



Handout (Linked to Slide 28)

Social Skills Assessment Form

Name:

Date:

Completed by:

Teacher:

Pupil:

Parent/Carer:

Tick the appropriate number by each social skill.

Skill	Very Poor 1	2	3	4	Very Good 5
Listening without interrupting					
Paying attention when spoken to					
Making eye contact					
Following directions					
Sharing					
Taking turns					
Asking for help					
Ignoring teasing and provocation					
Following rules of play					
Expressing own emotions					
Expressing own opinions					
Handling success					
Handling failure					
Speaking in a pleasant tone of voice					
Using appropriate body language					