Parent Questionnaire: Social Communication & Interaction Skills (Age 5–6)

Please complete this form to help us understand your child's social communication and interaction needs. Your responses will help us provide the right support for your child's development.

Child's Name: _____

Date of Birth: _____

Date Completed: _____

Completed by (Name & Relationship): _____

Please tick the box that best describes your child's typical behaviour:

1. **How does your child greet others (e.g., saying hello, waving)?**
   ☐ Spontaneously ☐ With reminders ☐ Rarely ☐ Avoids or resists

2. **Does your child make eye contact during conversations or play?**
   ☐ Consistently ☐ Sometimes ☐ Rarely ☐ Avoids eye contact

3. **How well does your child take turns in play or conversation?**
   ☐ Easily ☐ With support ☐ Struggles ☐ Avoids interaction

4. **Does your child understand and respond to other people's emotions (e.g., noticing when someone is sad)?**
   ☐ Often ☐ Sometimes ☐ Rarely ☐ Not at all

5. **How does your child communicate their own feelings or needs?**
   ☐ Clearly and appropriately ☐ With support ☐ Often unclear ☐ Avoids or struggles

6. **Does your child engage in pretend play or imaginative games with others?**
   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ Not at all

7. **How does your child behave in group settings (e.g., school, playdates)?**
   ☐ Engages well ☐ Needs support ☐ Withdraws ☐ Disruptive or anxious

8. **Does your child understand and follow social rules (e.g., waiting, sharing, personal space)?**
   ☐ Consistently ☐ With reminders ☐ Struggles ☐ Not yet

9. **How does your child respond to unfamiliar people or new social situations?**
   ☐ Confidently ☐ Hesitantly ☐ Anxiously ☐ Avoids interaction

Please answer the following question in your own words:

10. **What strategies or approaches have helped your child interact more successfully with others?**

X

Thank you for completing this questionnaire. Your insights are essential in helping us support your child's social development and confidence.