

Social Skills Practice Work

Name: _____

Date: _____

Fill in this part during group:

1). The name of the Social Skill you will be practicing: _____

2). The skill steps are:

1.

2.

3.

4.

5.

6.

3). Where- I will try this skill at/in: _____

4). Who- I will try this skill with: _____

5). When- I will try this skill on: _____

.....

Fill in this part after you tried the skill

1) Describe the situation in which you used the skill _____

2) Rate yourself based on how well you followed the steps:

Excellent

Good

OK

Need Improvement

3) If you were to try this skill again, what would you do differently? _____
