



# Social Worries Questionnaire – T E A C H E R

Date: \_\_\_\_\_ Pupil's name: \_\_\_\_\_ His/Her sex: \_\_\_\_\_

Class: \_\_\_\_\_ School: \_\_\_\_\_ His/Her age: \_\_\_\_\_

Teacher's name or initials: \_\_\_\_\_

Please put a circle around the rating which best describes this pupil *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.

	He or she:	Not true	Sometimes true	Mostly true
1	Avoids or gets worried about presenting work to the class	0	1	2
2	Avoids or gets worried about attending parties or sports activities	0	1	2
3	Avoids or gets worried about approaching a group of children to ask to join in	0	1	2
4	Avoids or gets worried about standing up for him/herself with peers	0	1	2
5	Avoids or gets worried about answering questions in class	0	1	2
6	Avoids or gets worried about reading aloud in class	0	1	2
7	Avoids or gets worried about asking questions in class	0	1	2
8	Avoids or gets worried about telling a teacher if he/she doesn't understand something	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.