



SNAP® Boys Children's Group Weekly Evaluation Form

Parent/Caregiver Name(s): _____

Facilitator(s): _____

Child Name: _____

Client ID#: _____

Rating scale:

1 = refuses to participate; 2 = some evidence of skill, required coaching; 3 = independently demonstrates skill; 4 = not observable

Provide a rating of YES/NO for the headings "Role-Play" and "Home Practice".

NOTE: for certain observations of a client's participation a numerical rating will suffice; others require an explanation in note column

Date	Session Topic	Social Skills (cooperative with peers and Leaders; interacts positively with others)	Effective Communication (uses listening skills; expresses self appropriately)	Behaviour (follows group rules, structure, and expectations; requires redirection/limit setting; responsive to praise, points)	Skill Conceptualization (demonstrates understanding of topic)	Role-Play (demonstrates steps of SNAP in role-play and during natural learning opportunities) Y/N	Home Practice (Y/N)	Notes (mood/demeanor; important insights and information)
		Rating Scale 1-4				Rating Yes or NO		



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	1. Introduction to SNAP®							
	2. Joining In							



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	3. Fair Play and Being a Good Sport							
	4. Apologizing							



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	5. Listening (JOINT Session)							
	6. Dealing with Feelings							



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	7. Dealing with Being Blamed							
	8. Rewarding Yourself (JOINT Session)							



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	9. Hard Thoughts And Cool Thoughts							
	10. Stopping Stealing and Lying							



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	11. Bullying							
	12. Avoiding Trouble							



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	13. Celebration							