



Social Thinking Checklist for Preschoolers

Student Name: _____ Age: _____ DOB _____
Parent Name: _____ Telephone (Home) _____ (Cell) _____
Address: _____
City/State: _____ Zip Code: _____
Gender ____

Current Educational Setting:

Public Preschool (SDC) _____ Private Preschool _____ Home Schooled _____ Combination _____

Current Services: OT ____ Speech ____ ABA ____ One on One Aide ____ Other: _____

Diagnostic Label:

- | | |
|--|---|
| <input type="checkbox"/> High Functioning Autism (HFA) | <input type="checkbox"/> Pervasive Developmental Disorder (PDD) |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Non-verbal Learning Disorder (NLD) |
| <input type="checkbox"/> Attention Deficit-Hyper Activity (ADHD) | <input type="checkbox"/> Attention Deficit Disorder (ADD) |
| <input type="checkbox"/> Expressive/receptive language delay | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> No diagnosis | <input type="checkbox"/> other _____ |

Please mark off the boxes that apply the most to your child. This information provides us with more input about what type of group your child should be placed in and his or her level of functioning.

- Processes information quickly
- Delay in response time
- Has difficulty understanding the concepts and language- requires visual and/or physical prompts to understand Message.
- Advanced vocabulary and sentence structure
- Slightly delayed vocabulary and sentence structure
- Significantly delayed vocabulary and sentence structure

Behaviors:

- Motivated, focused, attentive
- Anxious
- Active and distracted



Impulsive

Rigid

Inattentive or aloof ("in own world")

Oppositional

Physically aggressive towards peers

Verbally aggressive towards peers

Physically aggressive towards adults

Verbally aggressive towards adults

May run away or want to leave situation when upset

Other: _____

If I were to observe your child on the playground, what would I notice about him/her?

If I were to observe your child in the classroom, what would I notice about him/her?

If I were to observe your child in a play date with a peer, what would I notice about him/her?

If I were to observe your child playing at home, what would I notice about him/her?



___ Appears unaware of others

___ Plays alone, may play appropriately with selected toys.

___ Appears unaware of others' presence unless he needs something.

___ Parallel play sharing play areas and similar toys

___ Can engage in simple turn taking games with a peer with facilitation

___ Plays cooperatively w/adult, may prefer adults

___ Beginning to notice peers and demonstrate interest in peer interaction.

___ Prefers to focus on his topic of interest or choice of game.

___ Difficulty with considering others in a group or playing as part of a group

___ Is interested in others but struggles with sustaining play beyond his own topic of interest

___ Difficulty being flexible around another's wants or interests.

___ Parallel play showing interest in peers, sharing play areas and similar toys

___ Plays imaginatively within a familiar structure (building a zoo or track) engages in circle time, music with peers.

___ Knows how to play with others in a structured or familiar activity

Concerns regarding social development: