



Parental Permission Referral Form

Date:

Child's Name:

Any other information you would like us to know about your child:

	Skill	Ability (1-very poor, 5-very good)				
		1	2	3	4	5
Emotional Awareness	Ability to recognise how they feel					
	Ability to say how they feel and why					
Social Skills	Making eye contact					
	Taking turns					
	Speaking in a pleasant tone of voice					
	Asking for help					
	Sharing					
	Paying attention when spoken to					
Friendship Skills	Ability to initiate friendships					
	Ability to maintain friendships					
	Understanding what friends do and do not do					
Self-esteem	Ability to identify strengths					
	Ability to accept praise					
	Ability to accept constructive criticism					
	Perseverance for tasks they find difficult					
	Ability to cope with new experiences/change					
Anger Management	Ability to recognise when feeling angry					
	Knowledge and use of strategies to help calm down when feeling angry					
	Ability to seek adult help when angry/frustrated					

Parent/Carer signature: