



Social Butterflies

Application and Patient Information

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Child's Name

DOB (dd/mm/yy)

Age

Gender (male/female)

Parent(s) or Legal Guardian(s)

Address

Best Contact Number

Best Contact Email

Sibling Name

Age

Sibling Name

Age

Sibling Name

Age

Sibling Name

Age

MEDICAL DIAGNOSIS (if any)

Diagnosis

Given By

Diagnosis

Given By



SPECIALTY PHYSICIANS FOLLOWING CHILD (if any)

Name Specialty

Name Specialty

Name Specialty

School Attending (if applicable) Grade

Resources receiving in school, if applicable: (e.g., speech therapy, reading resources)

Therapeutic interventions receiving currently or in the past (if any):

 Speech Therapy Location

 Occupational Therapy Location

 Physical Therapy Location

 ABA Therapy Location

 Counseling/Psychological Services Location

 Other Location

Programs or therapeutic approaches targeting social communication skills
your child has participated in previously (if any):



Did you find them effective? Yes No

Please explain:

CURRENT MEDICATIONS (if any)

Name

Dosage

Name

Dosage

Name

Dosage

Known food and drug allergies:

Pragmatic Communication Parent Questionnaire

Adapted from *Building Social Relationships* by Scott Bellini, Ph.D.

Please circle the following as accurately and honestly as possible as it best describes your child's social skills. Feel free to write notes or questions in the spaces provided.

N=Never **S**=Sometimes **O**=Often or typically **V**=Very Often or always

Social Skill	How Often	Additional Comments (if needed)
Nonverbal Communication		
Recognizes the facial expression of others	N S O V	
Maintains eye contact during conversations	N S O V	
Show facial expressions that are congruent with emotion	N S O V	
Recognizes the "meaning" behind the tone of another person's voice	N S O V	
Recognizes the nonverbal cues, or body language, of others	N S O V	
Uses gestures to communicate needs	N S O V	
Correctly interprets the emotions of others	N S O V	
Uses a wide range of facial expressions	N S O V	
Maintains an appropriate distance when interacting with peers	N S O V	
Social Initiation		
Joins in activities with peers	N S O V	
Asks questions to request information about a person	N S O V	
Requests assistance from others	N S O V	
Demonstrates proper timing with social initiations	N S O V	
Asks questions to request information about a topic	N S O V	
Invites peers to join in activities	N S O V	
Joins a conversation with two or more people without interrupting	N S O V	
Initiates greetings/farewells with others	N S O V	
Introduces self to others	N S O V	

Social Reciprocity and Terminating Interactions					
Takes turns during games and activities	N	S	O	V	
Appropriately responds to the greetings of others	N	S	O	V	
Allows peers to join in activities	N	S	O	V	
Allows others to assist with tasks	N	S	O	V	
Appropriately ends conversations	N	S	O	V	
Appropriately asks others to move out of the way	N	S	O	V	
Maintains the give-and-take of conversations	N	S	O	V	
Appropriately acknowledges the compliments given to him/her by others	N	S	O	V	
Responds to the invitations of peers to join activities	N	S	O	V	
Responds to questions directed at him/her by others	N	S	O	V	
Reads cues to terminate conversations	N	S	O	V	
Social Cognition					
Compromises during disagreements with others	N	S	O	V	
Responds promptly in conversations	N	S	O	V	
Talks about topics that other people find interesting	N	S	O	V	
Correctly analyzes social situations	N	S	O	V	
Laughs appropriately at simple jokes or humor of others	N	S	O	V	
Able to reverse roles in play	N	S	O	V	
Stays "on-topic" during conversation	N	S	O	V	
Perspective Taking and Self Awareness					
Expresses sympathy for others	N	S	O	V	
Talks about or acknowledges the interests of others	N	S	O	V	
Provides simple compliments to others	N	S	O	V	
Engages in socially appropriate behaviors	N	S	O	V	
Speaks with an appropriate pitch and volume in conversation	N	S	O	V	
Offers assistance to others	N	S	O	V	
Refrains from making inappropriate comments	N	S	O	V	

Social Anxiety and Avoidance					
Interacts with peers during unstructured activities	N	S	O	V	
Interacts with peers during structured activities	N	S	O	V	
Engages in one-on-one social interactions with peers	N	S	O	V	
Interacts with groups of peers	N	S	O	V	
Engages in solitary activities in the presence of peers	N	S	O	V	
Expresses fear that other children will make fun of him/her	N	S	O	V	
Engages in solitary interests and hobbies	N	S	O	V	
Experiences positive peer interactions	N	S	O	V	
Expresses fear or anxiety regarding social interactions	N	S	O	V	
Experiences negative peer interactions	N	S	O	V	

Please answer the following questions to your best knowledge:

1. How does your child play with other children?

- a. Is he/she flexible in play or do they require a rigid routine? Does he/she have trouble taking turns?

- b. How does your child most often play? Independently or with peers? What are his/her favorite things to do when playing?

2. Describe your child's eye contact during social interactions. Does he/she maintain eye contact? In not, what does he/she look at? If not, when does child most often avoid eye contact?

3. Does your child have any sensory sensitivities that interfere with social interactions (sounds, visual, tactile, smell, taste)? Describe:

4. What are your child's social strengths?

5. What do you see as your child's biggest challenge regarding social skills?

5. Please describe any additional concerns or information you think would be important for us to know about your child relevant to this program:
