

Family Report II

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.

SECTION 1

Directions: To begin, review each item and answer those that are important to your child and family. The information from Section 1 should be helpful in the development of your child’s IFSP/IEP and subsequent intervention plans. The form is designed to be used four times per year to permit monitoring changes in your child and changes in family priorities.

In this section, a number of questions are asked about the child’s participation in daily, family, and community activities.

Daily Activities

Eating

1. Where, when, and with whom does your child usually eat breakfast, lunch, and dinner?

2. What kinds of food does your child eat?

3. Meals are usually enjoyable because

4. Meals can be difficult because

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

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?

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

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Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

Date reviewed: _____ Noted changes: _____

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?

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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?

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 walk up and down stairs 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 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 say words and now your child uses sentences, 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 does not use words to describe past events, 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 use of the hands. These skills include handling objects, using scissors and writing implements, drawing shapes, writing letters, and printing the child's first name.

1. Does your child use two hands to touch, play, or move small objects, with each hand being used separately? For example, string small beads or button small buttons. (A1)

2. Does your child use scissors to cut out shapes such as circles and ovals by cutting close to the line? (A2)

3. Does your child grasp and use a pencil or crayon using only three fingers? (B1)

4. Does your child draw or print shapes or figures that resemble letters? (B2)

5. Without help, does your child print his or her own first name? The letters must be in the correct order but can be upside down or backward. (B3)

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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 running, walking, jumping, playing with balls, skipping, and riding a bicycle.

1. Does your child *run* around large toys, furniture, and people without bumping into them? (A1)

date			

2. Does your child walk up and down stairs, putting one foot on each stair, without holding onto a handrail or wall? (A2)

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3. Does your child jump forward with feet together using arms to go forward? (B1)

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4. Does your child catch and kick balls? (B2)
NOTE: Place a "Y," "S," or "N" by items a through d:

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_____ a. Does your child bounce a large ball at least twice in a row? (B2.1)

_____ b. Does your child catch a ball thrown from 6 to 10 feet, using both hands? (B2.2)

_____ c. Does your child kick a ball placed in front of him or her, without falling? (B2.3)

_____ d. Does your child throw a ball forward with one hand, using an overhand throw? (B2.4)

5. Does your child skip at least 15 feet? (B3)

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6. Does your child ride and steer a two-wheel bicycle without training wheels at least 20 feet? (B4)

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

Adaptive Area

Adaptive skills are those that involve being able to care for oneself. These skills include eating, drinking, preparing and serving food, using the toilet independently, taking care of personal care needs, dressing, and undressing.

1. Does your child eat and drink appropriately? (A1)

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

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- _____ a. Does your child put a proper amount of food in his or her mouth, chew with mouth closed, and swallow the food before taking another bite? (A1.1)
- _____ b. Does your child drink from a cup and return the cup to the table without spilling? (A1.2)
- _____ c. Does your child eat and drink foods of different textures? For example, does your child eat soft foods such as bananas, drink liquids such as milk, and eat hard foods such as raw vegetables? (A1.3)
- _____ d. Does your child choose to eat different kinds of food, such as dairy, meat, and fruit? (A1.4)
- _____ e. Does your child eat and drink many kinds of foods using forks, spoons, and other utensils with little or no spilling? (A1.5)

2. Does your child help prepare and serve food? (A2)

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

- _____ a. Does your child remove peels and wrappers before eating food? For example, your child peels a banana and removes a candy wrapper. (A2.1)
- _____ b. Does your child use a knife to spread soft foods such as cream cheese or peanut butter onto bread or crackers? (A2.2)
- _____ c. Does your child pour liquid from one container into another, such as juice into a cup? (A2.3)
- _____ d. Does your child serve food from one container to another with a fork or spoon? For example, your child spoons applesauce from a jar into a bowl. (A2.4)

3. Does your child use the toilet without help? For example, your child walks to toilet, adjusts clothing, uses toilet paper, flushes toilet, pulls up clothing, washes hands, and stays dry/unsoiled between trips. (B1)

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4. Does your child take care of personal care needs? (B2)

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

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- _____ a. Does your child use a tissue to blow or wipe nose? (B2.1)

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- _____ b. Does your child brush his or her own teeth? For example, your child puts toothpaste on brush, brushes teeth, and rinses mouth. (B2.2)
- _____ c. Does your child take off clothes, get into tub or shower, use soap to clean body, get a towel, dry off body, and put the towel back on the rack? (B2.3)
- _____ d. Does your child brush and comb his or her own hair? (B2.4)
- _____ e. Does your child wash and dry his or her face? For example, your child turns water on and off, uses soap, dries with a towel, and puts towel on the rack or throws paper towel away. (B2.5)

5. Does your child *unfasten* buttons and *unzip* zippers? (C1)

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6. Does your child choose, without help, the right clothes to wear for the time of day and weather conditions, and dress self only with a few reminders? For example, your child puts on pajamas at bedtime and puts on coat to go outside. (C2)
NOTE: Place a "Y," "S," or "N" by items a through e:

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- _____ a. Does your child put long pants over both feet and pull them up to the waist? (C2.1)
- _____ b. Does your child put on front-opening clothes (e.g., blouse, shirt, coat)? (C2.2)
- _____ c. Does your child put on pullover clothes (e.g., T-shirt, dress, sweater)? (C2.3)
- _____ d. Does your child put shoes on both feet? (C2.4)
- _____ e. Does your child put on underpants, shorts, or skirts? (C2.5)

7. Does your child fasten buttons/snaps/Velcro fasteners when dressing? (C3)

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What adaptive skills do you want your child to learn?

Cognitive Area

Cognitive skills are those that involve mental processes and reasoning. These skills include using color, shape, and size words; quality and quantity words; spatial and temporal words; carrying out directions; retelling events or stories; problem solving; pretend play; playing games with rules; and early literacy.

1. Does your child use color, shape, and size words correctly? (A1)

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

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_____ a. Does your child use at least eight color words? Circle the words that your child uses correctly; for example, your child says, "I have a green ball" while holding a green ball. (A1.1)

- | | | | | | |
|--------|------|--------|-------|--------|-------|
| red | blue | orange | pink | yellow | black |
| purple | gray | green | white | brown | |

_____ b. Does your child use at least five shape words? Circle the words that your child uses correctly; for example, your child says, "That's a square," when pointing to a box. (A1.2).

- | | | | | | |
|--------|----------|---------|--------|-----------|------|
| circle | triangle | diamond | square | rectangle | star |
|--------|----------|---------|--------|-----------|------|

_____ c. Does your child use at least six size words? Circle the words that your child uses correctly. (A1.3)

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|--------|-------|-------|----------|------------|
| big | thick | small | skinny | chubby |
| tall | thin | short | tiny | itsy bitsy |
| little | fat | large | gigantic | long |

2. Does your child use quality and quantity words correctly? (A2)

NOTE: Place a "Y," "S," or "N" by items a and b:

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_____ a. Does your child use at least 10 quality words? Circle the words that your child uses correctly; for example, your child says, "The banana is soft." (A2.1)

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hot	hard	light	cold	different	clean
soft	same	loud	sour	quiet	dirty
good	rough	heavy	wet	slow	
bad	smooth	dry	sweet	fast	

_____ b. Does your child use at least eight quantity words? Circle the words that your child uses correctly; for example, your child says, "My cup is empty," after drinking all of the milk. (A2.2)

all	many	none	full
less	empty	lots	some
few	each	more	any

3. Does your child use spatial position and time words correctly? (A3)

NOTE: Place a "Y," "S," or "N" by items a and b:

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_____ a. Does your child use at least 12 words to describe the position of objects or people? Circle the words that your child uses correctly; for example, your child says, "Sit beside me." (A3.1)

into	back	front	behind	under
here	middle	last	in back of	bottom
beside	down	up	in front of	on
next to	between	there	first	

_____ b. Does your child use at least seven time words? Circle the words that your child uses correctly; for example, your child says, "Yesterday, I went to school." (A3.2)

yesterday early before if-then today
 later after tomorrow last first

4. Does your child put things into groups on his or her own? For example, when cleaning the bedroom, your child puts all of the cars on the shelf, all of the airplanes in the toy box, and all of the clothes in the closet. (B1)

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5. Does your child carry out three-step directions that you would NOT usually give? For example, your child follows your directions to go to the bathroom, get a toothbrush, and put it in the bedroom. (C1)

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6. Does your child put three objects in order according to length or size? For example, you give your child three blocks and your child lines them up on a shelf with the smallest first and the largest last. (C2)

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7. Does your child retell an event or story that involves a beginning, middle, and end? For example, you ask your child how he or she made a picture, and your child says, "First we got paper, then we put glue on it, and then we stuck beans on it." (C3)

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8. Does your child tell you about something that happened at least 30 minutes earlier on the same day? For example, you ask your child what he or she had for lunch and your child tells you. (D1)

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9. Does your child tell you why a solution to a problem would or would not work? For example, your child stands on a chair to reach a book on the shelf and says, "This chair is too small. I can't reach." (E1)

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10. Can your child give answers to questions that require thinking? (E2) NOTE: Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child give a reason for something? For example, your child says, "She is sad," and you ask, "How do you know that the girl is sad?" Your child answers, "She is crying." (E2.1)

_____ b. Does your child make a prediction? For example, when you are reading an unfamiliar story you pause and ask your child, "What do you think will happen?" Your child tells a possible event. (E2.2)

_____ c. Does your child determine a possible cause? For example, your child tells a possible cause in response to your question, "Why do you think she is crying?" by saying, "Because she fell down." (E2.3)

11. Does your child pretend play with other children? (F1)
NOTE: Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child pretend to be someone else and tell other children who they can pretend to be? For example, your child says, "I'll be the bus driver, and you be the kid." (F1.1)

_____ b. Does your child act out a pretend story or event? For example, your child says he or she is going fishing and then pretends to catch some fish and cook them. (F1.2)

_____ c. Does your child use pretend objects or motions to play? For example, your child pretends to brush hair without a brush. (F1.3)

12. Does your child play games following rules? (F2)

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13. Does your child count at least 20 objects? (G1)

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14. Does your child recognize and label correctly printed numbers from 1 to 10? For example, when numerals are seen in books, on cards, or on road signs, your child correctly identifies the numbers. (G2)

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15. Does your child understand that words are made of different sounds that are said or written in order? (H1)
NOTE: Place a "Y," "S," or "N" by items a through d:

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_____ a. Does your child try to make rhymes? For example, " My name is MIKE, I have a BIKE" or "What's in the POT and is it HOT?" (H1.1)

_____ b. Does your child understand that words are made up of individual sounds and that words are put together to make sentences? For example, if asked, can your child say the sounds in a word separately (e.g., C-A-T), and repeat separately the words in a sentence (e.g., I-want-it)? (H1.2)

_____ c. Does your child put several syllables or sounds into words after hearing you say the word? For example, "telephone," "macaroni," "patio," "bubble bath." (H1.3)

_____ d. Does your child recognize spoken or printed words with both same and different beginning and ending sounds? For example, CAR and CAKE, and BEG and DOG (same and different beginning sounds), and MAMA and LLAMA, and TOP and TOY (same and different ending sounds). (H1.4)

16. Does your child correctly associate spoken sounds with written letters or words? (H2)
NOTE: Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child correctly say the sound of the letters he or she writes in simple words? For example, the child might write his dog's name by saying each sound as it is written (e.g., "S-P-O-T"). (H2.1)

_____ b. Does your child sound out simple words in print by combining the letter sounds? For example, the child looks at a store sign and says, "T-O-Y-S, toys." (H2.2)

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- _____ c. Does your child know the sounds for about half of the letters of the alphabet? For example, when looking at a book, he or she points to the letter *B* and makes the correct sound. (H2.3)

17. Does your child read at least three common words? (H3)
List the words that your child can read:

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What cognitive skills do you want your child to learn?

Social-Communication Area²

Social-communication skills are those that involve communicating with others. These skills include understanding conversational rules and use of grammar.

1. Does your child use words, phrases, and sentences to express feelings, needs, and questions, and to provide information? (A1)
 NOTE: Place a "Y," "S," or "N" by items a through g:

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- _____ a. Does your child talk about the future? For example, your child predicts the ending of a story or says, "I'm going swimming tomorrow." (A1.1)

- _____ b. Does your child talk about pretend objects, events, or people? For example, your child says, "This is my magic spaceship and I'm going to drive it to the moon." (A1.2)

- _____ c. Does your child talk about how he or she feels? For example, your child says, "I am happy when I play with my puppy." (A1.3)

- _____ d. Does your child talk about the past? For example, your child says, "I fell down yesterday," or "I had soup at school today." (A1.4)

- _____ e. Does your child tell other people what to do? For example, your child says, "Give me the red block." (A1.5)

- _____ f. Does your child ask questions to gain information? For example, when you are cooking, your child says, "What are you making?" (A1.6)

- _____ g. Does your child talk about what he or she sees, hears, or does? For example, your child says, "I saw a cat today," or "I'm going outside to play." (A1.7)

2. Does your child carry on a conversation appropriately with others? (A2)
 NOTE: Place a "Y," "S," or "N" by items a through f:

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- _____ a. Does your child take turns being the speaker and the listener when talking to others? (A2.1)

² Some caregivers may require the assistance of a communication specialist to complete the Social-Communication Area.

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- _____ b. Does your child change the subject when you do? For example, your child says, "I want to play outside some more," and you say, "We need to go inside now and fix a snack." Your child responds by changing the subject and saying, "What are we going to eat?" (A2.2)
- _____ c. Does your child ask questions during conversations if he or she needs more information? (A2.3)
- _____ d. Does your child answer questions about things he or she sees, hears, says, or does? For example, your child says, "I want that," and you ask, "What do you want?" Your child says, "I want the red truck." (A2.4)
- _____ e. Does your child talk about things that are relevant to the situation or to the person he or she is talking to? For example, your child sees you cutting carrots and asks for one. (A2.5)
- _____ f. Does your child respond to things you talk about? For example, you say, "You look nice," and your child says, "I have on my new sweater." (A2.6)

3. Does your child vary the way he or she talks to match his or her needs? (A3) NOTE: Place a "Y," "S," or "N" by items a and b:

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- _____ a. Does your child change his or her voice through a variety of techniques to provide greater meaning? For example, your child may speak words slowly, with small pauses between words to convey seriousness, or speak through clenched teeth to tell you the need for the bathroom is great. (A3.1)
- _____ b. Does your child change position to face the person to whom he or she is speaking? (A3.2)

4. Does your child use a variety of verbs (action words)? (B1)
NOTE: Place a "Y," "S," or "N" by items a through f:

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- _____ a. Does your child use verbs, such as *is*, *will*, *have*? For example, "She *is* running," "He *will* go with us," "The girls *have* the toys." (B1.1)
- _____ b. Does your child use *am*, *is*, *are*, and *was*? (B1.2)

_____ c. Does your child use *he* and *she* when talking *about* another person? For example, your child says, "She plays, he doesn't." (B1.3)

_____ d. Does your child use past tense verbs such as *came, ran, fell, did, told, went, and sat*? (B1.4)

_____ e. Does your child use past tense verbs such as *walked, washed, played, and helped*? (B1.5)

_____ f. Does your child use "ing" verbs such as *washing, going, and eating*? (B1.6)

5. Does your child use words to express possession and more than one of something? (B2) NOTE: Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child use possessive "s" (a word followed by an apostrophe and "s" to show something belongs to someone)? For example, your child says, "Mom's hat," or "Ann's shoes." (B2.1)

_____ b. Does your child use irregular plural nouns such as *men, mice, and children*? (B2.2)

_____ c. Does your child use regular plural nouns such as *dogs, houses, boats, and blocks*? (B2.3)

6. Does your child use different types of words to ask questions? (B3) NOTE: Place a "Y," "S," or "N" by items a through f:

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_____ a. Does your child ask questions with "yes" or "no" as the answer? (B3.1)

_____ b. Does your child ask questions such as, "Can I go?" or "Is he hiding?" (not "I go?" or "He hiding?") (B3.2)

_____ c. Does your child ask questions that begin with the word "when"? (B3.3)

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- _____ d. Does your child ask questions that begin with the words "why," "who," and "how"? (B3.4)
- _____ e. Does your child ask questions that begin with the words "what" and "where?" (B3.5)
- _____ f. Does your child ask questions by a rise in pitch at the end of a sentence? For example, your child asks, "I go?" (B3.6)

7. Does your child use a variety of pronouns? (B4)

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

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- _____ a. Does your child use *I, she, he, they,* and *we*? For example, your child says, "He went home" or "I did it." (B4.1)
- _____ b. Does your child use *you, me, him, her, us, them,* and *it* as the object in phrases and sentences? For example, your child says, "John hurt me." (B4.2)
- _____ c. Does your child use *my, your, her, its, our, their, mine, yours, hers, ours,* and *theirs* to show possession? For example, your child says, "Those are her shoes." (B4.3)
- _____ d. Does your child use pronouns such as *some, any, none, every, anything, something, nothing, all, lots, many,* and *more*? For example, your child says, "He doesn't have any" or "I have some." (B4.4)
- _____ e. Does your child use pronouns such as *this, that, these,* and *those* to point out objects? For example, your child says, "I want those." (B4.5)

8. Does your child use a variety of words to describe? (B5)

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

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- _____ a. Does your child use words to describe things? For example, your child says, "Throw the *big* ball," or "I want the *red* pepper." (B5.1)

- _____ b. Does your child use words to talk about how things are different from one another? For example, your child says, "I have the *biggest* bowl of ice cream," "My car is *best*," or "She is the *strongest*." (B5.2)

- _____ c. Does your child use words to describe actions? For example, your child says, "He runs *fast*" or "She eats *slowly*." (B5.3)

- _____ d. Does your child use words to describe position such as *in, on, out, up, down, under, by, of, and for*? For example, your child says, "My books are *on* the bookshelf." (B5.4)

- _____ e. Does your child use words that connect other words such as *and, but, because, if, and or*? For example, your child says, "We could play *or* take a nap." (B5.5)

- _____ f. Does your child use words such as *the, an, and a*? For example, your child says, "I want *an* apple," or "Where's *the* ball?" (B5.6)

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 meeting bodily needs. These skills include playing with others, managing conflict, taking part in group activities, following rules, showing preferences, identifying emotions, and knowing personal information.

1. Does your child play with other children? (A1)

date			

2. Does your child begin activities and encourage friends to join in? For example, your child says to friends, "Come on, let's build a house" and then gives them jobs to do. (A2)

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3. Does your child find ways to stop conflicts? (A3) NOTE:
Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child try to find a solution to disagreements with playmates? For example, when your child is not getting along with a friend, your child says, "I'll play with the ball first, and then it's your turn." (A3.1)

_____ b. Does your child tell an adult when he or she is having trouble with a friend? (A3.2)

_____ c. Does your child claim a toy that belongs to him or her by taking the toy back or by saying, "That's mine!" (A3.3)

4. Does your child begin playing with toys and finish the activity without being told? For example, your child gets out a puzzle, puts it together, and puts it away. (B1)

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5. Does your child take part in a *small* group activity with adult supervision? (B2)

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6. Does your child take part in a *large* group activity with adult supervision? (B3)

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7. Can your child meet his or her physical needs? (C1)
 NOTE: Place a "Y," "S," or "N" by items a through c:

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_____ a. Does your child ask for help when uncomfortable, sick, hurt, or tired? (C1.1)

_____ b. Does your child take care of his or her own physical needs? For example, your child washes his or her dirty hands or takes off wet clothes. (C1.2)

_____ c. Does your child ask for or get food or drink when hungry or thirsty? (C1.3)

8. Does your child follow rules in places outside of his or her home or school? For example, your child follows rules to stay seated during a bus ride or follows directions to not touch food in the grocery store. (C2)

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9. Does your child tell you what he or she likes and does not like? For example, your child says, "I love chocolate cake," or "I don't like to play football." (D1)

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10. Does your child understand how his or her behavior affects others? For example, after pushing another child, your child says, "I'm sorry," or your child chooses to play with a child who is alone. (D2) NOTE: Place a "Y," "S," or "N" by items a and b:

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_____ a. Does your child correctly identify the emotions of others when they are hurt, sad, angry, or happy? (D2.1)

_____ b. Does your child correctly identify his or her own emotions when he or she is hurt, sad, angry, or happy? (D2.2)

11. Does your child know personal information about self and others? (D3) NOTE: Place a "Y," "S," or "N" by items a through f:

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Family Report II

- _____ a. Does your child know own address, including number, street, and town? (D3.1)
- _____ b. Does your child know own telephone number? (D3.2)
- _____ c. Does your child know own birthday, including the month and the day? (D3.3)
- _____ d. Does your child know brother's and sister's first names *and* own first and last name? (D3.4)
- _____ e. Does your child know whether he or she and others are boys or girls? (D3.5)
- _____ f. Does your child know own first name and age? (D3.6)

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. _____

2. _____

3. _____

4. _____

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

1. _____

2. _____

3. _____

4. _____