

Dear Professional,
 This student, _____ will be participating in a social skills group at our school on _____. It will be of great benefit if you fill out the below information about this student based on your own experience. Please return this form to the person who gave it to you.
 Please have the form completed by May 28.

Your Name _____

Relationship to the student _____

Please check off where you feel how this person does in your setting in the following areas:

Skill to explore	Comments	Above grade level	At grade level	Below grade level	Not observed
Participating as part of the large group during class discussion/lecture					
Participating as part of a small work group in class					
Making and keeping friends during free time					
Ability to ask for help in class					
Organizational skills while in class.					
Organizational skills from home to school and back					
Does this child stand out as unique in his interpersonal skills, either in class or out of class	Yes or No, if Yes, please explain				
Do you anticipate that this student will encounter more challenges in future school years?	Yes or No, If yes, please explain				
How would this student's peers describe him?					

Further comments?

Thank You!