



Child Name: _____

Date: _____

Completed by: _____

Please check relevant items and make comments on other side:

<p>1. ENGAGEMENT IN ROUTINES</p> <p>CHILD STRENGTHS:</p> <p><input type="checkbox"/> I anticipate consistent daily routines</p> <p><input type="checkbox"/> I follow the sequence of the routines</p> <p><input type="checkbox"/> I respond to changes in routines</p> <p><input type="checkbox"/> I understand classroom expectations</p> <p><input type="checkbox"/> I respond to familiar activities and situations</p> <p><input type="checkbox"/> I have favorite activities</p> <p><input type="checkbox"/> I respond to directions</p> <p><input type="checkbox"/> I follow simple directions and complete tasks</p> <p><input type="checkbox"/> I am cooperative in interactions with adults</p> <p><input type="checkbox"/> Other: _____</p> <p>CONCERNS:</p> <p><input type="checkbox"/> I require excess attention over time</p> <p><input type="checkbox"/> I require individual assistance</p> <p><input type="checkbox"/> I must be constantly re-directed</p> <p><input type="checkbox"/> I have difficulty with transitioning</p> <p><input type="checkbox"/> I avoid some activities, people, or objects</p> <p><input type="checkbox"/> I become upset or overly stimulated easily</p> <p><input type="checkbox"/> I require extra time to respond in unfamiliar situations and activities</p> <p><input type="checkbox"/> I become easily distracted in particular routines</p> <p><input type="checkbox"/> Other: _____</p>	<p>2. PLAY/SOCIAL INTERACTION</p> <p>CHILD STRENGTHS:</p> <p><input type="checkbox"/> I explore new objects, toys, and materials</p> <p><input type="checkbox"/> I initiate exploration of preferred toys/activities independently</p> <p><input type="checkbox"/> I enjoy playing with favorite play objects</p> <p><input type="checkbox"/> I engage in interactive play</p> <p><input type="checkbox"/> I initiate interaction with familiar adults</p> <p><input type="checkbox"/> I respond to peer's social initiation</p> <p><input type="checkbox"/> I have a peer buddy</p> <p><input type="checkbox"/> I take turns with others</p> <p><input type="checkbox"/> I identify emotions of others</p> <p><input type="checkbox"/> Other: _____</p> <p>CONCERNS:</p> <p><input type="checkbox"/> I have limited interest in interacting with play materials</p> <p><input type="checkbox"/> I require individual assistance with play</p> <p><input type="checkbox"/> I rarely initiate social interaction</p> <p><input type="checkbox"/> I insist on my turns</p> <p><input type="checkbox"/> I have difficulty understanding social cues</p> <p><input type="checkbox"/> I have difficulty playing appropriately with peers</p> <p><input type="checkbox"/> Other: _____</p>
<p>3. COMMUNICATION SKILLS</p> <p>CHILD STRENGTHS:</p> <p><input type="checkbox"/> I show my enjoyment using smiles, laughs, or verbal language</p> <p><input type="checkbox"/> I understand visual cues or signs</p> <p><input type="checkbox"/> I understand verbal cues and prompts</p> <p><input type="checkbox"/> I express needs using verbal or physical signals and cues or language</p> <p><input type="checkbox"/> I use words, phrases, or sentences to communicate with others</p> <p><input type="checkbox"/> Other: _____</p> <p>CONCERNS:</p> <p><input type="checkbox"/> I have difficulty understanding visual or verbal cues and prompts</p> <p><input type="checkbox"/> I have difficulty expressing needs</p> <p><input type="checkbox"/> I have a limited vocabulary for my age</p> <p><input type="checkbox"/> I have difficulty paying attention when my teacher gives me directions</p> <p><input type="checkbox"/> Other: _____</p>	<p>4. CHALLENGING BEHAVIOR</p> <p><input type="checkbox"/> I refuse to follow directions</p> <p><input type="checkbox"/> I engage in disruptive behavior during activities</p> <p><input type="checkbox"/> I engage in temper tantrums to get my needs met</p> <p><input type="checkbox"/> I use aggression to obtain or avoid objects or social interaction</p> <p><input type="checkbox"/> I use self-injurious behavior to obtain or avoid objects or social interaction</p> <p><input type="checkbox"/> I frequently engage in the challenging behavior</p> <p><input type="checkbox"/> I engage in a prolonged periods of challenging behavior</p> <p><input type="checkbox"/> Other: _____</p>

COMMENTS: