

Parent Report

Social Skills Questionnaire - PARENT FORM

Grades 1-6

Thank you, in advance, for responding to the following questions. This survey is designed for you to describe your child's behavior and your social background. It should take approximately 15 minutes per to complete.

Please contact Dr. Barbara Dietsch with any questions at 562.799.5126 or by email at bdietsc@wested.org

Read each item (items 1-55) and think about your child's present behavior. Decide **how often** your child does the behavior described.

- If your child **never** does this behavior, circle the **0**
- If your child **sometimes** does this behavior, circle the **1**
- If your child **very often** does this behavior, circle the **2**

Here are two examples:

	How Often?		
	Never	Sometimes	Very Often
Shows a sense of humor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Answers the phone appropriately.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<i>This parent thought that the child very often showed a sense of humor. Also, this student sometimes asks questions when unsure of schoolwork. This parent also thought that the child never answered the phone appropriately.</i>			

There are no right or wrong answers. You may take as much time as you like. **Please do not skip any items.**

Social Skills

	How Often?		
	Never	Sometimes	Very Often
1. Uses free time at home in an acceptable way.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Keeps room clean and neat without being reminded.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Speaks in an appropriate tone of voice at home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Joins group activities without being told to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Introduces herself or himself to new people without being told.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Responds appropriately when hit or pushed by other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Asks sales clerks for information or assistance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Attends to speakers at meetings such as in church or youth groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Politely refuses unreasonable requests from others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Invites others to your home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Congratulates family members on accomplishments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Makes friends easily.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Shows interest in a variety of things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Avoids situations that are likely to result in trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Puts away toys or other household property.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Volunteers to help family members with tasks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Receives criticism well.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18. Answers the phone appropriately.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19. Helps you with household tasks without being asked.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. Appropriately questions household rules that may be unfair.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
21. Attempts household tasks before asking for your help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
22. Controls temper when arguing with other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
23. Is liked by others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

MONTH

DAY

YEAR

58

What is this child's date of birth?

MONTH

DAY

YEAR

59. Is this child of Hispanic or Latino origin? (Mark only one answer)

1 Yes

2 No

60. What is this child's race? (Mark one or more to describe yourself)

1 American Indian or Alaska Native

2 Asian

3 Black or African American

4 Native Hawaiian or Other Pacific Islander

5 White

61. What is your marital status?

1 Single

2 Married

3 Separated

4 Divorced

5 Widowed

6 Living together

7 Other (Please specify) _____

62. What is your relationship to this child

1 Mother

9 Father

2 Stepmother

10 Stepfather

3 Foster mother

11 Foster father

4 Grandmother

12 Grandfather

5 Sister

13 Brother

6 Other female relative

14 Other male relative

7 Father's partner/significant other/girlfriend

15 Mother's partner/significant other/girlfriend

8 Other adult female

16 Other adult male

63. Who else lives with this child (mark all that apply)

1 Mother

9 Father

63. Who else lives with this child (mark all that apply)

<input type="checkbox"/> 2 Stepmother	<input type="checkbox"/> 10 Stepfather
<input type="checkbox"/> 3 Foster mother	<input type="checkbox"/> 11 Foster father
<input type="checkbox"/> 4 Grandmother	<input type="checkbox"/> 12 Grandfather
<input type="checkbox"/> 5 Sister	<input type="checkbox"/> 13 Brother
<input type="checkbox"/> 6 Other female relative	<input type="checkbox"/> 14 Other male relative
<input type="checkbox"/> 7 Father's partner/significant other/girlfriend	<input type="checkbox"/> 15 Mother's partner/significant other/girlfriend
<input type="checkbox"/> 8 Other adult female	<input type="checkbox"/> 16 Other adult male

64. In all, how many people live in the household of this child? (Include yourself and your child in this count)

PEOPLE

65. What is the highest grade or year of school that you have completed?

- 1 8th grade or less
- 2 Some high school (but did not graduate)
- 3 High school equivalency (GED)
- 4 High school graduate
- 5 Vocational, trade, or business school after completing or leaving high school
- 6 Some college (but did not receive a degree)
- 7 Associate degree (AA or other 2-year degree)
- 8 Bachelor's degree
- 9 Post-graduate education or degree
- 10 Other (Specify) _____

66. What is the highest grade or year of school that anyone in your household, including yourself, have completed?

- 1 8th grade or less
- 2 Some high school (but did not graduate)
- 3 High school equivalency (GED)
- 4 High school graduate
- 5 Vocational, trade, or business school after completing or leaving high school
- 6 Some college (but did not receive a degree)
- 7 Associate degree (AA or other 2-year degree)
- 8 Bachelor's degree
- 9 Post-graduate education or degree
- 10 Other (Specify) _____

67. What category best describes your employment? (Mark only one answer)

- 1 Employed or self-employed full-time
- 2 Employed or self-employed part-time
- 3 Homemaker or caregiver
- 4 Out of work or unable to work
- 5 Student
- 6 Student and employed
- 7 Retired
- 8 Other (Specify) _____

68. What was your total household income from all sources before taxes in 2006? (If you are not sure about the amount, please estimate.)

- 1 Under \$5,000
- 2 \$5,000 to \$9,999
- 3 \$10,000 to \$19,999
- 4 \$20,000 to \$29,999
- 5 \$30,000 to \$39,999
- 6 \$40,000 to \$49,999
- 7 \$50,000 to \$59,999
- 8 \$60,000 to 69,999
- 9 \$70,000 or more