

FORM 1

Functional Assessment of Social Skills Deficits

Date and time	Child's behavior (Described in observable, measurable terms)	Antecedent (What was happening right beforehand?)	Consequence (What followed, including parent/sibling reactions?)	Any effects on family functioning? (Your thoughts on what caused or maintained the anxiety)

FORM 2

Social History Interview

Does the client have a best friend? _____ Yes _____ No

A group of friends? _____ Yes _____ No

If yes, are the friends of similar age to the client? _____

What do they do together? _____

How often do they get together? _____

Who coordinates gatherings? _____

How interested is the client in socializing with or making friends? Is the client motivated to improve his or her social skills?

Describe the client's social interactions with peers (e.g., approach skills, responding to the approaches of others, eye contact, inappropriate touching or aggression):

Does the client answer the telephone or call others? _____

Any interest/involvement in electronic or virtual social networks (e.g., MySpace, Facebook, other)? _____

Interest/involvement in romantic relationships or dating?

(cont.)

Social History Interview (page 2 of 2)

Any concerns about peer teasing/rejection?

Any specific behaviors/vocalizations that impede social functioning?

How does the client primarily communicate with others (e.g., in sentences? integration of nonverbal communication should be noted)? _____

Has the client's hearing been tested? (if so, date) _____ Results _____

Any concerns about hearing/perception? _____

Please describe any concerns or peculiarities regarding the client's speech (e.g., unusual pitch, volume, pace). Are the peculiarities noticeable to peers or others?

What are your primary concerns related to the client's social functioning?

Parent: _____

Client: _____

FORM 3

Case Conceptualization

<p>Name: Parent(s): Age: Contact Information:</p>	<p>Diagnoses (based on all available data): Axis I Axis II Axis III Axis IV Axis V</p>
<p><u>Social Skills Concerns (in order, from most severe; based on observation, clinical interview, other assessments):</u> 1. 2. 3. 4.</p>	<p><u>Primary Social Skills Deficits (parent report):</u> 1. 2. <u>Primary Social Skills Deficits (child report):</u> 1. 2.</p>

(cont.)

Case Conceptualization (page 2 of 2)

<p><u>Selected Social Skills Target(s)</u> (one or two, to be targeted initially in treatment):</p>
<p><u>Hypotheses about Causal and Maintaining Factors</u> (observations, parent reports, assessment results):</p>
<p><u>Intervention Strategies:</u></p>
<p><u>Monitoring Plan</u> (methods of assessment to be used and frequency of assessment):</p>
<p><u>Strengths/Interests of Client:</u></p> <p><u>Potential Barriers to Treatment and Solutions:</u></p>

FORM 4

Functional Assessment for a Child Following Two Group Sessions

Child: _____ Age: _____

Social skills concerns/goals of parent/caregiver: _____

Social skills concerns/goals of child: _____

Observations of the child during group sessions (e.g., likes, dislikes, interests, strengths, deficits): _____

SOCIAL SKILL TARGETS:

Skill/behavior	Teaching strategy to be used	Strategies for at-home practice	Rewards/other considerations

(cont.)

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Functional Assessment for a Child Following Two Group Sessions (page 2 of 2)

BEHAVIORS THAT INTERFERE WITH APPROPRIATE SOCIALIZATION:

Behavior/concern	Antecedents (precedes, prompts behavior)	Consequences (follows, reinforces behavior)	Possible intervention/teaching strategies

FORM 5

Modified Functional Assessment for Student's Use

WHAT is the problem? _____

WHEN is it most likely to occur?	
WHERE is it most likely to occur?	
In what SITUATIONS is it most likely to occur?	
BEFORE it happens . . . (antecedents)	
AFTER it happens . . . (consequences)	

Possible hypotheses to explain this problem or behavior: _____

What is one thing I might do to improve the social skill or behavior? _____

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FORM 6

ASD Psychoeducation

Here are some commonly seen attributes of people who have autism spectrum disorders. Circle any that you think apply to you, and cross out any that you think *don't* apply to you.

Honest

Loyal

Unique

Hard time with change

Rigid

Friendly

Rule-bound

Helpful

Isolated

Gullible

Alone

Emotional

Smart

Lonely

Expert

Nervous

Attentive to details

Odd

Dedicated friend

Good student

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FORM 7

Goals Worksheet

Everyone has things that they are quite good at or really enjoy doing—and other things that they don't like so much or struggle with. Below we will take some time to write down some of these things.



Things I am really good at (SOCIAL STRENGTHS):



Things I struggle with (SOCIAL NEEDS/DEFICITS):

Social difficulties get in the way of ...

When I have learned and practiced some *new social skills*, I will be able to ...

Two social goals I have: 1. _____
2. _____

FORM 8

Distinguishing among Thoughts, Feelings, and Actions

Thoughts are things we tell ourselves about things or people. Some examples of thoughts I have:

Any special way I can remember how to distinguish a thought?

Feelings are emotions that can be felt throughout my body. Some examples of feelings I have:

Any special way I can remember how to distinguish a feeling?

Actions are the things our bodies do when we have thoughts *and* feelings. Some examples of actions I do:

Any special way I can remember how to distinguish an action?

FORM 9

Investigating Thoughts Worksheet

Thought to investigate:



How much do you believe this thought or belief to be true and accurate? Rate it below, with 0 being completely untrue and 100 being absolutely, without a doubt, true and accurate.

Rating: _____

Now it is time to look at the evidence for and the evidence against this thought. *When doing the investigation, try to answer such questions as: Has this happened in the past? Does this happen to other people? Are there any other explanations?*

Evidence supporting:	Evidence not supporting:

Considering all the evidence *for* and *against* this thought/belief, make another rating of how much you believe the thought to be true and accurate.

New rating: _____

If you lowered your rating at all, try to pick which cognitive distortion is most likely at work:

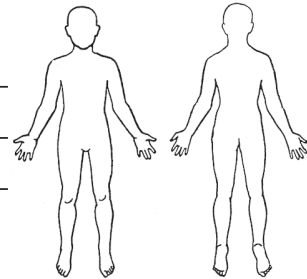
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Problem-Solving Worksheet

1. What is the **problem**?

2. What is your **goal**?

3. What are your **reactions** (physical sensations, feelings)?



4. What **thoughts** are you having?

Three speech bubble shapes arranged horizontally. Each bubble has a rounded top and a pointed tail at the bottom. The first bubble is on the left, the second in the middle, and the third on the right. They are empty, intended for writing thoughts.

5. A more **helpful thought** for solving this problem: _____

6. Develop a **strategy**: _____

7. **Evaluate**: How did you do? Time to reward your hard work!!

