The effects of social skills training for high school students with disabilities

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The purpose of this study was to examine the effectiveness of the social skills program “Social Skills Training” for high school students with disabilities. Six high school students with multiple disabilities, attending a private special education school, participated in the study. Social skills training was provided in 12 sessions, 20 minutes per session, one session per day, three days a week for four weeks, and a follow-up of review activity for four weeks. A single subject designed with ABC phases was used. The student behaviors were observed and recorded prior to training as Baseline, during the training as Intervention, and after the training as Maintenance. The results show that students have an increase in correctly applying the following skills: doorway etiquette, phone etiquette, and greetings during the training, however, a slight decrease is found during the follow-up to maintain the learned skills.
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CHAPTER ONE

INTRODUCTION

Statement of the Problem

Social skills are social behaviors in specific situations that predict important social outcomes from students. Social skills typically include a comprehensive assortment of skills that cover areas such as social problem solving, friendship building and dealing with feelings (Kavale, 2004). Specific social skills include staring a conversation, asking for help, using self-control, and responding to failure. Adolescents with disabilities often have poor social skills (Elliott, 2002). It was found that 75% of adolescents with disabilities had social deficits when compared with those without disabilities (Elliott, 2002). The lack of appropriate social skills in adolescents with disabilities has been viewed and recognized by teachers and parents as being a serious handicapping factor associated with those students (Wanat, 1983). Adolescents with disabilities have difficulty to identify and recognize the meaning of other people’s behaviors. Many times, they become social outcasts in their neighborhood, and lack interpersonal communication skills.

Teachers can no longer assume that students will come to school knowing how to behave and how to respond appropriately to their peers and school professionals. Hitting or yelling can be the common response to demonstrate their anger and upset feelings (Elliott, 2002). It seems that these students do not remember to use appropriate social
skills to solve a problem and to express their emotion. There is little doubt that social skill deficits characterize many adolescents, especially those with disabilities (Forness, 1996). Adolescents with disabilities have low self-concept and are often rejected by their peers. Thus, poor social relationships with peers are always found as a problem of those students which lead to underachievement. Research indicates that adolescents with disabilities have less social experience to develop social skills. They also have problems to generalize learned skills in social situations such as, initiating a conversation, keeping a friendship with peers, and making friends. The potential problems cover a wide spectrum and may include difficulties in social competence, social cognition, social behavior, social relationships, and peer status (Kavale, 2004). Recent research has shown that adolescents with disabilities exhibit social skill deficits when compared to their normally achieving peers (Shumaker, 1982). It is found adolescents with disabilities have problems with symbolic representation, understanding cause and effect, and generalizing learned skills, and therefore make them difficult to interpret social situations and learn appropriate behaviors (Elliott, 2002). Youths who lack social competence have been at risk for many problems including aggression, peer-rejection, academic failure, loneliness and social dissatisfaction. These problems have resulted in their difficulty for maintaining employment and keeping relationships with others. Thus, social skill deficits impact on the lives of high school students with disabilities after they leave high school. Lack of interpersonal skills has been a common cause of searching for an employment, and maintaining a position.

Teaching social skills is important for high school students with disabilities. Social skill training delivers information and knowledge to students to elicit positive
responses to others, and teaches appropriate problems solving skills to handle different social situations. According to Elliott (2002), social skill training has two advantages. First, social skill deficits occur in a setting can be easily recognized, and second opportunities are provided to practice the appropriate skills with both similar aged peers and trained adults. The actual training procedures include the following steps: (a) structured instruction, (b) coaching, (c) modeling, (d) rehearsal, (e) shaping, (f) prompting, and (g) reinforcement (Kavale, 2004). Through these training steps, students will learn appropriate social skills through practice, role playing and problem solving scenarios. The goal of social skills training is to develop socially acceptable behaviors and develop effective social response patterns (Maag, 2005).

There are many different programs developed for social skills training. These include “F.A.S.T.”, “Social Skills Training,” and “Teaching Social Skills to Youth.” “F.A.S.T.” is a strategy to assist adolescents with disabilities to learn social problem solving skills developed by McIntosh, Vaughn, and Zaragoza (1991). It includes four steps: F – freeze and think about the problem, A – alternatives to resolve the problem, S – solution, and T – try it (Kavale, 2004). “Social Skills Training” was designed for children and adolescents with Asperger Syndrome and related pervasive development disorders (Baker, 2003). Because of the needs of this population, this program was developed to help students know what to do and to respond to social situations in order to avoid social difficulty. “Teaching Social Skills to Youth” is a program to include a step-by-step guide to 182 basic to complex skills for social skills training (Dowd & Tierney, 2005). This program breaks down each social skill into easy steps for students to remember. “Social Skills Programmes: An Integrated Approach from Early Years to
Adolescents” uses illustrated stories and step-by-step instructions to teach social skills to children from three years old to adolescents (Aarons & Gittens, 2003). Of all the programs, “Social Skills Training” is used to teach high school students with disabilities. This program aims to: (a) determine what social skills a student needs to work on, (b) what strategy would be most effective for teaching the social skills, and (c) what therapy modality (e.g., individual or group therapy) would be the best to teach social skills (Baker, 2003). The program also uses several models and strategies to teach students social skills. One strategy is the social skills picture stories which are mini-books to depict various social skills in a step-by-step fashion (Baker, 2003). The other strategy is cognitive picture rehearsal, which uses cartoon-like drawings on index cards. It always includes drawings of three components: the antecedents to a problem situation, the targeted desired behavior, and a positive reinforcer to demonstrate appropriate social skills in a designated social situation.

Integrating social skills training into school’s curriculum has been advocated by many parents and teachers. Teachers are encouraged to identify a specific time for social skills training, form small groups of three to five students, identify a targeted time, and begin instruction on a targeted skill. Procedures for teaching specific social skills should be provided for teachers, so that teachers can give assessment protocols for determining which skills students need most and assign homework for further practice.

Using “Social Skills Training” program is important in school curriculum for high school students with disabilities. It is found that “Social Skills Training” program is effective in helping high school students with disabilities gain an important step in learning social skills. The program compensates for what does not come naturally and, as
a result, teaches the students how to lead successful lives. To add more data to the previous studies on the effects of social skills training, the present study will use the “Social Skills Training” program for high school students with disabilities. The effect of the training will be evaluated by observing students’ behavior change.

Purpose of the Study

The purposes of this study are to a) examine the effects of social skills training for high school students with disabilities, b) evaluate if social skills training will increase those students’ appropriate behavior such as; doorway etiquette, greeting one another, and telephone etiquette, and c) evaluate if social skills training reduces inappropriate behavior such as; disruptive behavior and not paying attention.

Significance of the Study

In the past years, there were many studies to evaluate effects of social skills training (i.e. Kavale, Baker, Denham, 2004). It is found that there should be a social skill curriculum in place at the elementary level, and social skills should be an integral part of a high school’s curriculum. To date, most studies on social skills training involved elementary students, as participants, and limited empirical research for high school students with disabilities (Kavale, 2004). The present study will examine social skills training for high school students with disabilities. The goal is to help increase appropriate social behaviors, and maintain those skills in school. It attempts to provide insight to school administration to improve current social skills training programs for high school students with disabilities.
Research Questions

This study addressed the following research questions:

1. What were the effects of social skills training to high school students with disabilities?

2. Will high school students with disabilities increase appropriate social skills, for example, doorway etiquette, greetings, and telephone etiquette when social skills training is provided?

3. Will high school students with disabilities reduce inappropriate behavior, for example disruptive behavior when social skills training is provided?

4. After social skills training, will high school students with disabilities be able to maintain appropriate skills such as; doorway etiquette, greetings, and telephone etiquette?
CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

According to Gresham (1998), social skills are defined as socially acceptable learned behaviors enabling individuals to interact effectively with others and avoid or escape socially unacceptable behavior exhibited by others. Social skills can be grouped into six categories: interpersonal skills, peer-pleasing social skills, teacher-pleasing social skills, self-related behavior, assertiveness skills, and communication skills. Interpersonal skills include friendship making skills, such as introducing yourself. Peer-pleasing social skills include skills valued by student’s classmates such as understanding other’s feelings. Teacher-pleasing social skills are behaviors associated with school success. Self-related behaviors enable students to assess a social situation. Assertiveness skills enable students to express their needs. Communication skills include conversational skills such as talking on a phone, sharing ideas with peers, and initiating requests. While there is no exact definition of social skills, Denham, Hatfield, Smithhurst, Tan and Tribe (2006) has proposed five main clusters of social behaviors. These behaviors include: cooperation, assertion, responsibility, empathy, and self-control. Cooperation includes helping other people, and sharing and abiding by rules. Assertion means initiating behaviors, asking for things, and responding to behaviors of others. Responsibility is defined as communication with adults and demonstrating of
care. Empathy includes showing concern over other’s feelings. Self-control refers to one’s ability to respond appropriately to conflict or corrective feedback from others. This chapter reviews research articles related to social skills problems of high school students with disabilities and relevant social skills training programs for students with disabilities.

**Social Skills Problems of High School Students with Disabilities**

Recent research has shown that high school students with disabilities exhibit social skill deficits when compared to their normally achieving peers (i.e., Shumaker, 1999). Social skill deficits in high school students are very predominant. These deficits may be related to impulsivity, both verbal and motor, poor visual perception of facial and body language cues, poor auditory perception of vocal cues, invasion of the personal space of others, inappropriate touching, untidiness, disorganization, and a number of other such problems (Bickford, Milburn & Rotheram-Bours, 2001). Mood swings, overreaction, and depression may also provide problems for the individual with disabilities. Highschool students with visual perception problems often miss the messages that people send and receive through facial expression. Difficulty with auditory perception more often results in problems in interpreting vocal tone.

In a recent meta-analysis of the social skills training literature, Gresham, Sugai, and Horner (2001) describe the following:

“deficits in social skills can be categorized as follows: acquisition deficits (absence of knowledge of how to execute particular social skills); performance deficits(presence of social skills, but failure to perform them in certain situations); fluency deficits (stemming from insufficient practice or rehearsal of particular social skills); and acquisition deficits with interfering problem
behaviors (presence of interfering behavior such as anxiety, preventing acquisition or particular social skills) (p.130).”

Social difficulties can be defined as both a skill deficit for the student with a social disability and a problem of acceptance of that student by his or her peers (Baker, 2003). Students with disabilities are widely regarded as having social skill difficulties (Elksnin, 2001). It is reported that 29% of adolescents with disabilities required social skills instruction beyond high school (U.S. Department of Education, 2008). These students will enter the workforce after high school. All social interactions involve two people (Baker, 2003). Thus, social skills are very important for high school students especially those with disabilities. Social skills are the foundation for getting along with others. A lack of social skills can lead to behavioral difficulties in school, delinquency, inattentiveness, peer rejection, emotional difficulties, bullying, difficulty in making friends, aggressiveness, problems in interpersonal relationships, poor self-concept, academic failures, concentration difficulties, isolation from peers, and depression. Academic skills, vocational skills, and social skills are required for an employment. Occupational social skills are those social skills related to obtaining and maintaining a job (Gresham, 1998). Problem-solving skills are some of the most common skills taught in interpersonal skills training programs (Biglan, et.al, 1999). Students are taught to “Stop and Think” when they face a problem, and to use several anger control skills such as taking several deep breaths, and using calming self-talk. Specifically, children are taught to answer the question “What is the problem?” and to consider “How do I and others feel?” Interpersonal training programs frequently emphasize teaching social or coping skills. These include such skills as how to ask peer questions, how to share, and
how to best help others (Biglan, et al., 1999). Assertiveness skills include how to stand up for one’s rights without the use of violence. Academic success skills include how to concentrate, how to listen to a teacher, and how to put up quiet hands.

Social Skills Training Programs for High School Students with Disabilities

According to Biglan, Eddy and Taylor (1999), the theoretical rationale for skills training approaches is the belief that a lack of interpersonal skills—whether problem-solving skills, anger control skills, social skills, coping skills, or assertiveness skills—is the primary cause of children’s behavior problems. The solution is simple, to teach children the skills they are lacking.

Social Skills Training Programs

There are many programs used to teach social skills, and the “Social Skills Training” program is provided for adolescents with social-communication problems. This program consists of two components: (1) skills training lessons for students who have social skill deficits, and (2) activities and incentives to promote generalization and practice of skills in the situations where they are needed. Structured learning forms the core teaching model for the skills lesson used in the “Social Skills Training” program. According to Baker (2003), structured learning consists of four teaching components: (1) didactic instruction (explanation of the skill steps), (2) modeling of skill steps, (3) role-playing with feedback, and (4) practice within and out of the group. Didactic instruction involves the instructor explaining the steps of a particular skill. Usually the skill steps are written on a poster or blackboard to be used as a visual aide. The key to this approach is to engage the students’ attention. To avoid long and boring lessons, a game format is used in the training. For example, discussing and reviewing the steps in the form of
shows such as “Jeopardy,” “Wheel of Fortune,” or “Who Wants to Be a Millionaire?” that are usually well received (Baker, 2003). After the skill steps have been explained, it is important to model the steps for the students. According to Baker (2003), the facilitator needs (a) a situation to act out and (b) co-actors. Co-actors can be students or fellow teachers. Before modeling the skill, it is important to give the students specific instructions on what to look for. After the modeling, ask the students if each step was conducted correctly, and if not, what needed to be fixed. Depending on the nature of the students, the instructor may opt out on demonstrating the incorrect way to the students. The disadvantage to demonstrating the wrong way is that some students may be amused by the wrong way, and continue to perform the skill incorrectly. According to Baker (2003), the advantage of demonstrating the wrong way is twofold: (a) certain skills will be much better understood when both the right and wrong way are shown, and (b) students who are reluctant to role-play may be more likely to try if they can role-play the wrong way first, then, they do not have to fear making a mistake. During a role-play, the student is asked to act out the social skill in a correct order, according to the predetermined steps. Role-playing is more effective when done with two instructors or one instructor and two students (Gresham, 1998). This way, the instructor can avoid participating in the role-play and act as a coach to assist the students through the steps. After each role-play, the instructor should provide feedback and give ample amount of praise to the students. The process of teaching a particular skill – reviewing the steps, role-playing the skill, and providing corrective feedback – should be repeated over and over until the student is able to demonstrate the skill without prompting. After the skill has been reviewed, students can decide who they want to practice the skill with.
Secretary’s Commission on Achieving Necessary Skills (SCANS)

Secretary’s Commission on Achieving Necessary Skills SCANS was developed by the U.S. Department of Labor (McIntosh, et. al., 1991). In 1990, the Secretary of Labor appointed a commission to determine the skills high school students with disabilities needed to succeed in the workforce. The commission's fundamental purpose was to encourage a high-performance economy characterized by high-skill, high-wage employment. Although the commission completed its work in 1992, its findings and recommendations continue to be a valuable source of information for individuals and organizations involved in education and workforce development. It identified basic skills, thinking skills, and personal qualities required for successful job performance and identified six essential interpersonal skills (Elksnin, 2001). These interpersonal skills included (a) participating as a member, (b) teaching others new skills, (c) serving customers, (d) exercising leadership, (e) negotiating, and (f) working with diversity (Elksnin, 2001). According to Elksnin (2001), these components are top skills and competencies needed per region and industry.

Teaching Social Skills to Youth

This program was developed by Tom Dowd and Jeff Tierney in 2005. It is a step-by-step guide to teach basic to complex social skills. The training manual explains the philosophy of social skills training as well as different teaching strategies of social skills training. A behavioral approach to social skills training was used to recognize that all behaviors occur within a context of environmental events (Dowd & Tierney, 2005). According to Dowd and Tierney (2005), a youth engages in a particular behavior or activity in a given situation in order to have some effect on his or her surroundings. In a
behavioral teaching approach, the desired outcome is identified and the sequence of social skill outcomes is performed. The curriculum presented in the manual defines positive alternatives to many of the maladaptive and self-defeating behavior patterns in which a high school student with disabilities might display.

**Social Skills Programmes: An Integrated Approach from Early Years to Adolescence**

This program was developed by Maureen Aarons and Tessa Gittens in 2003. As the manual explains, the roles of parents in teaching students social skills are the focus of the program. Aarons and Gittens (2003) believe that parents must be involved at all stages of the social skills training. Parents can make the commitment in the training together with their child. And, unless the parents can make this commitment, their child’s progress will be hindered. Parents are invited to attend workshops to learn about the goals of social skills training as well as participating in activities in the skill areas their child needs to work on. This program has more guidance for the adolescents, due to social communication and social interaction become increasingly more demanding and complex, which in turn requires more detailed clarification and explanation.

**Effects of Social Skills Training Programs for High School Students with Disabilities**

**Social Skills Training Program**

While there are many programs used to teach social skills to students with disabilities, the “Social Skills Training” program aims to train social skills in students with Asperger Syndrome and related pervasive development disorders. This program was created to help students who have profound difficulty with social interaction. The intervention in the program focuses on teaching skills to students with disabilities. The curriculum illustrates every learned social skill as well as practice sheets to practice at
home or with a friend. The “Social Skills Training” program is an effective program, however, it does lack in training for teachers. The material is presented fast-pace, and there is not much instruction on how to conduct the lessons for the teacher. Studies involving the “Social Skills Training” program are nonexistent; therefore, more information is necessary in applying this program to high school students with disabilities.

Secretary’s Commission on Achieving Necessary Skills (SCANS)

In 1990, then Secretary of Labor, Lynn Martin wondered what high school students needed to know before entering the workforce and formed the Secretary's Commission on Achieving Necessary Skills (SCANS). Martin asked the commission, comprised of representatives from schools, government, unions, and corporate America, to examine the demands of the workplace and to determine whether American youth are capable of meeting those demands. After a year of talking to employers, supervisors, workers, and union officials, the Commission identified a set of competencies and foundation skills, known as SCANS skills, which everyone entering the workforce must have. In 1991, the commission issued their initial report, What Work Requires of Schools. As outlined in that report, a high-performance workplace requires workers who have a solid foundation in the basic literacy and computational skills, in the thinking skills necessary to put knowledge to work, and in the personal qualities that make workers dedicated and trustworthy. "SCANS" is an effective program for students who plan to enter the workplace or adults who are already working. SCANS model for occupational social skills has been applied in a number of ways (Elksnin, 2001). For example, in 1998 the South Carolina Chamber of Commerce surveyed employers across
the state. The survey was developed by breaking the SCANS competencies into 37 components. The result was a ranking of top skills and competencies per region (Elkinsn, 2001). Examples of top skills include use courtesy, show respect and empathy for others, assist others, etc. In 2000, the commission spent 12 months talking to business owners, to public employers, to the people who manage employees daily, to union officials, and to workers on the line and at their desks. From these conversations, three major conclusions were drawn: (1) all American high school students must develop a new set of competencies and foundation skills if they are to enjoy a productive, full, and satisfying life, (2) the qualities of high performance that today characterize our most competitive companies must become the standard for the vast majority of our companies, large and small, local and global and (3) the nation’s schools must be transformed into high-performance organizations in their own right (Elkinsn, 2001). According to the 2000 “SCANS” study, the five competencies that effective workers can productively use are: resources, interpersonal skills, gaining information from others, technology and thinking skills. Employees are able to rank top skills and competencies needed for work. The “SCANS” program is geared only to adolescents and adults, therefore it is lacking in teaching social skills to elementary students and students with disabilities.

Teaching Social Skills to Youth

“Teaching Social Skills to Youth” focuses on teaching social skills to youth of all ages. The program is leveled on different behaviors, and does both individual and group learning. The skills are broken into sub-categories depending on how complex the skill is. The curriculum is structured so that skills that were taught in the previous group are
included in the new group of social skills. Basically, skills are building from what the students have already learned. The training manual reflects and focuses on the importance of teaching social skills to youth of all ages, the elements of social behavior, individual and group teaching techniques, generalization of skills, the role of skill-based interventions for difficult youth problems (Dowd & Tierney, 2005). The training manual is intended to serve as an effective resource and tool to anyone who is teaching social skills. The “Teaching Social Skills to Youth” program is an effective program in teaching social skills, however, it lacks in the way the social skills are introduced and taught to students. The material is simple and lacks interest from students. Studies involving the “Teaching Social Skills to Youth” program are nonexistent, therefore, more information is necessary in applying this program to high school students with disabilities.

**Social Skills Programmes: An Integrated Approach from Early Years to Adolescence**

“Social Skills Programmes” is an effective social skills training program for students from three to adolescents. The curriculum is broken down into ages and social skills. The curriculum has clear illustrations that demonstrate the learned social skill. There is also a story that goes along with the illustrations. The manual comes with a set of worksheets that the students can work on after they role-play the social skill. All of the programmes are flexible, for example, the three to five years’ program can be used for older children with a cognitive disability as long as the criteria relating to attention and understanding of the material (Aarons & Gittens, 2003). The curriculum is laid out in a concise matter; however, the illustrations can be puzzling on what social skill is the target. The goals and objectives for the elementary students are very clear, however, it is
lacking information and guidelines for the adolescents, especially those with disabilities. Studies involving the “Social Skills Programmes” program are nonexistent; therefore, more information is necessary in applying this program to high school students with disabilities.

Summary of the Literature Review

In reviewing the previous research, it can be determined that adolescents with disabilities lack social skills and can benefit from social skills training. Social skills are the tools to help these students communicate, learn, ask questions, ask for help, request their needs for appropriate ways, get along with others, make friends and generally be able to interact with others (Dowd & Tierney, 2005). The most effective social skills training program, according to research findings, must include structured learning. They must include (1) didactic instruction (2) modeling (3) role-playing and (4) practice. A social skills training program should be established in high school curriculum to help students with disabilities learn interpersonal skills, and improve skills needed for future employment.

Because of the absence of studies using the “Social Skills Training” program in the field, the present study examined the effects of this program to high school students with disabilities during social skills training. By learning skills of doorway etiquette, greetings, and telephone etiquette the students could enhance their interpersonal skills with less disruptive behavior and become socially accepted in and out of school. To date, there are a variety of social skills training programs to teach social skills to elementary students, however, social skills training to high school students with disabilities are limited. In order to add information to social skills training and to evaluate social skills
training programs to high school students with disabilities, the current study has concurred what previous researchers have established using the “Social Skills Training” program for adolescents with disabilities to learn social skills and to evaluate their outcomes.
Six high school students with the age range from 14 to 15 years participated in the study. All students have been classified as having a multiple disability and eligible for special education according to the evaluation by the school’s child study team following the state administrative code (U.S. Department of Education, 2008). These students attend a private special education school in a suburban area of southern New Jersey. They spend an entire school day in a self-contained classroom for students with disabilities. The individual students’ information is as follows:

Student A is a girl with a chronological age of 15 years, three months. She has been classified as having multiple disabilities and receives instruction in a self-contained special education classroom and receives related services in speech and language, occupational therapy, and physical therapy.

In the classroom, she gets distracted in a large group setting. When she is taught by an adult, one-on-one, she can stay on task. She has limited language abilities and has to be prompted to make a complete sentence to respond to a question. Thus, she rarely has any communication with her peers. It doesn’t seem that she has many friends outside of school either.
Student B is a boy with a chronological age of 15 years, nine months. He has been classified as having multiple disabilities and receives instruction in a self-contained special education classroom. He is non-verbal using a communication device to interact with people. He knows some sign language, and uses PECS, a picture exchange system.

In the classroom, this student is very quiet and easily distractible. Because of his quietness, he is often left alone. He needs many verbal prompts from teachers in order for him to stay on task. He rarely communicates with his peers and adults in the classroom. When he is asked to respond to simple questions he is only able to say “yes” or “no”.

Student C is a girl with a chronological age of 15 years, four months. She has been classified as having multiple disabilities and receives instruction in a self-contained special education classroom. She suffers from high anxiety, which impairs her to answer direct questions, such as “What time is it?” or “How old are you?”

In the classroom, this student constantly wants to know what is going on, and is very inquisitive. To eliminate some of her anxiety issues, a schedule is placed on her desk everyday. She is an energetic young woman, and loves to help the teachers complete jobs around the school. This girl has a hard time communicating with her peers, and often makes inappropriate remarks to the fellow students. When she is in a conversation, she is often distracted on her surroundings and is not paying attention to the conversation.

Student D is a girl with a chronological age of 14 years, one month. She has been classified as having multiple disabilities and receives instruction in a self-contained
special education classroom. She is in a motorized wheelchair that sometimes restricts her communication skills.

In the classroom, this student attempts to communicate with her fellow peers at inappropriate times. She sometimes tries to communicate with her peers during class instruction, and is instructed to wait her turn or free-time to talk with friends.

Student E is a boy with a chronological age of 15 years, 11 months. He has been classified as having multiple disabilities and receives instruction in a self-contained special education classroom. He is a non-verbal student using a communication device to interact with people. He knows some sign language, and uses PECS, a picture exchange system.

In the classroom, this student is easily distractible and at times needs to be redirected using a behavior system. He rarely communicates with his peers, but with adults. He needs to be reminded constantly to use his communication device to answer questions, rather than shaking his head. He typically types in one-word responses with his device. His response is unacceptable, and he is always instructed to type in a complete sentence. He has a hard time remembering the names of his classmates when he is told to talk to them. We often play games with student D that forces him to communicate with others.

Student F is a girl with a chronological age of 15 years, four months. She has been classified as having multiple disabilities and receives instruction in a self-contained special education classroom. She is a nice child, but shuts down if she is corrected. Sometimes, she can become argumentative and cause physical pain to herself, when asked a direct questions, such as “How are you?” or “Do you like this?”
In the classroom, this student attempts to talk to other students, however, sometimes the students will not respond to her. She is also generous, and often asks to help some of her peers if needed. She enjoys playing games with her classmates, and tries to keep them involved. When speaking to adults, she gets very shy and refuses to answer questions.

Table 1 presents the general information about the participating students.

<table>
<thead>
<tr>
<th>Student</th>
<th>Age</th>
<th>Grade</th>
<th>Classification</th>
<th>Years in Special Ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>15.3</td>
<td>10</td>
<td>MD*</td>
<td>15</td>
</tr>
<tr>
<td>B</td>
<td>15.9</td>
<td>10</td>
<td>MD</td>
<td>15</td>
</tr>
<tr>
<td>C</td>
<td>16.4</td>
<td>10</td>
<td>MD</td>
<td>16</td>
</tr>
<tr>
<td>D</td>
<td>15.1</td>
<td>10</td>
<td>MD</td>
<td>15</td>
</tr>
<tr>
<td>E</td>
<td>15.11</td>
<td>10</td>
<td>MD</td>
<td>15</td>
</tr>
<tr>
<td>F</td>
<td>15.4</td>
<td>10</td>
<td>MD</td>
<td>15</td>
</tr>
</tbody>
</table>

* As defined in the state code, MD refers to Multiple Disabilities

Materials

“The Social Skills Training Program” (Baker, 2003) was used for instruction as instructional materials. This program addresses the needs of social skills for high school students with disabilities. It also addresses the needs of social skills for adolescents with Asperger Syndrome and social-communication problems. The “Social Skills Training” approach utilizes activities to review skills, provide role playing, model, correct
inappropriate responses, and reinforce appropriate behavior by giving rewards for accomplishment. By learning the skills listed in the program, adolescents can develop appropriate social skills. The curriculum contains 70 skill lessons and six skill groups including Conversational Skills, Cooperative Play Skills, Friendship Management, Self-Regulation, Empathy and Conflict Management. In this study, of the 70 lessons, the students learned three social skills lessons: 1) calling a friend on the telephone and answering the telephone, 2) greetings, and 3) doorway etiquette (see lesson plans in Appendix A).

Measurement

A behavior observation checklist was developed to record student behaviors prior to social skills training (see Appendix B). This checklist included target behaviors, telephone etiquette, doorway etiquette, and greetings, as identified in the “Social Skills Training” program. Doorway etiquette is described as holding the door open for the next person, allowing certain people to go first, using appropriate expressions as, “after you” and “you’re welcome,” then the student entering through the door. Telephone etiquette is described as answering the phone promptly, using a pleasant voice, listening carefully, finding out what the caller wants, find the person the caller wants or take a message, and say “goodbye”. Greetings is described as making eye contact, introduce yourself, shake the person’s hand, say “goodbye” when someone is leaving. Observations were conducted and students’ behaviors were recorded for four weeks prior to social skills training as baseline data. The same observation checklist was used during the training to record the students’ behaviors and after the training as a follow-up to see if the students would maintain the skills.
Procedures

Training Procedures

The students received social skills training using the “Social Skills Training” program in their classroom. The training provided a structured learning environment for the entire class, 20 minutes a day, three days per week. Components of the structured learning environment lesson include: a) modeling – showing the student what to do. All steps of the skill are demonstrated by the lead teacher and her assistant. All skill steps must be acted out properly, according to the “Social Skills Training” program. b) Role-Playing- helping the students learn the skill. All steps must be modeled and directed to the students’ real life. After steps are modeled, students must practice following the modeled behavior. c) Performance Feedback – a brief feedback follows each role-play. It helps the student find out how well he/she acted out the skill, and what improvements need to be made. d) Maintenance – after the skill is learned, the teacher will record how well the student is maintaining the skill.

Measurement Reliability

An Inter-observer Reliability was conducted. Two observers, the researcher and her teacher assistant in the self-contained classroom completed all observations together. Their agreement on behavior occurrences should be reached at 80%. Participating students’ behaviors were observed and recorded before, during and after the training. A behavior checklist was used to record appropriate behaviors. Samples of the behavior checklist can be found in Appendix B.
Research Design

A multiple baseline design across participating students was used in the study. The baseline data were recorded prior to the social skills training. Student behaviors were observed weekly on an ongoing basis. At the completion of the baseline data collection, the researcher taught the skills and then observed the same behaviors to see if any improvement was made when the “Social Skills Training” program were taught. Subsequently, the students were observed to see whether the skills maintained after the training was completed.
CHAPTER FOUR

RESULTS

Profile of the Sample

The purpose of this study was to examine the effectiveness of using the social skills program “Social Skills Training” in class for six high school students with disabilities. All students have been classified as having a multiple disability and attend a private special education school. They were observed prior to the social skills training three days a week for four weeks. The skills of doorway etiquette, telephone etiquette and greetings were selected to teach students. The intervention of social skills training consisted of 12 sessions, 20 minutes per session, one session per day, three days a week for four weeks, with a follow up session to review the skills for four weeks.

Analysis of the Data

A classroom assessment chart was used to record each student’s behavior and evaluate the effectiveness of the program. Target behaviors were recorded as a result of teaching social skills to determine the students’ behaviors during a thirty-six day period.

Figure 1 shows the effects of social skills training using the “Social Skills Training” program. In phase A, Baseline, all six students had low behavioral occurrences of doorway etiquette, greetings and phone etiquette. In phase B, Intervention, all six students increased the times they correctly performed a social skill. Each student showed
an initial improvement after training, with a slight decrease of occurrences during the
weeks following the intervention, the follow-up, phase C. Figure 1 presents the results.
Figure 1

Doorway Etiquette

Days
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

Frequency of Appropriate Responses

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Phase A Phase B Phase C

Days
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

Frequency of Appropriate Responses

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Phase A Phase B Phase C

Legend:
- Student A
- Student B
- Student C
- Student D
- Student E
- Student F
Figure 2

Greetings

Days
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

Frequency of Appropriate Responses

Phase A  Phase B  Phase C

Student A  Student B  Student C

Phase A  Phase B  Phase C

Student D  Student E  Student F

29
Figure 3

Phone Etiquette

![Graph showing phone etiquette over days for different phases.](image)

Days

Frequency of Appropriate Responses

Phase A
Phase B
Phase C

Student A
Student B
Student C

Student D
Student E
Student F
CHAPTER FIVE
DISCUSSIONS

Findings

The purpose of this present study was to examine the effectiveness of social skills training to high school students with disabilities. The researcher used the “Social Skills Training” program to teach six students three target skills: doorway etiquette, phone etiquette, and greetings. Student behaviors were recorded daily, using a behavior observation sheet.

In this study four research questions were posed. The first question was to examine the effects of social skills training to high school students with disabilities. The findings show that in phase A, Baseline, all students needed to be taught the appropriate skills of doorway etiquette, phone etiquette, and greetings. Thus, the percentage of the number of times the students correctly completed a skill were very low. The second question was to examine if doorway etiquette, phone etiquette, and greetings improved when social skills training was provided in class. The findings show an improvement of 10 percent during the intervention, phase B for all skills, with a slight drop of percentage during the follow-up, phase C. In examining the data and the positive increase of the percentage of correctly performing a social skill, the researcher has found that the students are much more confident and are performing the skills correctly. The students are opening doors for adults in the school, greeting adults and children, and are able to
correctly create a conversation on the phone. The third question was to examine if inappropriate behavior was reduced. The students' inappropriate behaviors were reduced and they became less disruptive in the classroom. The results showed a decrease in calling out and wandering off topic. The fourth question was to examine if high school students with disabilities are able to maintain appropriate skills they learned, such as; doorway etiquette, greetings, and telephone etiquette. The findings show that there is a slight decrease in maintenance, phase C, however the percentage of correctly performing the skill is increased compared to that in baseline, phase A.

The results of the intervention and maintenance showed that all six students increased appropriate social skills. When teaching the doorway etiquette skill, the students were observed every day for 36 days to see if they correctly applied the skill when arriving at a doorway. The number of opportunities the students used a door varied from day to day. For students A, B and C, with low percentages for correctly applying the skill of doorway etiquette during phase A, the baseline, a slight improvement was shown during phase B, the intervention and continued maintaining the skill in phase C, the follow-up. For students D, E and F, with low percentages for correctly applying doorway etiquette during phase A, the baseline, a steady improvement was shown during phase B, the intervention, however students were not able to maintain the skills, therefore, the percentages dropped in phase C, the follow-up. When teaching the phone etiquette skill, the students were given the opportunity to apply these learned skills once a day during phase A, the baseline, then four times a day during phase B, the intervention, and then back to once a day during phase C, the follow-up. Most of the students were able to correctly use phone etiquette during phase A, the baseline, however during phase
B, the intervention, when the number of opportunities increased, the students’ percentage of correctly using phone etiquette decreased. In phase C, the follow-up, the students were able to correctly again use phone etiquette once a day. It seemed the more opportunities the students had to use phone etiquette, the more they forgot what to do, or became tired of the task practice. When teaching the greetings skill, the students had an opportunity to greet a total of four people everyday for four weeks. For students A, B and C, in phase A, baseline, the students’ baseline varied from day to day. For student B, the overall percentage was a little higher than the rest of the students because he has a one-on-one aide, who he greets everyday. Students B and C, were able to maintain a high percentage of correctly greeting someone in both phase B, intervention, and phase C, follow-up. For students D, E and F, in phase A, baseline, their performance varied from day to day. Student D’s skill level was a little higher than the rest of the students because she has a one-on-one aide, who she greets everyday. Students E and F were able to maintain a high percentage of correctly greeting someone in both phase B, intervention, and phase C, follow-up.

The findings in this present study are consistent with Dowd and Tierney’s study (2005). Both studies have found that that adolescents with disabilities lack social skills and can benefit from social skills training. It has indicated that social skills are the tools to help students better communicate with their peers and adults in school and community. According to Baker (2003), high school students with disabilities can enhance interpersonal skills and become socially accepted in and out of school. The findings from the current study are consistent with that of Baker’s study. Students in the present study were able to improve skills such as doorway etiquette, phone etiquette, and greetings
when social skills training was provided in a school environment, and students were able to maintain those skills after the intervention process, if any opportunity for practice was provided.

**Limitations**

There are some limitations in the study. The first is the small size of the sample group. All participants attend a small, private special education school. Therefore, the class size is much smaller than a typical classroom in a high school. There were only six students in the classroom participated in the study. The second limitation is that the three skills were selected by the researcher randomly for the social skills training without consulting with teachers or students to really understand what skills the students needed to learn. In addition, there are some variables, such as, student absences and school activities during the study period. These may impact student performance and data collection for which this researcher could not control.

**Implications**

Based on the findings, some implications may be concluded. First, the school administrators should integrate a social skills training program into a high school curriculum. Social skills are important for adolescents when approaching their graduation from school and entering into adulthood. A social skills training program will increase their ability to perform common social skills effectively in the society. Examining the research provided, it is found that a social skills training program is needed and can be integrated into high school curriculum to positively impact students with disabilities. Second, teachers should continue to teach social skills in their classroom. A continuation of social skills training from year to year will increase the
students’ ability to maintain skills. Teaching the importance of using appropriate social skills belongs in every classroom regardless of grade or subject. Many children with behavior needs benefit from the ongoing teaching of social skills.

Conclusions and Recommendations

Based upon the findings of this study, the following suggestions are presented. This study examined the effects on the social skills training program “Social Skills Training” for children and adolescents with Asperger syndrome and communication problems. The skills including doorway etiquette, phone etiquette, and greetings were taught and practiced. The results indicated that the students showed an improvement in all three skills. Further studies should be conducted with larger populations in different regions to confirm the findings in this study. A follow-up analysis could be done using the same subjects to compare the findings of different studies.


APPENDIX A

Parent Consent Form
Dear Parent/Guardian:

I am a graduate student in the Special Education Department at Rowan University. I will be conducting a research project under the supervision of Dr. Joy Xin as part of my master's thesis concerning the impact of social skills to high school students with disabilities. I am requesting permission for your child to participate in this research. The goal of the study is to determine what social skills a high school student should be taught.

Each child will be observed prior to social skills training, and then after social skills training to see if they are maintaining the skill. All data will be reported in terms of group results; individual results will not be reported. Participation is voluntary and your child may withdraw consent at any time.

Your decision whether or not to allow your child to participate in this study will have absolutely no effect on your child's standing in his/her class. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns please contact me at 428-8108 or you may contact Dr. Joy Xin at 856-256-4734. Thank you.

Sincerely,

Tracy Pellegrino
Please indicate whether or not you wish to have your child participate in this study by checking the appropriate statement below and returning this letter to your child's teacher by Feb. 15.

____ I grant permission for my child _____________ to participate in this study.

____ I do not grant permission for my child _____________ to participate in this study.

(Parent/Guardian signature (Date)
APPENDIX B

Observation Checklist
PRE-TEACHING OBSERVATION
Skill Rating Form

Date:

Directions: Based on your observation in Doorway Etiquette, rate each child’s use of the following skills, according to the following scale:

1 = the child almost never uses the skill
2 = the child seldom uses the skill
3 = the child sometimes uses the skill
4 = the child often uses the skill
5 = the child almost always uses the skill

<table>
<thead>
<tr>
<th>Skills</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student hold the door open for the next person</td>
<td>M</td>
</tr>
<tr>
<td>Student allow women and children to go first</td>
<td>C</td>
</tr>
<tr>
<td>Student use the expressions &quot;after you&quot; or &quot;please go ahead.&quot;</td>
<td>A</td>
</tr>
<tr>
<td>Student hold the door open and stand back</td>
<td>CH</td>
</tr>
<tr>
<td>Student say &quot;you're welcome, when the person thanked him</td>
<td>D</td>
</tr>
<tr>
<td>Student enter through door</td>
<td>ME</td>
</tr>
</tbody>
</table>
POST-TEACHING OBSERVATION

Skill Rating Form

Date:

Directions: Based on your observation in Doorway Etiquette, rate each child’s use of the following skills, according to the following scale:

1 = the child almost never uses the skill
2 = the child seldom uses the skill
3 = the child sometimes uses the skill
4 = the child often uses the skill
5 = the child almost always uses the skill

<table>
<thead>
<tr>
<th>Skills</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Student hold the door open for the next</td>
<td></td>
</tr>
<tr>
<td>person</td>
<td></td>
</tr>
<tr>
<td>Student allow women and children to go</td>
<td></td>
</tr>
<tr>
<td>first</td>
<td></td>
</tr>
<tr>
<td>Student use the expressions &quot;after you&quot; or</td>
<td></td>
</tr>
<tr>
<td>&quot;please go ahead.&quot;</td>
<td></td>
</tr>
<tr>
<td>Student hold the door open and stand back</td>
<td></td>
</tr>
<tr>
<td>Student say &quot;you're welcome, when the</td>
<td></td>
</tr>
<tr>
<td>person thanked him</td>
<td></td>
</tr>
<tr>
<td>Student enter through door</td>
<td></td>
</tr>
</tbody>
</table>
Directions: Based on your observation in **Greetings**, rate each child’s use of the following skills, according to the following scale:

1 = the child *almost never* uses the skill  
2 = the child *seldom* uses the skill  
3 = the child *sometimes* uses the skill  
4 = the child *often* uses the skill  
5 = the child *almost always* uses the skill

<table>
<thead>
<tr>
<th>Skills</th>
<th>Names</th>
<th>M</th>
<th>C</th>
<th>A</th>
<th>CH</th>
<th>D</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone of Voice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Greetings</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Taking Turns Talking</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Starting a Conversation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joining a Conversation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending a Conversation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Directions: Based on your observation in *Greetings*, rate each child’s use of the following skills, according to the following scale:

1 = the child **almost never** uses the skill  
2 = the child **seldom** uses the skill  
3 = the child **sometimes** uses the skill  
4 = the child **often** uses the skill  
5 = the child **almost always** uses the skill

<table>
<thead>
<tr>
<th>Skills</th>
<th>M</th>
<th>C</th>
<th>A</th>
<th>CH</th>
<th>D</th>
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<td>Listening Position</td>
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<td></td>
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</tr>
<tr>
<td>Tone of Voice</td>
<td></td>
<td></td>
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</tr>
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<td></td>
</tr>
<tr>
<td>Taking Turns</td>
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</tr>
<tr>
<td>Talking</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Starting a Conversation</td>
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</tr>
<tr>
<td>Joining a Conversation</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PRE-TEACHING OBSERVATION
Skill Rating Form

Date:

Directions: Based on your observation in *Telephone Etiquette*, rate each child’s use of the following skills, according to the following scale:

1 = the child **almost never** uses the skill
2 = the child **seldom** uses the skill
3 = the child **sometimes** uses the skill
4 = the child **often** uses the skill
5 = the child **almost always** uses the skill

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<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Answer the phone promptly</td>
<td></td>
</tr>
<tr>
<td>Use a pleasant voice</td>
<td></td>
</tr>
<tr>
<td>Answer by stating the name of the business or household, then state your name</td>
<td></td>
</tr>
<tr>
<td>Listen carefully to the caller</td>
<td></td>
</tr>
<tr>
<td>Find the person the caller wants, direct the call to voice mail or take a message</td>
<td></td>
</tr>
<tr>
<td>Repeat back the information</td>
<td></td>
</tr>
</tbody>
</table>
Say “Goodbye” and wait for the caller to hang up the phone before you hang up your receiver.

| PRE-TEACHING OBSERVATION |   |   |   |
Directions: Based on your observation in **Telephone Etiquette**, rate each child’s use of the following skills, according to the following scale:

1 = the child **almost never** uses the skill  
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### POST-TEACHING OBSERVATION

<table>
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<th>Say “Goodbye” and wait for the caller to hang up the phone before you hang up your receiver.</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
Social Skills Lesson Plans

Day 1: Greetings
Step 1: Modeling

Lesson 1:
Objective – To have the teacher and co-teacher model the skills for Greetings until students are firm with skill.

Procedure – Teacher and co-teacher will model the different steps of the skill. Different situations will be modeled for understanding. Answer any questions students may have about steps and situation.

Skill Steps for Greetings

1. Face the person.
2. Make sure your tone of voice is appropriate for the situation.
3. The first time you see someone during the day, you say, “Hi, how are you?”
4. Give the person to respond
5. When you pass someone in the hallway, you say, “Hi.”
6. When someone is leaving for the day, you say, “Goodbye.”

Evaluation – Oral response.

Follow-up – Situations are critiqued by students using steps of skill.

Day 2: Greetings
Step 2: Role Playing

Lesson 2:

Objective – To have students role play different situations for greetings and then correct until firm.

Procedure – Review skill steps. Students will role play incorrect and then correct ways to contribute to their classroom discussions. Answer any questions students raise during and after role play.

Follow-up – Situations are critiqued and corrected using skill steps.
Day 3: Greetings
Step 3: Performance Feedback

Lesson 3:

Objective – To have students constructively talk about the performance of their peers on the social skill, Greetings.

Procedure – Review skill steps. Discuss role playing and decide if all skill steps were followed by performance.

Follow-up – Answer any questions raised during performance feedback.

Day 1: Telephone Etiquette
Step 1: Modeling

Lesson 1:

Objective – To have the teacher and co-teacher model the skills for Telephone Etiquette until students are firm with skill.

Procedure – Teacher and co-teacher will model the different steps of the skill. Different situations will be modeled for understanding. Answer any questions students may have about steps and situation.

Skill Steps for Telephone Etiquette

1. Answer the phone promptly.
2. Use a pleasant voice.
3. Answer by stating the name of the business or household, and then state your name.
4. Listen carefully to the caller.
5. Find the person the caller wants, direct the call to voice mail or take a message.
6. Repeat back the information to make sure you recorded it correctly.
7. Say “Goodbye” and wait for the caller to hang up the phone before you hang up your receiver.

Evaluation – Oral response.

Follow-up – Situations are critiqued by students using steps of skill.
Day 2: Telephone Etiquette
Step 2: Role Playing

Lesson 2:

Objective – To have students role play different situations for telephone etiquette and then correct until firm.

Procedure – Review skill steps. Students will role play incorrect and then correct ways to contribute to their classroom discussions. Answer any questions students raise during and after role play.

Follow-up – Situations are critiqued and corrected using skill steps.

Day 3: Telephone Etiquette
Step 3: Performance Feedback

Lesson 3:

Objective – To have students constructively talk about the performance of their peers on the social skill, Telephone Etiquette.

Procedure – Review skill steps. Discuss role playing and decide if all skill steps were followed by performance.

Follow-up – Answer any questions raised during performance feedback.

Day 1: Doorway Etiquette
Step 1: Modeling

Lesson 1:

Objective – To have the teacher and co-teacher model the skills for Doorway Etiquette until students are firm with skill.

Procedure – Teacher and co-teacher will model the different steps of the skill. Different situations will be modeled for understanding. Answer any questions students may have about steps and situation.

Skill Steps for Doorway Etiquette

1. Student hold the door open for the next person.
2. Student allow women and children to go first.
3. Student use the expressions "After you" or "Please go ahead."
4. Student hold the door open and stand back.
5. Student say "you're welcome, when the person thanked him.
6. Student then enter through the door.

Evaluation – Oral response.

Follow-up – Situations are critiqued by students using steps of skill.

Day 2: Doorway Etiquette
Step 2: Role Playing

Lesson 2:

Objective – To have students role play different situations for Doorway Etiquette and then correct until firm.

Procedure – Review skill steps. Students will role play incorrect and then correct ways to contribute to their classroom discussions. Answer any questions students raise during and after role play.

Follow-up – Situations are critiqued and corrected using skill steps.

Day 3: Doorway Etiquette
Step 3: Performance Feedback

Lesson 3:

Objective – To have students constructively talk about the performance of their peers on the social skill, Doorway Etiquette.

Procedure – Review skill steps. Discuss role playing and decide if all skill steps were followed by performance.

Follow-up – Answer any questions raised during performance feedback.