



Social Competence with Peers Questionnaire – P A R E N T (S)

Date: _____ Young person's name: _____ His/Her sex: _____

Class: _____ School: _____ His/Her age: _____

Name of parent completing the form: _____

Please put a circle around the rating which best describes your son or daughter over the past four weeks.

Circle the number 0 if the item is not true. Circle the number 1 if the item is sometimes true. Circle the number 2 if the item is mostly true.

Please answer all items.

		Not true	Sometimes true	Mostly true
1	Has at least one close friend	0	1	2
2	Has stable friendships with other kids his/her age	0	1	2
3	Finds it easy to make friends	0	1	2
4	Other kids invite him/her to their homes	0	1	2
5	Other kids invite him/her to social events or activities	0	1	2
6	Has good relationships with classmates	0	1	2
7	Gets invited to parties	0	1	2
8	Is popular amongst others his/her age	0	1	2
9	Sees a friend or friends socially at weekends	0	1	2

SOCIAL SKILLS TRAINING



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Published by The NFER-NELSON Publishing Company Ltd., Darville House, 2 Oxford Road East, Windsor, Berkshire SL4 1DF, UK.