

Fall 2010 Social Skills

The concepts covered in our POP™, Personal Options and Preferences group include but are not limited to:

- Bullying
- Fear of trying new things
- Argumentative behavior
- Shyness
- Accepting criticism
- Making friends
- Reading body language
- Understanding personal space
- Learning when to say “yes” and when to say “no”
- How to be a leader
- How to work cooperatively
- How to ask questions when not sure of what to do
- Siblings—learning to get along
- Responsibilities at home and school

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- POP™
- October 6,13,20,27 November 3,10,17
- 4-5:30pm
- \$425
- max 7 kids

This group is **U.S. Trademarked** and led by Graduate Licensed and Certified Professionals. Space limited.

My concerns and expectations that I expect from my
child participating in this group:

P.O.P.™ Personal Options and Preferences, social skills checklist

If you can check off two or more of these concerns, this group is for your child!

*Not many and/or few friends	
*Often plays on the “fringes of the group”	
*Complains that “someone hit him/her”	
* Rejects tasks or appears to oppositional without cause	
*Appears to be a “loner”	
*Hits other children unprovoked	
*Difficulty doing chores, assignments/homework, becomes easily frustrated/procrastinates	
*Problems when it is time to “line up”, be on time, etc.	
*Difficulty sustaining attention on task	
*Difficulty with co-operative tasks	
*Difficulty with “personal space”	
*Poor verbal expression of thoughts, ideas and feelings	
* “Floating” moods that seem unprovoked	
*Multiple complaints of feeling “sick”	
*Easily Frustrated	
*Overly sensitive to criticisms	
*Poor eye contact when speaking to others	
*Aggressiveness	
*Difficulty working groups	
*Organizational issues: homework/home chores/personal care, room, toys, etc	
*Social judgment concerns	
*Difficulty reading facial expression; body language, etc.	

Child’s name _____

Age _____ Grade _____

Parent(s) Names _____

Address _____

Telephone # _____ Cell # _____

(Non-parent) emergency name and phone number _____

Parent’s Email: _____

Method of payment: ___ check ___ charge (VISA, MC only) Check number: _____

Charge card number _____ Exp date _____
(Visa or Master Card only) an extra 4% is added to cover processing fees.

Payment is **due in full, 3 weeks before the class begins, in order to reserve your child’s place in the program.*

**A \$125 non-refundable deposit is due (for each camp), with registration*

Signature _____