\_\_

\_\_\_\_\_

If your child has been seen by other professionals (i.e. Speech Pathologists / Paediatricians / Psychologists) in the past please elaborate on any findings, diagnoses and treatment.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any particular dietary requirements (eg, no lollies or no preservatives etc.)

\_\_\_\_\_

Please list some of your child's interests

\_\_\_\_\_

\_\_\_\_\_

Please list some of your child's strengths (at school or at home).

\_\_\_\_\_

\_\_\_\_\_



## How would you rate your child's performance on the following tasks?

1) Greeting familiar people.

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No Difficulty	Some Difficulty	Lots of Difficulty
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2) Starting a conversation.

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No Difficulty	Some Difficulty	Lots of Difficulty
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3) Taking turns in games/activities and sharing.

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No Difficulty	Some Difficulty	Lots of Difficulty
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4) Taking turns in conversation.

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No Difficulty	Some Difficulty	Lots of Difficulty
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5) Staying on the topic of conversation, i.e., not going off on tangents.

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No Difficulty	Some Difficulty	Lots of Difficulty
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6) Changing the topic of conversation appropriately, i.e., not too abruptly or not interrupting.

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No Difficulty	Some Difficulty	Lots of Difficulty
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7) Making and Keeping friends.

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No Difficulty	Some Difficulty	Lots of Difficulty
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8) Making eye-contact when speaking with someone.

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No Difficulty	Some Difficulty	Lots of Difficulty
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9) Solving Problems.

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No Difficulty	Some Difficulty	Lots of Difficulty
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10) Working in a group.

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No Difficulty	Some Difficulty	Lots of Difficulty
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11) Avoiding arguments with peers of own age.

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No Difficulty	Some Difficulty	Lots of Difficulty
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12) Recognising and managing emotions in self.

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No Difficulty	Some Difficulty	Lots of Difficulty
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13) Recognising and responding to emotions in others.

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No Difficulty	Some Difficulty	Lots of Difficulty
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If you have any other information about your child, comments about what you wish for your child to achieve from the group, or suggestions, please write them here:

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Thankyou for taking the time to fill in this questionnaire, it will most certainly help with ensuring that you child gains as much as possible from the group.

To assist us with future advertising please check the boxes that apply:

How did you find out about the groups?

- School Newsletter (school) \_\_\_\_\_
- School Teacher (school) \_\_\_\_\_
- School Principal (school) \_\_\_\_\_
- School Counsellor (school) \_\_\_\_\_
- Saw flyer displayed (where) \_\_\_\_\_
- Friend (who) \_\_\_\_\_
- Other (details please) \_\_\_\_\_

**Once you have submitted your child's enrolment, our office will contact you to take payment for the group.** We usually fill the groups quickly and some students miss out. Payment is required to secure your child's place in the group. If you do wish to withdraw your child's enrolment your payment will be refunded if we can offer your child's place to someone else. If not then your payment will be credit towards the next group.

If you have recent reports from your child's school, therapists, paediatrician etc., it is recommended that you send a copy of these with the questionnaire. The reports prove useful in preparing for your child's needs.

We will be compiling an "All About Me" board for children to learn about each other. A standard sized photograph (15cm X 10cm) is required for this board.



BEFORE YOU SEND THIS INFORMATION PLEASE CHECK THAT YOU HAVE ENCLOSED THE FOLLOWING:

- Completed questionnaire
- Recent Reports
- A recent photograph of your child for our "All About Me" board.
- Circled the group you would like from the table below
- Consent form for you child to be videotaped during the groups (below)

**Send To:**

**North Shore Speech Therapy**  
7/56 Neridah St, Chatswood 2067

**PLEASE SELECT THE GROUP OF INTEREST FOR YOUR CHILD FROM THE TABLE BELOW.**

<b>APRIL 16<sup>th</sup> -&gt; 20<sup>th</sup></b>	<b>JULY 2<sup>nd</sup> -&gt; 6<sup>th</sup></b>	<b>SEPTEMBER 24<sup>th</sup> -&gt; 28<sup>th</sup></b>
<b>Chatswood Clinic</b>	<b>Chatswood Clinic</b>	<b>Chatswood Clinic</b>
Basic - 9:00am -> 10:30am	Basic - 9:00am -> 10:30am	Basic - 9:00am -> 10:30am
Advanced - 11:30am -> 1:00pm	Advanced - 11:30am -> 1:00pm	Advanced - 11:30am -> 1:00pm

**CONSENT FOR RECORDING**

Dear Parents,

Part of the teaching of each social skill will involve your child role-playing the various steps taught during the session. The role-plays will be videotaped and then played back to the children for direct feedback and discussion. The videotapes will be used for educational purposes only. Please sign the form below to grant permission for your child to be videotaped during the Social Skills Group.

I \_\_\_\_\_ (Parent/Guardian) hereby give permission for my son/daughter \_\_\_\_\_ to be videotaped during the Social Skills Group at North Shore Speech Therapy. I am aware that the tapes will only be used for educational purposes.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_