



## Social Group Participant Questionnaire

**In order for us to be sure we provide the best possible experience for your child in our social groups, we ask that you fill out this brief questionnaire and return it to us via email or in person, as soon as possible. This will allow our team to make the best decisions when pairing up the social groups and preparing our group activities. Once we receive the completed form back, our team will be reviewing the forms, and setting up groups. Someone from our team will then reach out to you to discuss the time frame and plan for the social group, as we want to make sure we have the appropriate amount of kids in each group for maximum success! Thank you!!**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex: M / F**

**Parent's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Does your child attend school?**

**School & Grade** \_\_\_\_\_

**What area in school is your child the most successful?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What area in school is the most challenging for your child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any behaviors of concern that your child is exhibiting at school or home?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are some skills that you would like to see increase?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How are your child's behaviors affecting his/her participation in school and/or relationship with classmates, teachers, peers etc.** \_\_\_\_\_

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**Are there any dangerous behaviors that your child exhibits while in the community? (For example: eloping, improperly crossing the street, or talking to strangers)** \_\_\_\_\_

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**Does your child exhibit any signs of anxiety when out in the community? Please describe.** \_\_\_\_\_

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**Any possible triggers for problem behaviors during social situations? (Loud noises, lots of people, change in schedule/routine?)** \_\_\_\_\_

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**How often does your child get the opportunity to play with siblings, cousins, or same aged peers?** \_\_\_\_\_

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**How does your child respond/react to a peer in the following situations:**

**When a peer approaches your child:** \_\_\_\_\_

**When asked to join a game:** \_\_\_\_\_

**When he wins or loses a game:** \_\_\_\_\_

**When his/her game choice isn't chosen:** \_\_\_\_\_

**What are your child's favorite activities?** \_\_\_\_\_

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**How does your child communicate? (Fully verbal; Limited verbal; Sign language, etc.).** \_\_\_\_\_

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**Is there any additional information that you feel would be helpful for our team to know about your child?** \_\_\_\_\_

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**What are your top goals or skills that you hope your child will gain from joining this social group?** \_\_\_\_\_

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**Please list any allergies, diet restrictions or medical concerns that your child has and we should know about (asthma, seizures, etc). Please include medications your child is taking.** \_\_\_\_\_

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**Please check 1 box below for each day of the week/ time of day regarding when your child would be able to attend their social skills group?**

	<b>Preferred</b>	<b>Not Preferred but could make it work</b>	<b>Unable to attend</b>
<b>Weekday 10am</b>			
<b>Weekday 3pm</b>			
<b>Weekday 5:30pm</b>			
<b>Weekend 10am</b>			
<b>Weekend 3pm</b>			

**Please return this form to [socialskills@gotriumphkids.com](mailto:socialskills@gotriumphkids.com) or you can drop it off in person at the gym. You will then be contacted by someone on our team to discuss the upcoming groups further. Thank you!!**