

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 plays 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.

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Does your child have any extreme fears or anxieties? If yes, please explain below. | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Does your child have any speech problems or delays? If yes, are they monitored? If yes, please explain below.. | <input type="checkbox"/> | <input type="checkbox"/> |

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 fingers |
| <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"/> |

My child can identify: **(check all that apply)**

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| circle | triangle | square | rectangle | diamond |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My child can: **(check all that apply)**

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| run | skip | hop | hop on one foot | imitate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Describe a typical day for your child.