

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Friendship Skills Assessment

- |   |     |    |
|---|-----|----|
| 1) I have lots of friends at school.                            | Yes | No |
| 2) It is easy for me to make new friends.                       | Yes | No |
| 3) I know how to solve problems that I have with my friends.    | Yes | No |
| 4) I play with lots of people on the playground.                | Yes | No |
| 5) I play by myself a lot.                                      | Yes | No |
| 6) People like me.  | Yes | No |
| 7) I get into arguments with my friends                         | Yes |    |
| No  |     |    |
| 8) I tease or make fun of other people                          | Yes | No |
| 9) I have said mean things to someone I thought of as a friend. | Yes | No |
| 10) I like myself.  | Yes | No |