

Please complete the following questions about your child.

Child's Name _____

Parent's Name _____

Check one box for each item in this section

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
Our child dresses himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child uses the bathroom unassisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child articulates his/her needs clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child zips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child can use snaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child frequently has opportunities to play with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child plays well alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child initiates and completes self-selected tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child completes tasks as directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child play interactively with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our child uses aggressive behavior with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does your child have any medical allergies or symptoms about which we should know? If yes, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any extreme fears or anxieties? If yes, please explain below. Yes No

Does your child have any speech problems or delays? If yes, are they monitored? If yes, please explain below. Yes No

Please fill in the appropriate number.

My child can follow ____ -step directions.

My child shows on average a ____ -minute attention span when doing self-selected activities.

My child shows on average a ____ -minute attention span when doing activities that are directed.

My child displays interest in developing ability to: **(check all that apply)**

Cut	Draw	Color	Write	Read	Count	Name numbers	Name letters	Hold pencil with finger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Circle	Triangle	Square	Rectangle	Diamond
My child can identify: (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Run	Skip	Hop	Hop on one foot	Imitate
My child can: (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe a typical day for your child: