

Family Report I

Child's name: _____

Child's date of birth: _____

Today's date: _____

Family's name and address: _____

Name of person completing form: _____

Date of first administration: _____

List child's sibling(s) and provide age(s): _____

Describe your child's strengths: _____

Describe your child's special needs: _____

Completion of the items and questions in this form will assist you and your family members in participating in your child's assessment, goal development, intervention, and evaluation activities. It will also help prepare you to participate in your child's individualized family service plan (IFSP)/individualized education program (IEP) meeting. The Family Report is composed of two sections. Before completing either section, you should decide if you prefer to answer the questions by yourself or with other family members or if you prefer to have assistance from a program staff member. If you have questions or concerns about how to complete either Section 1 or Section 2, ask a member of your team for assistance.

Note: Shaded areas are designed for use by professional staff.

Sleeping

1. What is your child's bedtime routine (time, activities)?

2. What is your child's nap routine (time, activities)?

3. Naptime/bedtime is usually enjoyable because

4. Naptime/bedtime can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Dressing

1. What dressing/undressing skills can your child do independently?

2. How do you help your child get dressed/undressed?

3. Dressing/undressing is usually enjoyable because

4. Dressing/undressing can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Bathing/Showering

1. What bathing/showering activities can your child do independently?

2. What kind of help does your child need for bathing/showering?

3. Bathing/showering is usually enjoyable because

4. Bathing/showering can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

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Toileting

1. What is your child's toileting schedule?

2. What type of potty training are you using with your child?

3. Toileting is usually not a problem because

4. Toileting can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Playing and Interacting

1. What are your child's favorite objects and toys?

2. What are your child's favorite play activities?

3. Other children usually enjoy playing/interacting with my child because

4. My child's playing/interacting with other children can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Communicating with Others

1. How does your child communicate with others?

2. Can others understand your child?

3. My child's speaking and listening are usually not problems because

4. My child's speaking and listening can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Family Activities

1. What family activities usually involve your child (e.g., going on family outings, playing games, making crafts)?

2. How does your child participate in family activities?

3. In what other family activities would you like your child to participate?

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4. My child's participation in family activities is usually enjoyable because

5. My child's participation in family activities can be difficult because

6. What skills would you like your child to learn to help him or her participate more fully in family activities?

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Community Activities

1. In what community activities does your child participate (e.g., attend church, go to parades, participate in community recreation center activities)?

2. How does your child participate in these activities?

3. In what other community activities would you like your child to participate?

4. My child's participation in community activities is usually enjoyable because

5. My child's participation in community activities can be difficult because

6. What skills would you like your child to learn to help him or her participate more fully in community activities?

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

SECTION 2

Directions: To begin, read the questions that are contained in Section 2. These questions are divided into six developmental areas including Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social. Answers to the questions should produce information that will help the team better understand specific actions and skills that your child does regularly; for example, can your child pull to a standing position or can your child use words? It is important for you to watch your child perform a skill before placing a rating in the box to the right of each question. In some cases, you may have to encourage your child to perform an action. Several questions have lettered sub-items that will help you provide more detailed information on actions or skills that your child performs. At the end of each developmental area, space is provided for you to indicate the actions or skills in that area that you believe are important for your child to learn next. At the end of Section 2, space is provided for you to prioritize the most important actions or skills for your child to learn. This information should help you in the development of your child's IFSP/IEP goals/objectives.

Space is provided at the top of each page in Section 2 to write the date each time that you complete this form. In addition, a box is provided for you to write a "Y" if you feel that your child performs the skill or action described in the question, an "S" if you feel that your child performs the skill or action sometimes to partly, and an "N" if you feel that your child does not yet perform the skill or action. If caregivers are unable to observe an item, then a question mark can be inserted in the box. When to use the "Y," "S," or "N" is described next.

Yes ("Y") is used if your child performs the action or skill described in the question. Also use a "Y" if your child previously was able to do the action or skill described in the question; for example, if the question asks if your child can crawl and now your child can walk, then write a "Y" in the box for this question.

Sometimes ("S") is used if your child does not consistently perform, partially performs, or needs assistance to perform the action or skill described in the question; for example, if your child sometimes takes off his or her coat but usually requires adult help to do so, then write an "S" in the box for this question.

Not Yet ("N") is used if your child does not perform the action or skill described in the question; for example, if your child cannot use a spoon to eat, then write an "N" in the box for this question.

It is important to remember that depending on your child's age and ability, he or she may not perform all of the actions or skills contained in Section 2.

Fine Motor Area

Fine motor skills are those that involve the movement and use of the hands. These skills include grasping, releasing, and using the index finger and thumb.

1. Does your child bring both hands to the middle of the body at the same time? (A1)



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2. When playing with toys or objects, does your child bang the toys or objects together at midline when one toy or object is in EACH hand? (A2)



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3. Does your child hold a hand-size object, such as a block or a small ball, with either hand using the end of the thumb, the index, and the second finger? The object is held by the fingers and is not resting in the palm. (A3)



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4. Does your child pick up pea-size objects such as Cheerios or raisins with either hand using the thumb and index finger without resting the arm or hand on the table? (A4)



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5. Does your child stack objects with either hand without knocking them over? Does your child line up objects in a row? For example, your child places a block on top of a block, a can on top of a can, or lines up blocks to make a train. (A5)



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6. Does your child use a turning motion with either wrist when playing with objects? For example, your child uses a turning motion with his or her wrist to take a lid off a jar or wind up a toy. (B1)

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7. Does your child put together simple toys or objects? For example, your child puts pop beads or Legos together, or puts a lid on a box. (B2)

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8. Does your child use the index finger to turn on or off toys or objects? For example, your child uses the index finger to push an elevator button, to dial a telephone, or to push a squeaker button on a busy box. (B3)

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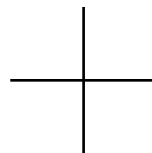


9. Does your child hold a picture book front side up and turn the pages one by one? For example, when your child picks up a book, he or she turns it so the pictures are right side up and lifts up a page by the corner to turn it. (B4)

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10. If you draw shapes such as squares or crosses, does your child copy the shapes so that they look like yours? (B5)

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What fine motor skills do you want your child to learn?

Gross Motor Area

Gross motor skills involve moving and getting around in one's surroundings. These skills include rolling, crawling, walking, and riding a wheeled toy.

1. Does your child turn his or her head or move arms, legs, and head separately while lying on his or her back? For example, your child waves both arms without kicking, or turns his or her head to the side without waving arms or kicking legs. (A1)

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2. Does your child roll over from back to stomach *and* stomach to back, getting both arms out from under the body? (A2)

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3. Does your child crawl forward at least 2 feet by alternating arms and legs? For example, your child will move one arm and opposite leg, then the other arm and opposite leg. (A3)

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4. Does your child get to a sitting position on the floor from any position (e.g., standing, lying down, hands and knees) without help? (B1)

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5. Does your child get into and out of a child-size chair without help? (B2)

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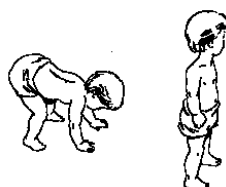


6. Without help, does your child walk around large toys, furniture, or people without bumping into them? (C1)

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7. Does your child bend over at the waist or bend at the knees to reach an object on the floor and then stand back up without sitting down or leaning on something? (C2)

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8. Without help, does your child *run* around large toys, furniture, or people without bumping into them? (C3)

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9. Does your child walk up and down stairs without help? He or she can hold onto the railing with one hand. (C4)

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10. Does your child jump forward with feet together? (D1)

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11. Does your child pedal with both feet while steering a tricycle forward at least 5 feet? (D2)

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12. Does your child catch and kick balls? (D3)
NOTE: Place a "Y," "S," or "N" by items a through d:

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_____ a. Does your child catch with two hands? (D3.1)

_____ b. Does your child kick with one foot without falling? (D3.2)

_____ c. Does your child throw overhand or underhand within 18 inches of a target? (D3.3)

_____ d. Does your child roll the ball within 18 inches of a target? (D3.4)

13. When playing on outdoor play equipment, does your child climb up and down steps and ladders? (D4)

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What gross motor skills do you want your child to learn?

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Adaptive Area

Adaptive skills are those that involve being able to care for one-self. These skills include eating, drinking, and undressing.

1. Does your child swallow food and liquids without choking or gagging? (A1)

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2. Does your child bite off and chew pieces of solid foods such as apples, meat, or hard cookies? (A2)

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3. Does your child drink from a cup by bringing the cup to his or her mouth and putting it down without spilling? (A3)

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4. Does your child eat with a spoon or fork (i.e., spearing, scooping) without much spilling? (A4)

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5. Does your child pour liquid and serve food from one container to another without spilling? For example, he or she pours juice into a cup from a pitcher or spoons applesauce from a jar into a bowl. (A5)

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6. Without accidents, does your child go to the toilet on his or her own? (You can help with clothing if needed.) (B1)

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7. Without help, does your child wash and dry his or her hands? For example, your child washes with soap, dries hands, and returns the towel to the rack or throws a paper towel away. (You can help to turn the water on and off.) (B2)

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8. Does your child brush his or her teeth after you put the toothpaste on the toothbrush? You can help your child to clean his or her teeth well. (B3)

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9. Does your child completely take off the following clothes? (You may unfasten the clothes.) (C1)
NOTE: Place a "Y," "S," or "N" by items a through f:

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- _____ a. Does your child take off a pullover shirt or sweater? (C1.1)
- _____ b. Does your child take off a front-fastened coat, jacket, or shirt? (C1.2)
- _____ c. Does your child take off long pants? (C1.3)
- _____ d. Does your child take off socks? (C1.4)
- _____ e. Does your child take off shoes? (C1.5)
- _____ f. Does your child take off a hat? (C1.6)

What adaptive skills do you want your child to learn?

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Cognitive Area

Cognitive skills are those that involve mental processes and reasoning. These skills include problem solving, counting, recalling, imitating, categorizing, and pre-reading.

1. Does your child pay attention to noises, objects, or contact with objects? (A1)

NOTE: Place a "Y," "S," or "N" by items a through d:

_____ a. Does your child look in the direction of sounds or noises? (A1.1)

_____ b. Does your child look at objects, toys, and/or people? For example, does your child watch a mobile or look at a familiar person? (A1.2)

_____ c. Does your child respond to touching objects? For example, does your child pull his or her hand away from rough things or stroke a furry stuffed toy? (A1.3)

_____ d. Does your child react when he or she sees, hears, or touches something? (A1.4)

2. Does your child watch objects, toys, and/or people until they disappear from sight? For example, when you are hiding a toy from your child, he or she looks at the toy until it is out of sight, or stops watching once someone has left the room. (B1)

3. When your child sees you hide an object or toy first in one place and then move the object to another place, does your child immediately go to the second hiding place and find the object? For example, if you first put a cracker under a napkin, and then while your child is watching place the cracker under a cup, does your child first look under the cup for the cracker? (B2)

4. When your child cannot find an object or toy in its regular place, does he or she look in other places to find it? For example, your child looks in other places when a toy is not in the toy box or when a coat is not in the closet. (B3)

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5. Does your child turn a crank or pull a string to operate a mechanical toy (e.g., a jack-in-the-box, wind-up radio, See-N-Say toy) if shown how? (C1)

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6. When you and your child are playing a game (e.g., Peekaboo, Pat-a-cake), does your child make a gesture to show you he or she wants to keep playing? For example, your child claps both hands to keep playing Pat-a-cake. (C2)

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7. If you did a gesture that was new to your child, could he or she copy the gesture? For example, when you pat your head, your child pats his or her head. (D1)

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8. If you say a word that is new to your child, does he or she try to say what you said? (D2)

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9. Does your child find some way to hold objects or toys that he or she is already playing with when you give him or her another one? For example, your child holds several objects in one hand while putting some objects in his or her lap, between both legs, or in a container or pocket when handed another toy. (E1)

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10. Does your child use something to get an object or toy that is out of reach? For example, he or she uses a stool to reach the cookie jar, or uses a stick to get a ball that rolled under the couch. (E2)

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11. When playing with large push toys such as a doll carriage, cart, or riding toy, can your child move the toy *around* objects such as furniture or toys that are in the room? For example, he or she pushes a cart around the couch. (E3)

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12. Does your child try different ways to solve a problem? For example, when your child wants something from a container that is hard to open, he or she bangs the container on the floor and asks for your help. (E4)

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13. Does your child pretend to use objects when the objects are not present? For example, he or she holds one hand to the ear and pretends to be talking on the telephone, pretends to eat food from an empty bowl, or goes to outer space in a pretend rocket. (F1)

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14. Does your child put three or more similar objects in a group by category (e.g., foods, clothing, animals)? For example, your child puts all stuffed animals on the bed, dishes and utensils on the table, and clothes in the drawer. (G1)

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15. Does your child give or place one object for each of two or more people or objects? For example, the child gives one cookie to each family member, or puts one spoon next to each bowl on the table. (G2)

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16. Does your child recognize signs and symbols of familiar things in the home or neighborhood (e.g., labels of favorite foods, such as soup or macaroni and cheese; favorite restaurants or stores, such as *McDonald's* or *Toys 'R Us*; favorite book titles, such as *Cat in the Hat*; familiar signs, such as STOP or a street name)? (G3)

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17. Does your child show interest in story books? (G4)

NOTE: Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child tell you a story from the pictures in the story book? (G4.1)

_____ b. Does your child talk with you about the pictures in the story book? (G4.2)

_____ c. Does your child sit and listen as an entire story is read? (G4.3)

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18. Does your child understand and say opposite words? (G5)
Circle the words that your child knows:

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big/little

hot/cold

wet/dry

black/white

short/tall

up/down

fast/slow

top/bottom

in/out

full/empty

stop/go

light/dark

day/night

on/off

19. Does your child repeat simple nursery rhymes? (G6)

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What cognitive skills do you want your child to learn?

Social-Communication Area¹

Social-communication skills are those that involve communicating with others. These skills include listening, speaking, and understanding.

1. Does your child turn to look at someone who is talking nearby? For example, when playing near you, your child looks at you when you talk. (A1)

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2. Does your child turn and look in the same direction that you are looking? For example, when playing together, you turn and look out the window and your child also turns and looks out the window. (A2)

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3. Does your child make at least two vocal interactions with others by babbling? For example, you say, "Hi, baby," and your child says, "ba-ba." You then say, "What?" and your child says, "ba-ba-ba." (A3)

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4. Does your child get your attention and then point to an object, person, or event? For example, he or she pulls on your arm and then points to a ball, or looks at you and then looks at a cat. (B1)

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5. Does your child use *at least* 10 consistent words or sounds that resemble words? For example, your child sees a dog and says, "gog," or says, "ju" when asking for juice. (B2)

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6. Without help, does your child find *at least* 20 familiar objects or people after you have named them? The people or objects should not be right in front of your child, but they should be familiar and easy to find. For example, you say, "Where's Spot?" and the child goes to the window and points to the doghouse. (C1)

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7. Does your child carry out two-step directions with objects that are out of sight or reach? For example, when your child's doll is not in the same room, you tell the child to "Go get your doll and put it on the chair." Your child gets the doll and puts it on the chair. (C2)

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¹ Some caregivers may require the assistance of a communication specialist to complete the Social Communication Area.

8. Does your child use different kinds of words? (D1)

NOTE: Place a "Y," "S," or "N" by items a through e:

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- _____ a. Does your child use at least five words that describe objects (e.g., *red, big, hot*)? For example, your child sees a red ball and says, "red," or looks at the stove and says "hot." (D1.1)

- _____ b. Does your child use at least five action words (e.g., *go, want, run, eat, sit*)? For example, your child hands you a box and says, "open," or walks to the door and says, "go." (D1.2)

- _____ c. Does your child use at least two pronouns (e.g., *me, my, it, I, he, you*)? For example, your child looks in a mirror and says, "me," or takes a toy and says, "mine." (D1.3)

- _____ d. Does your child use at least 15 words to correctly label things he or she sees? For example, your child looks at a cat and says, "kitty," or points to a ball and says, "ball." (D1.4)

- _____ e. Does your child use at least three proper names (e.g., *Mommy, Daddy, Anita, Spot*)? For example, your child looks at his or her mother and says, "Mama." (D1.5)

9. Does your child use *two words together*? (D2)

NOTE: Place a "Y," "S," or "N" by items a through f:

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- _____ a. Does your child use two words to talk about people, actions, and objects? For example, your child says, "Mama go" (person and action), "Roll ball" (action and object), and "Daddy truck" (person and object). (D2.1)

- _____ b. Does your child use two words to talk about who has an object or who owns an object? For example, the child points to a car and says, "Mama's car," or takes a book from a friend and says, "My book." (D2.2)

- _____ c. Does your child use two words to talk about *where* things or people are? For example, the child points to his or her mother and says, "Mama there," or holds up a cup and says, "In cup." (D2.3)

- _____ d. Does your child use two words to describe people, events, or objects? For example, your child points to a pan and says, "Pan hot," or picks up a ball and says, "Red ball." (D2.4)
- _____ e. Does your child use two words to tell you when he or she wants more of something or when he or she wants something to happen again? For example, your child holds up a cup and says, "More juice," or when being pushed in a swing, your child says, "Go again." (D2.5)
- _____ f. Does your child use two words to tell you when he or she does not want something, has not done something, or that something is gone? For example, your child finishes some juice and says, "All gone," or gives a wind-up toy to an adult and says, "Not go." (D2.6)

10. Does your child use *three words together*? (D3)

NOTE: Place a "Y," "S," or "N" by items a through d:

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- _____ a. Does your child use negative words (e.g., *no, not, don't, can't*) with two or more other words? For example, your child says, "No do that," or "Not baby's ball." (D3.1)
- _____ b. Does your child use three words to ask questions using "Wh-" words (e.g., *what, who, where*) or a rising voice? For example, your child asks, "Where my coat?" or "We get lunch?" (D3.2)
- _____ c. Does your child use three words to tell you where to place an object or where to find an object? For example, your child says, "Put baby in," or "Roll ball here." (D3.3)
- _____ d. Does your child use three words to tell you about a person, an action, and an object? For example, your child says, "He throw ball," "Baby drink bottle," or "Mama drive car." (D3.4)

What social-communication skills do you want your child to learn?

Social Area

Social skills are those that involve interactions and participation with others as well as taking care of bodily needs. These skills include showing affection, playing with others, choosing activities, sharing toys, or finding a jacket when cold.

- 1. Does your child react appropriately to familiar adults' behaviors, such as smiling at them, giving a hug when asked, or looking sad or crying when corrected? (A1)

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- 2. Does your child *start* and continue playing with you or other familiar adults? For example, your child starts a game like Pat-a-cake by clapping hands. You then say, "Pat-a-cake"; your child claps hands again, and you say, "Pat-a-cake." (A2)

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- 3. Does your child *start* and continue communication with you or another familiar adult by gesturing, vocalizing, signing, or talking? For example, when your child says "Ba," you ask, "Do you want your ball?" Your child points to the ball and says, "Ba," and you say, "Here's your ball." (A3)

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- 4. Is your child able to take care of needs like a runny nose, dirty hands, minor injuries, and wet or soiled clothing? For example, if your child's clothes are wet, he or she asks you for help or tries to take off the wet clothing. If your child gets a cut, he or she comes to you for help. (B1)

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- 5. When you let your child know it is time for a usual event such as bathing, dressing, eating, or toileting, does he or she do at least two things to get ready for the event without being asked? For example, when you turn on the bath water or say, "Let's take your bath," your child goes to the tub, begins taking off his or her clothes, and gets the tub toys. (B2)

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- 6. Does your child *start* and continue playing with other children? For example, your child starts playing cars by rolling a car to a friend, the friend rolls the car back, and your child rolls the car back to the friend. (C1)

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7. Does your child *start* and continue communication with other children by gesturing, vocalizing, signing, or talking? For example, your child gestures to a friend to play cars, and the friend says, "Okay." Your child then rolls the car and says, "Zoom," and the friend says, "Zoom, zoom." (C2)

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What social skills do you want your child to learn?

Intervention Priorities

Please list the most important intervention priorities for your child. _____ (date)

1. _____

2. _____

3. _____

4. _____

Please list the most important intervention priorities for your child. _____ (date)

1. _____

2. _____

3. _____

4. _____

Please list the most important intervention priorities for your child. _____ (date)

1. _____

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4. _____

Please list the most important intervention priorities for your child. _____ (date)

1. _____

2. _____

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4. _____