

Self-Care Skills:

Please use the following scale to rate how your child performs self-care tasks:

Independently: Requires no assistance or supervision

Supervision: Requires monitoring, verbal directions, prompting, or set up of equipment or materials

Assistance: Requires assistance with 25% to 75% of the task

Total Assistance: Requires caregiver to perform the task

N/A (Not Applicable): Please use only if your child is too young to perform the task

My child can complete the following tasks:	N/A	Independent	Supervision	Assistance	Total Assist
Feeding:					
Uses a spoon					
Uses a fork					
Spreads with knife					
Cuts with knife & fork					
Drinking:					
Drinks from a bottle					
Drinks from a sippy cup (type: _____)					
Drinks from a regular open cup					
Drinks from a straw					
Holds cup & brings to mouth					
Dressing:					
Removes pants					
Puts on pants					
Takes off shirt					
Puts on shirt					
Takes off shoes					
Puts on shoes					
Takes off socks					
Puts on socks					
Buttoning					
Zippering					
Bathing:					
Gets in/out of tub					
Maintain sitting in tub					
Washes & dries body					
Grooming:					
Holds mouth open for teeth - brushing					
Holds toothbrush with caregiver					
Brushes teeth					
Thoroughly brushes teeth					
Brushes or combs hair					
Washes & dries hands					
Toileting:					
Dependent on diapers	<input type="radio"/> Y <input type="radio"/> N				
Indicates need for diaper change	<input type="radio"/> Y <input type="radio"/> N				
Indicates need for toileting	<input type="radio"/> Y <input type="radio"/> N				
Participates in toilet training	<input type="radio"/> Y <input type="radio"/> N				

Stays dry during the day	<input type="radio"/> Y <input type="radio"/> N
Stays dry through the night	<input type="radio"/> Y <input type="radio"/> N
Wipes after toileting	<input type="radio"/> Y <input type="radio"/> N
Independent with toileting	<input type="radio"/> Y <input type="radio"/> N
Sleep:	
Has difficulty falling asleep If yes, how long does it take for him/her to fall asleep? _____	<input type="radio"/> Y <input type="radio"/> N
Has difficulty remaining asleep through the night	<input type="radio"/> Y <input type="radio"/> N
Has difficulty waking in the morning	<input type="radio"/> Y <input type="radio"/> N
Naps during the day. How long? _____	<input type="radio"/> Y <input type="radio"/> N

Describe your typical morning routine:

Describe your typical evening/bedtime routine:

Play

My child:

1. Wanders aimlessly without purposeful play or exploration (over 15 months)	<input type="radio"/> Y <input type="radio"/> N
2. Needs guidance to play, difficulty playing independently (over 18 months)	<input type="radio"/> Y <input type="radio"/> N
3. Only explores objects by mouthing, banging, shaking, other: _____	<input type="radio"/> Y <input type="radio"/> N
4. Has difficulty relating objects, e.g., stacking, piling, placing in/out of containers, etc.	<input type="radio"/> Y <input type="radio"/> N
5. Has difficulty with simple pretend actions, (i.e., talking on phone, feeding doll)	<input type="radio"/> Y <input type="radio"/> N
6. Has difficulty playing cooperatively with others	<input type="radio"/> Y <input type="radio"/> N
7. Prefers playing alone than with others	<input type="radio"/> Y <input type="radio"/> N

IADL

My child can complete the following tasks:	N/A	Independent	Supervision	Assistance	Total Assist
Chores:					
Place toys/belongings in container					
Put clothes away					
Clean their room					
Take out the recycles					
Do the dishes					
Set/clear the table					
Take out the trash					
Help with laundry					

Food Prep:					
Obtain a drink, (juice box, water bottle)					
Open snack food, e.g., chips, fruit snacks					
Follow directions and prepare pre-packaged foods i.e., frozen pizza, microwave popcorn, etc.					
Follow recipes and prepare multiple dishes					

Hobbies/Interests

My child is involved in the following activities:	
1. Sports: (please list)	<input type="radio"/> Currently <input type="radio"/> In the past <input type="radio"/> N/A
2. Clubs/school activities: (please list)	<input type="radio"/> Currently <input type="radio"/> In the past <input type="radio"/> N/A
3. Hobbies: (please list)	<input type="radio"/> Currently <input type="radio"/> In the past <input type="radio"/> N/A
4. My child is interested in or motivated by _____	
Safety:	
1. My child's safety awareness is generally	<input type="radio"/> good <input type="radio"/> fair <input type="radio"/> poor <input type="radio"/> N/A
2. My child is safe in the home	<input type="radio"/> without supervision <input type="radio"/> with occasional/indirect supervision <input type="radio"/> with close/direct supervision <input type="radio"/> with constant supervision
3. My child is able to use emergency phone numbers	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A
4. My child has a history of elopement	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A

Social Development:

My child:

1. Has difficulty indicating wants/needs	<input type="radio"/> Y <input type="radio"/> N
2. Has difficulty responding to interaction	<input type="radio"/> Y <input type="radio"/> N
3. Has difficulty separating from parent or other family member	<input type="radio"/> Y <input type="radio"/> N
4. Has difficulty accepting interaction from new people	<input type="radio"/> Y <input type="radio"/> N
5. Has difficulty in unfamiliar places	<input type="radio"/> Y <input type="radio"/> N
6. Has difficulty accepting change in their typical routines	<input type="radio"/> Y <input type="radio"/> N
7. Gets frustrated easily	<input type="radio"/> Y <input type="radio"/> N
8. Has difficulty being told "No"	<input type="radio"/> Y <input type="radio"/> N
9. Has difficulty calming or soothing self	<input type="radio"/> Y <input type="radio"/> N
10. Appears to have tantrum more than other children the same age. <i>If yes, how often? _____</i> <i>What does the tantrum look like: _____</i>	<input type="radio"/> Y <input type="radio"/> N

How do you handle discipline issues at home? _____

Signs of Sensory Processing Difficulties (adapted from *Raising a Sensory Smart Child*, ©Biel & Peske, 2005)

Please indicate if your child "Avoids", "Seeks" or is "Neutral" (reacting neither more nor less intensely than any other child) to the sensory input listed below:

1. Touch

- Being touched on some body parts, hugs, and cuddles Avoids Seeks Neutral
- Certain clothing fabrics, seams, tags, waistbands, cuffs, etc. Avoids Seeks Neutral
- Getting hands, face or other body parts "messy" with food, lotion, sand, paint, glue, etc. Avoids Seeks Neutral
- Grooming activities (teeth brushing, nail clipping, hair brushed) Avoids Seeks Neutral
- Other: _____ Avoids Seeks Neutral

2. Proprioception (Body Sense)

- Active play (roughhousing, jumping, pushing, banging, bouncing) Avoids Seeks Neutral
- Eating crunchy or chewy foods Avoids Seeks Neutral
- Performing tasks with increased force, e.g. slamming, writing, etc. Avoids Seeks Neutral
- Wearing clothes (belts, hoods, shoelaces) as tight as possible Avoids Seeks Neutral
- Other: _____ Avoids Seeks Neutral

3. Vestibular (Movement Sense)

- Playground equipment or anything that moves, (swings, escalators, Elevators, etc.) _____ Avoids Seeks Neutral
- Spinning activities (carousels, spinning toys) Avoids Seeks Neutral
- Climbing and descending stairs, slides, ladders Avoids Seeks Neutral
- Challenges to balance (skating, bicycle riding, balance beams) Avoids Seeks Neutral
- Other: _____ Avoids Seeks Neutral

4. Auditory/Listening

- Hearing loud sounds, (car horns, sirens, loud music, TV) Avoids Seeks Neutral
- Being in noisy settings, (crowded restaurants, parties, busy store) Avoids Seeks Neutral
- Background noise when concentrating on task (music, fan, dishwasher) Avoids Seeks Neutral
- Other: _____ Avoids Seeks Neutral

5. Vision

- Looking at shiny, spinning, or moving objects Avoids Seeks Neutral
- Bright lights, sunshine Avoids Seeks Neutral
- Dim lighting, shade or the dark Avoids Seeks Neutral
- Visually "busy" places e.g., stores or crowded playgrounds Avoids Seeks Neutral
- Other: _____ Avoids Seeks Neutral

6. Taste and Smell

- Smelling unfamiliar scents Avoids Seeks Neutral
- Strong odors (perfume, cleaning products, gasoline) Avoids Seeks Neutral
- Smelling objects that aren't food (flowers, plastic items, garbage) Avoids Seeks Neutral
- Eating new foods Avoids Seeks Neutral
- Eating strongly flavored foods (spicy, salty, bitter, sour, sweet) Avoids Seeks Neutral
- Other: _____ Avoids Seeks Neutral