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| Parent/Teacher Rating of Skill Performance |
| Teacher/Parent (circle one):   |
| Social Skill: |  |
| How well or how often did the student perform this skill? |
| Date of Rating |  |
|  | Poorly or not at all | Fairly or some of the time | Well or most of the time | Very well or all of the time |
|  | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 |

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| Student Rating of Skill Performance |
| Social Skill: |  |
| How well or how often did I perform this skill? |
| Date of Rating |  |
|  | Poorly or not at all | Fairly or some of the time | Well or most of the time | Very well or all of the time |
|  | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 |