**Social Skills Intervention Weekly Progress Report**

Student’s Name Age/Grade

Teacher’s Name

Group Leader’s Name

Date Group Began Date of Report

Person filling out report

Student has been a member of a social skills training group. During the past few weeks, we have been working on key skills to help the student improve his or her social interactions with peers and adults. Please check the box indicating the level of progress this student has experienced in the last week.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Skill with steps listed:** | **NO IMPROVEMENT** *(no change)* | **SOME IMPROVEMENT***(appropriate use of the skill 1-3 times but still uses competing problem behavior)* | **GREAT IMPROVEMENT** *(appropriate use of the skill 4-6 times with rare use of competing behavior)* | **COMPETENT** *(appropriate use of skill with 0 use of competing behavior)* |
| Listening |  |  |  |  |
| Maintain eye contact |  |  |  |  |
| Let others do most of the talking |  |  |  |  |
| Pay attention |  |  |  |  |
| Avoid interruptions |  |  |  |  |