

Training Handouts

Day 2

Family Report

Your input is essential to targeting developmental skills that are important for your child. Section 1 asks general questions designed to help program staff get to know your child and family. Section 2 asks specific questions about daily routines and activities.

You may complete this form independently or with assistance from program staff. Thank you for sharing this information, and please let us know if you have any questions.

Date(s) completed: _____

Child's name: Failo

Child's date of birth: 34 months

Family's name and address: Sanchez

_____

Person completing form: Maria

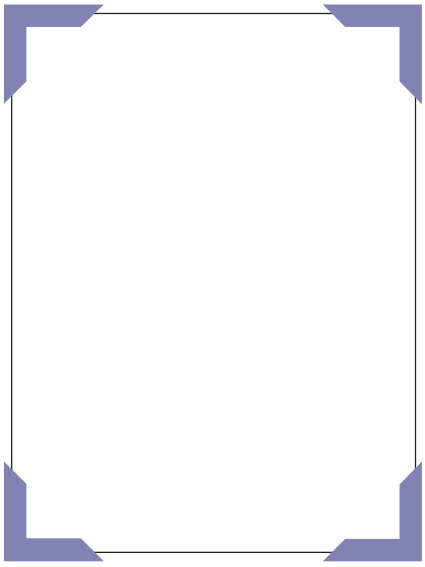
Relationship to child: Mother

Phone/text number: _____

E-mail address: _____

Preferred method(s) of contact: Drop off/Pick up phone

Language(s) spoken at home: Spanish English



Insert a picture (child or family photos or drawing), if desired.

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Section 1: Child and Family Information

Tell us about your child.

Child's name: Failo

How would you describe your child in a few words?

Sense of humor, smart, independent

What are some of your child's strengths?

Willful and stubborn, he works to get needs met

Do you have any concerns about your child's development or behavior? If yes, please explain.

He has cerebral palsy, hard to understand him , moves slowly

Tell us about your family.

Whom do you include as part of your family (parents, siblings, relatives, close friends, caregivers)?

Grandparents, sister, brother, children

What would you like program staff to know about your family's traditions and values?

We are close, we all live together, we go to Mexico once a year

What other information you would like us to know about your family (strengths, concerns, needs)?

We live w/my parents, my brother and sister

Tell us about services you and your child currently receive and how our program can best support your family.

What is your preferred location and time to meet?

Classroom or home, late morning

Are there other people you would like to include in meetings about your child? If yes, please list.

My parents

What services do you or your child receive? What other programs does your child attend?

No services. His development is monitored by ECSE services.

What medical providers or specialists does your child see (doctor, physical therapist, occupational therapist, speech therapist)?

He was brought to the EHS center, they said he would never walk

Would an interpreter or cultural guide help us to better serve your child and family?

maybe

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Date reviewed: _____	Noted changes:
Date reviewed: _____	Noted changes:

Section 2: Activities

Please provide information about your child's participation in the following routines and activities.

Participating with Family

1. What family activities usually involve your child? Check all that apply:
   - ☒ Meals
   - ☒ Chores
   - ☒ TV/movie watching
   - ☒ Games
   - ☒ Vacations
   - ☒ Shopping
   - ☐ Other:

2. Would you like your child to participate in other family activities? If so, please explain.

More participation in the activities we all do

3. What makes your child's participation in family activities enjoyable?

He is funny, smart and fun

4. Are there things that make your child's participation in family activities difficult? If yes, please explain.

Takes him more time to do things

5. Would you like help improving your child's participation in family activities? If yes, please explain.

More helpful cleaning up, dressing

Date reviewed: _____	Noted changes:
Date reviewed: _____	Noted changes:

Eating

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

Home, school, with anyone in the family

2. What kinds of foods does your child eat?

Everything, still has some difficulties with chewing everything up

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3. What makes nursing/meals enjoyable?

He is a good eater and enjoys most food. He is quite social.

4. Are there things that make nursing/meals difficult? If yes, please explain.

He needs help with fork and spoon.

5. Would you like support with your child's eating skills or routines? If yes, please explain.

Yes, would like him to use fork and spoon more.

Date reviewed: _____ Noted changes:

Date reviewed: _____ Noted changes:

Sleeping

1. What is your child's daytime sleep routine?

He naps at EHS (not at home).

2. What is your child's bedtime routine?

Bedtime 8 pm, usually a story. Sleeps with brothers and sisters.

3. How long does your child usually sleep during the day? At night?

Day - at school sometimes several hours. Night- variable, his brothers and sisters keep him up.

4. What makes naps/bedtime enjoyable?

The routine, he is a good napper (at school).

5. Are there things that make naps/bedtime difficult? If yes, please explain.

He sleeps with 4 other siblings

6. Would you like support with your child's sleeping routines? If yes, please explain.

He usually gets enough sleep. Extra bedroom would help.

Date reviewed: _____ Noted changes:

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Dressing and Toileting

1. What is your child's routine for dressing (dressing, changing clothes, undressing)?

He gets dressed in morning. He helps a little

2. What is your child's routine for toileting?

At home in diapers. At school he tells teachers when he has to go.

3. What makes dressing and diapering/using the toilet enjoyable?

He usually cooperates. Becoming toilet trained.

4. Are there things that make dressing and diapering/using the toilet difficult? If yes, please explain.

It will be a struggle for him to dress himself but he will learn to do it.

5. Would you like support with your child's dressing or toileting skills or routines? If yes, please explain.

Date reviewed: _____ Noted changes:

Date reviewed: _____ Noted changes:

Bathing

1. What is your child's routine for bathing?

Couple times a week. Failo and brother Nick. Starting to dry himself.

2. What makes bath time enjoyable?

He loves water, plays with brother and toys.

3. Are there things that make bath time difficult? If yes, please explain.

He needs help getting in and out of the tub.

4. Would you like support with your child's bathing skills or routines? If yes, please explain.

no

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Date reviewed: _____ Noted changes:

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Traveling

1. How do you and your child get to appointments, meetings, or activities (walk, ride the bus, take a cab, drive a car)?

   car, van, bus

2. What makes traveling with your child enjoyable?

   He loves the ride

3. Are there things that make traveling with your child difficult? If yes, please explain.

   no

4. Would you like suggestions to help your child travel more easily? If yes, please explain.

   no

Date reviewed: _____ Noted changes:

Date reviewed: _____ Noted changes:

Playing

1. What are your child's favorite play activities?

   Toys, books, legos, cars, anthing outside

2. When and where does your child play with others (adults, siblings, relatives, friends)?

   Anywhere it can happen

3. What makes playing enjoyable?

   He shares, he likes to imitate what others do

4. Are there things that make playing difficult? If yes, please explain.

   He is hard to understand, he fights with his brothers and sisters

5. Would you like support with your child's play skills? If yes, please explain.

   Yes, better motor skills, easier to understand

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Date reviewed: _____ Noted changes:

Communicating

1. How well does your child understand what you say?

   very well

2. How does your child communicate (using words, making sounds, pointing, nodding, crying, moving toward something)?

   His communication easy for family, not so much others

3. Do others understand what your child says?

   Sometimes. He's not usually loud

4. What makes talking to your child enjoyable?

   He understands a lot. He takes turns. He has a lot of words.

5. Are there things that make talking to your child difficult? If yes, please explain.

   His words are hard to hear and understand.

6. Would you like support with your child's communication skills? If yes, please explain.

   Yes, he could work on this.

Date reviewed: _____ Noted changes:

Date reviewed: _____ Noted changes:

Making Changes

1. Does your child have difficulty changing from one activity to another? If yes, please explain.

   Not too difficult

2. Would you like help supporting your child changing between activities? If yes, please explain.

   no

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Date reviewed: _____ Noted changes:

Participating in the Community

1. What community activities usually involve your child? Check all that apply.
   - ☐ Movies
   - ☒ Park visits
   - ☐ Sports
   - ☒ Worship services
   - ☒ Other: Restaurants

2. Would you like your child to participate in other community activities? If yes, please explain.

   Camp

3. What makes your child's participation in community activities enjoyable?

   He enjoys all of them.

4. Are there things that make your child's participation in community activities difficult? If yes, please explain.

   Difficult for others to understand. His movement can be slow.

5. Would you like support to help improve your child's participation in community activities? If yes, please explain.

   Not sure

Date reviewed: _____ Noted changes:

Date reviewed: _____ Noted changes:

Is there anything else about your child you would like to share or discuss?

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Family Assessment of Child Skills (FACS)

Date(s) completed: _____

Child's name: Raphael (Failo)

Child's date of birth: _____

Family's name and address: _____

_____

Person completing form: _____

Relationship to child: _____

Phone/text number: _____

E-mail address: _____

Preferred method(s) of contact: _____

Language(s) spoken at home: _____

FINE MOTOR 1
GROSS MOTOR 3
ADAPTIVE 6
SOCIAL-EMOTIONAL 8
SOCIAL-COMMUNICATION 10
COGNITIVE 12
LITERACY 14
MATH 16

The Family Assessment of Child Skills allows parents and other caregivers to share details about a child's developmental skills. This information is needed to select appropriate learning goals for an IFSP or IEP. Easy-to-answer questions are listed in eight areas: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. Questions about related behaviors are grouped together and mirror the content of the AEPS-3 Test.

You may complete this form independently or with help from program staff. Program staff will explain how to begin and when to stop answering questions. Please let program staff know if you have any questions or need assistance.

For each question, watch your child use the skill first, then mark your rating as follows:

- Mark *yes* (Y) if your child uses the skill or action described. Also mark *yes* if your child previously was able to do the skill. For example, if the question asks if your child can crawl and now your child can walk, mark *yes*.
- Mark *sometimes* (S) if your child uses the skill or action sometimes or partially. *Sometimes* is an appropriate response if your child does not consistently use, partly uses, or needs help to use the skill. For example, if your child sometimes takes off their coat but usually needs adult help, mark *sometimes*.
- Mark *not yet* (N) if your child does not yet use the skill or action described. For example, if your child cannot use a spoon to eat, mark *not yet*.

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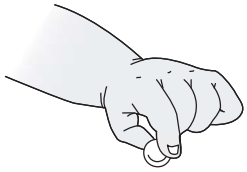
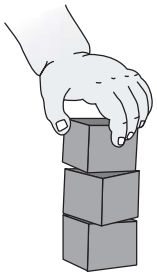
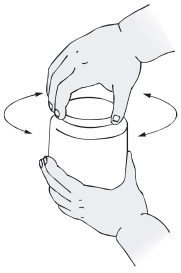
FAMILY ASSESSMENT OF CHILD SKILLS

Fine Motor

Fine motor skills are those that involve the movement and use of the hands. These skills include grasping and releasing, using the index finger and thumb, using scissors and writing implements, drawing shapes, and printing letters.

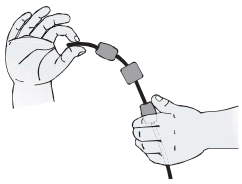
Name: Failo

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child move or wave their hands toward objects or people? For example, your child moves their arms back and forth toward a hanging toy. (FM.A1)	Y S N	Y S N	Y S N
2. Does your child pick up pea-size objects such as a small piece of cereal or cracker with the thumb and index finger of either hand and without resting their arm or hand on the table? For example, your child picks up a grape using their thumb and index finger. (FM.A2) 	(Y) S N	Y S N	Y S N
3. Does your child stack three or more objects with either hand? For example, your child stacks three or four blocks on top of one another. (FM.A3) 	(Y) S N	Y S N	Y S N
4. Does your child use one finger to turn toys or objects on or off? For example, your child uses an index finger to push a button on a telephone or a toy. (FM.B1) 	(Y) S N	Y S N	Y S N
5. Does your child turn objects by turning either wrist? For example, your child turns their wrist to take a lid off a jar, wind up a toy, or turn a faucet on and off. (FM.B2) 	(Y) S N	Y S N	Y S N

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Fine Motor

	DATE 1: _____	DATE 2: _____	DATE 3: _____
6. Does your child use two hands to move or manipulate objects using each hand separately or independently? For example, your child strings beads on a shoelace, buttons small buttons, or threads and zips a zipper. (FM.B3) 	Y S (N)	Y S N	Y S N
7. Does your child use three fingers to hold objects such as a spoon, pencil, or crayon? For example, your child uses three fingers to hold a crayon to draw, a paint brush to paint, or a spoon to scoop food. (FM.C1) 	Y S N	Y S N	Y S N
8. Does your child use a finger to activate an electronic device to produce an outcome? For example, your child uses a finger to draw a picture, move images across a screen, or play a game on an electronic notebook. (FM.D1)	Y S N	Y S N	Y S N

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

use both hands together

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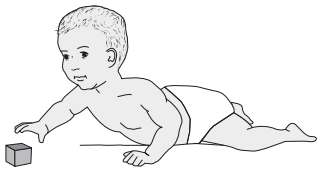
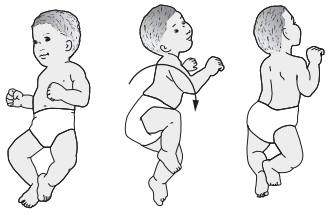
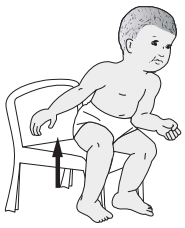
FAMILY ASSESSMENT OF CHILD SKILLS

Gross Motor

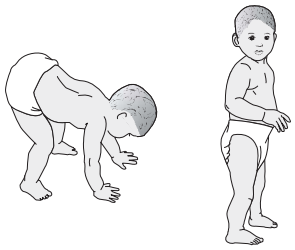
Gross motor skills involve moving and getting around in your surroundings.
These skills include rolling, crawling, walking, running, jumping, skipping, and riding a bike.

Name: _____

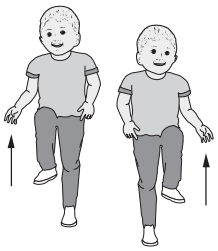
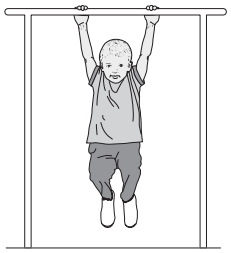
DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child move their head, arms, and legs independently of each other while lying on their back? For example, your child waves their arms without kicking their legs or turns their head without moving arms or kicking legs. (GM.A1)	(Y) S N	Y S N	Y S N
2. Does your child put weight on one hand or arm while reaching with the opposite hand? For example, your child leans on one hand or arm while reaching for an object with the other hand. (GM.A2) 	(Y) S N	Y S N	Y S N
3. Does your child roll over from back to stomach in both directions? For example, your child rolls from their back to their stomach to reach for a toy and then rolls to their back to play with the toy. (GM.A3) 	(Y) S N	Y S N	Y S N
4. Does your child move to a sitting position on the floor from standing, lying down, or from their hands and knees without help? For example, your child gets into a sitting position to look at a book or toy. (GM.A4)	(Y) S N	Y S N	Y S N
5. Does your child get out of a child-size chair without help? For example, your child rises from a small chair to get a toy. (GM.A5) 	(Y) S N	Y S N	Y S N

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	DATE 1: _____	DATE 2: _____	DATE 3: _____
6. Does your child crawl or creep forward 6 feet or more by alternating their arms and legs? For example, your child moves one arm and the opposite leg, then the other arm and opposite leg, or your child crawls forward to get a toy. (GM.B1) 	(Y) S N	Y S N	Y S N
7. Does your child bend at the waist or knees to reach an object on the floor and then stand up without sitting down or leaning on something? For example, your child stoops or squats to pick up a toy and then resumes standing. (GM.B2) 	(Y) S N	Y S N	Y S N
8. Does your child walk around or past objects, furniture, or people without bumping into them? For example, your child avoids a chair while walking to the door or window. (GM.B3)	Y S (N)	Y S N	Y S N
9. Does your child walk up and down stairs by alternating their feet on the steps? Your child can hold your hand or the stair railing for support. For example, your child climbs stairs by alternating their feet while holding onto the railing. (GM.B4)	(Y) S N	Y S N	Y S N
10. Does your child run without bumping into objects, furniture, or people? For example, your child runs to you without bumping into furniture. (GM.B5)	Y S (N)	Y S N	Y S N
11. Does your child jump forward with their feet together? For example, your child hops like a bunny with both feet together. (GM.B6) 	Y S (N)	Y S N	Y S N

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	DATE 1: _____	DATE 2: _____	DATE 3: _____
12. Does your child skip 15 feet or more using an alternating step-hop pattern? For example, your child uses a skipping action to move around the room. (GM.B7) 	Y S (N)	Y S N	Y S N
13. Does your child swing a bat or stick to hit a stationary object? For example, your child hits a t-ball with a bat or a piñata with a stick. (GM.C1)	Y S (N)	Y S N	Y S N
14. Does your child hang from the bars on play equipment? For example, your child hangs from a horizontal bar off the ground. (GM.C2) 	Y S (N)	Y S N	Y S N
15. Does your child ride a two-wheel bike without training wheels or adult assistance? For example, your child balances, pedals, and steers independently without falling. (GM.C3)	Y (S) N	Y S N	Y S N

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

Run and Jump

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FAMILY ASSESSMENT OF CHILD SKILLS

Adaptive

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

Name: _____

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child take food off a spoon without choking or gagging? For example, your child eats mashed fruit from a spoon. (AD.A1)	(Y) S N	Y S N	Y S N
2. Does your child eat a variety of foods and textures? For example, your child eats some fruits, some vegetables, and some meats. (AD.A2)	(Y) S N	Y S N	Y S N
3. Does your child eat foods using a spoon, fork, or other utensil without much spilling? For example, your child eats rice with a spoon or chopsticks without dropping food. (AD.A3)	(Y) S N	Y S N	Y S N
4. Does your child drink from a cup or glass without a lid with minimal spilling? For example, your child drinks water from a cup without spilling. (AD.A4)	(Y) S N	Y S N	Y S N
5. Does your child eat in socially appropriate ways? For example, your child chews with their mouth closed, uses a napkin, or asks for help to cut food. (AD.A5)	Y S (N)	Y S N	Y S N
6. Does your child get food ready for eating by removing inedible parts and by using a utensil such as a spoon or knife? For example, your child removes a banana skin, spreads jam on bread with a knife, or transfers food from a bowl. (AD.A6)	Y (S) N	Y S N	Y S N
7. Does your child use the toilet independently? You can help with clothing if needed. For example, your child asks to use the bathroom while in a restaurant and completes the process successfully. (AD.B1)	Y (S) N	Y S N	Y S N
8. Does your child bathe and dry off with minimal assistance? For example, your child climbs into the tub or shower, uses soap and rinses, and dries off with a towel. (AD.B2)	Y S (N)	Y S N	Y S N
9. Does your child brush their teeth, comb their hair, and wipe their nose with acceptable outcomes? For example, your child puts toothpaste on the toothbrush, brushes their teeth, and rinses their mouth. (AD.B3)	Y (S) N	Y S N	Y S N
10. Does your child undress without help? For example, at bedtime, your child removes pants, shirt, socks, and underwear. (AD.C1)	(Y) S N	Y S N	Y S N
11. Does your child choose appropriate clothing for the weather, temperature, and social setting and get dressed? For example, your child puts on a coat and boots to walk in the snow. (AD.C2)	Y S (N)	Y S N	Y S N
12. Does your child act to relieve their own distress or pain? For example, your child tells you they don't feel well when sick or looks for a caregiver when hit by another child. (AD.D1)	Y S (N)	Y S N	Y S N

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	DATE 1: _____	DATE 2: _____	DATE 3: _____
13. Does your child follow known home and community safety rules? An adult can remind them. For example, your child does not touch hot stoves or leave water running. (AD.D2)	Y (S) N	Y S N	Y S N
14. Does your child avoid dangerous conditions, objects, or materials without being told? For example, your child stays away from open flames or does not touch a sharp knife. (AD.D3)	Y (S) N	Y S N	Y S N
15. Does your child recognize and report danger to a caregiver? For example, your child reports that the door was left open and the dog might run outside. (AD.D4)	Y S (N)	Y S N	Y S N

What adaptive skills do you want your child to learn?

Dress/undress, eating/dining skills

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FAMILY ASSESSMENT OF CHILD SKILLS

Social-Emotional

Social skills are those that involve interacting and participating with others. These skills include showing affection, playing with others, choosing activities, sharing, managing conflict, identifying emotions, and knowing personal information.

Name: _____

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child initiate a positive social behavior with a familiar adult? For example, your child smiles at you, or your child reaches for a parent and gives a hug. (SE.A1)	(Y) S N	Y S N	Y S N
2. Does your child continue an interaction with a familiar adult by gesturing, vocalizing, signing, or talking? For example, your child says, "Ba," you ask, "Do you want your ball?" and your child then points to the ball and says, "Ba." Or, you sign PAT-A-CAKE, your child claps their hands, you sign PAT-A-CAKE again, and your child claps their hands again. (SE.A2)	(Y) S N	Y S N	Y S N
3. Does your child do at least two things to get ready for a usual event or routine, such as bathing, dressing, eating, or toileting, without being asked? For example, when you turn on the water or say, "Let's take your bath," your child goes to the tub, undresses, and gets tub toys. (SE.A3)	(Y) S N	Y S N	Y S N
4. Does your child respond appropriately to others' emotions? For example, your child becomes distressed when other children cry, or your child laughs when you laugh. (SE.B1)	Y (S) N	Y S N	Y S N
5. Does your child recover from anger, fear, and upset? For example, your child gets the toy they threw when angry and starts playing again, your child uses a pacifier to calm down or runs to a caregiver when frightened, or your child quiets after crying and rejoins the play group. (SE.B2)	(Y) S N	Y S N	Y S N
6. Does your child make positive statements about themselves or their accomplishments? For example, your child says, "I jump high and run fast." Or your child says, "Look at my picture. It's so nice." (SE.B3)	Y (S) N	Y S N	Y S N
7. Does your child play with other children? For example, your child and a peer dig in a sandbox, or your child plays house with another child. (SE.C1)	Y (S) N	Y S N	Y S N
8. Does your child plan and act out imaginary play? For example, your child pretends to be a firefighter and puts out a fire, or your child uses a box as a pretend rocket. (SE.C2)	(Y) S N	Y S N	Y S N
9. Does your child work with another child to plan and carry out play activity? For example, your child says, "Let's build a fort," and a peer says, "We need a box." Your child responds, "Then we can be soldiers." Your child and the peer carry out their plan. (SE.C3)	Y S (N)	Y S N	Y S N
10. Does your child follow rules while playing games? For example, your child takes turns while playing a card game. (SE.C4)	Y S (N)	Y S N	Y S N

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Social-Emotional

	DATE 1: _____	DATE 2: _____	DATE 3: _____
11. Does your child initiate and complete independent activities? For example, your child asks for a puzzle and puts it together, or your child colors in a coloring book. (SE.D3)	Y (S) N	Y S N	Y S N
12. Does your child try to find a solution to disagreements with others? For example, your child says, "I'll play with the ball first, then you can have it next." Or when told it's time for bed, your child asks, "Can I finish my game first, and then I'll go to bed?" (SE.D4)	Y S (N)	Y S N	Y S N
13. Does your child seek solutions to meet their physical needs? For example, your child asks for help when uncomfortable, dirty or wet, or tired. (SE.E1)	Y (S) N	Y S N	Y S N
14. Does your child use social rules and expectations outside of home or school? For example, your child stays seated at the table in a restaurant or is careful not to bump younger children at the playground. (SE.E2)	Y (S) N	Y S N	Y S N
15. Does your child follow specific rules for different community settings? For example, your child stays seated until the bus stops during a bus ride, does not touch food in the grocery store, or holds a friend's hand to cross the street when asked. (SE.E3)	Y S (N)	Y S N	Y S N
16. Does your child know personal information about themselves? For example, your child knows their own first and last names, address, and phone number. (SE.E4)	Y S (N)	Y S N	Y S N

What social-emotional skills do you want your child to learn?

Follow directions and rules

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FAMILY ASSESSMENT OF CHILD SKILLS

Social-Communication

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

Name: _____

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child turn to look at someone who is talking nearby? For example, when playing near you, your child looks at you when you talk. (SC.A1)	(Y) S N	Y S N	Y S N
2. Does your child babble the same sound combinations and different sound combinations? For example, your child says, "ba-ba" and "ba-da." (SC.A2)	(Y) S N	Y S N	Y S N
3. Does your child babble or use words in response to a caregiver's words? For example, you say, "Hi, baby," your child says, "Ba-ba," you then ask, "What?" and your child says, "Ba-ba-ba." Or the caregiver says, "Let's go," and your child says, "Bye-bye." (SC.A3)	(Y) S N	Y S N	Y S N
4. Does your child get attention and then point to an object, a person or animal, or something that is happening? For example, your child pulls on your arm and then points to a ball, looks at you and then looks at a cat, or makes a sound and points to a car passing by. (SC.A4)	(Y) S N	Y S N	Y S N
5. Does your child look in the same direction that another person is looking? For example, a caregiver turns and looks out the window, and your child also turns and looks out the window. (SC.B1)	(Y) S N	Y S N	Y S N
6. Does your child point out at least 10 familiar objects or people after you name them? The people or objects should be familiar and easy to find but not close by. For example, you say, "Where's Spot?" and your child goes to the window and points to the doghouse. (SC.B2)	(Y) S N	Y S N	Y S N
7. Does your child carry out two linked directions with objects that are out of sight? For example, a caregiver says, "Get your sweater and put it on," when the child's sweater is in another room. Your child gets the sweater and puts it on. (SC.B3)	Y (S) N	Y S N	Y S N
8. Does your child respond to questions related to why, how, and when? For example, your child says, "I hurt myself," when you ask why they are crying, or your child responds, "Six," when asked how old they are. (SC.B4)	Y S N	Y S N	Y S N
9. Does your child use sentences of three words or more? For example, your child says, "Where is Daddy tonight?" or "I don't like broccoli." (SC.C1)	Y (S) N	Y S N	Y S N

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Social-Communication

	DATE 1: _____	DATE 2: _____	DATE 3: _____
10. Does your child start and continue social exchanges using words, actions, or other means? For example, your child asks another child, "Can we read this book?" The other child says, "Not right now," and your child says, "How about after snack?" (SC.D1)	Y S (N)	Y S N	Y S N
11. Does your child use language to share information or get information from others? For example, your child meets another child at the playground and says, "My house is at the end of the street. Where do you live?" (SC.D2)	Y S (N)	Y S N	Y S N

What social-communication skills do you want your child to learn?

Tell us what he wants and use more words

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FAMILY ASSESSMENT OF CHILD SKILLS

Cognitive

Cognitive skills are those that involve mental processes and reasoning. These skills include imitating, recalling, categorizing, problem solving, and making observations and predictions.

Name: _____

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child turn toward noises, objects, or people and respond by looking or reaching? For example, your child turns when someone says, "Hi, baby," or your child turns to you and reaches for the toy you are holding. (CO.A1)	(Y) S N	Y S N	Y S N
2. Does your child use two or more simple actions together to interact with people, animals, and objects? For example, your child reaches for you and vocalizes, or your child kicks their legs and bats at a toy. (CO.A2)	(Y) S N	Y S N	Y S N
3. Does your child copy an unfamiliar gesture or movement? For example, your child pats their head after watching you pat your head. (CO.B1)	(Y) S N	Y S N	Y S N
4. Does your child imitate unfamiliar words? For example, your child tries to say a new word that an adult introduces. (CO.B2)	Y (S) N	Y S N	Y S N
5. Does your child relate an event that happened previously (at least several hours ago)? For example, your child describes sandbox activities that occurred yesterday. (CO.B3)	(Y) S N	Y S N	Y S N
6. Does your child search for things that are not in their usual place? For example, your child looks elsewhere when a toy is not in the toy box, or your child looks other places when their coat is not in the closet. (CO.C1)	(Y) S N	Y S N	Y S N
7. Does your child recognize symbols that represent objects? For example, your child points to or names your pet when you show a picture of a dog. (CO.C2)	(Y) S N	Y S N	Y S N
8. Does your child sort objects or people based on two or more features (such as size and color)? For example, your child puts small red cars together and larger yellow cars together or places square blocks in one pile and round blocks in another pile. (CO.C3)	Y (S) N	Y S N	Y S N
9. Does your child compare common concepts by following directions, answering questions, or identifying objects, people, or events with words that indicate contrast? For example, your child says, "I go to bed at night, not in the morning," "He is taller than me," or "This ball is as big as that one." (CO.C4)	Y (S) N	Y S N	Y S N
10. Does your child use one object to get another object that is out of reach? For example, your child uses a stool to reach a cookie or a spoon to get a ball under the couch. (CO.D1)	Y (S) N	Y S N	Y S N
11. Does your child use different actions with objects to get new outcomes? For example, your child uses a chair to build a fort or a sweater as a blanket for a doll. (CO.D2)	(Y) S N	Y S N	Y S N

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Cognitive

	DATE 1: _____	DATE 2: _____	DATE 3: _____
12. Does your child try different methods to solve a problem? For example, your child asks a caregiver to open a heavy door, or your child uses a fork to eat cereal when a spoon is not available. (CO.D3)	(Y) S N	Y S N	Y S N
13. Does your child make reasonable predictions? For example, your child predicts puddles will appear after a rainstorm or predicts the ending of an unfamiliar story. (CO.D4)	Y S (N)	Y S N	Y S N
14. Does your child ask questions based on simple observations or extended explorations? For example, your child asks why the moon changes size, why heated food cools off, or why it is cold outside. (CO.E1)	Y S (N)	Y S N	Y S N
15. Does your child share information about what they figured out or show or tell you what they think is going to happen? For example, your child chooses the smallest ball when you ask which one they think is lightest, or your child asks for a cup with a lid so the bug they found won't get away. (CO.E2)	Y S (N)	Y S N	Y S N

What cognitive skills do you want your child to learn?

More imitation of new words

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FAMILY ASSESSMENT OF CHILD SKILLS

Literacy

Literacy skills are those that involve prereading and reading skills. These skills include page and book orientation, matching sounds with letters, recognizing letters and words, and writing letters and words.

Name: _____

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child pay attention and seem to enjoy shared reading time with another child or group? For example, your child looks at pictures and listens or makes comments when an adult reads a book during storytime at the library or on a playdate. (LI.A1)	(Y) S N	Y S N	Y S N
2. Does your child understand that writing goes in one direction from side to side and from top to bottom on a page? For example, your child uses a finger to point to letters or follow words from left to right, or your child scrolls from the top to bottom of the page. (LI.A2)	Y S (N)	Y S N	Y S N
3. Does your child recognize printed words for common or familiar people, objects, or pictures? For example, your child points to their sister's name and says, "Sissy," or to their own name on a school cubby and says, "That's me." (LI.A3)	Y (S) N	Y S N	Y S N
4. Does your child say rhyming words? For example, when a caregiver says, "I hear with my little ear words that rhyme with *cat*," your child says, "bat," "hat," "mat," "fat," "sat," "pat," or "rat." (LI.B1)	Y S (N)	Y S N	Y S N
5. Does your child separate a compound word into its parts? For example, your child says, "*Sun* and *shine*" when you ask what two words are in *sunshine*. (LI.B2)	Y S (N)	Y S N	Y S N
6. Does your child break a word up into its separate syllables? For example, your child says "kan-ga-roo" when you ask what the parts of the word *kangaroo* are. (LI.B3)	Y S (N)	Y S N	Y S N
7. Does your child break a word into its individual sounds? For example, your child says "c-a-t" when you ask what all of the sounds are in *cat*. (LI.B4)	Y S (N)	Y S N	Y S N
8. Does your child name several letters (more than five)? For example, your child points to a fridge magnet with the letter *a* and says, "*A*–that's in my name," or your child names letters while reading a book with you. (LI.C1)	Y S (N)	Y S N	Y S N
9. Does your child describe the pictures in a book? For example, your child says, "Bear ride bike," while looking at a picture of a bear on a bike. (LI.D1)	Y S (N)	Y S N	Y S N
10. Does your child retell a story with a beginning, middle, and end? For example, after hearing the nursery rhyme "Jack and Jill," your child says, "They went up a hill, they got water, and they fell down." (LI.D2)	Y S (N)	Y S N	Y S N
11. Does your child write and draw? The letters may be large, backward, or reversed, and words do not have to be spelled correctly. For example, your child writes their name, makes a list, and draws a house. (LI.E2)	Y S (N)	Y S N	Y S N

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Literacy

What literacy skills do you want your child to learn?

Shows us letters or words in books

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FAMILY ASSESSMENT OF CHILD SKILLS

Math

Math skills are those that address numbers and number manipulation. These skills include counting, comparing numbers of items, and recognizing and writing numbers.

Name: _____

DIRECTIONS: Mark Y for *yes*, S for *sometimes*, and N for *not yet*.

	DATE 1: _____	DATE 2: _____	DATE 3: _____
1. Does your child correctly count 3 items out loud? For example, your child counts 3 blocks, 3 cars, or 3 cups. (MA.A1)	Y S (N)	Y S N	Y S N
2. Does your child correctly count 10 items out loud? For example, your child counts 10 toys, 10 crackers, or 10 cars. (MA.A2)	Y S (N)	Y S N	Y S N
3. Does your child correctly count 20 items out loud? For example, your child lines up 20 beads while counting them or selects 20 dominoes while counting them. (MA.A3)	Y S (N)	Y S N	Y S N
4. Does your child count by tens up to 100? You may show them how. For example, your child counts, "10, 20, 30, 40, 50, 60, 70, 80, 90, 100," after hearing you count by tens. (MA.A4)	Y S (N)	Y S N	Y S N
5. Does your child count 2 small sets of items (up to 5) and compare how many? For example, your child counts 4 crayons in their set and 3 crayons in your set and says, "I have more than you." (MA.B1)	Y S (N)	Y S N	Y S N
6. Does your child count 2 medium sets of items (6–10) and compare how many? For example, your child counts 7 crackers on their plate and 8 crackers on their brother's plate and says, "You got more than me." (MA.B2)	Y S (N)	Y S N	Y S N
7. Does your child count 2 large sets of items (11–20) and compare how many? For example, your child counts raisins in their bowl and their friend's bowl and says, "I have 16 and you have 16, so we have the same." (MA.B3)	Y S (N)	Y S N	Y S N
8. Does your child read and write numerals for up to 5 items? The numerals may be large or backward. For example, your child writes 5 for 5 pieces of pizza and says there are 5 pieces. (MA.C1)	Y S (N)	Y S N	Y S N
9. Does your child read and write numerals for 6 to 10 items? The numerals may be large, backward, or reversed. For example, your child writes 9 for 9 boxes on the shelf and says there are 9 boxes. (MA.C2)	Y S (N)	Y S N	Y S N
10. Does your child read and write numerals for 11 to 20 items? The numerals may be large, backward, or reversed. For example, your child writes 14 for 14 books and says there are 14 books. (MA.C3)	Y S (N)	Y S N	Y S N

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Math

What math skills do you want your child to learn?

Begin to count

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FAMILY ASSESSMENT OF CHILD SKILLS

Intervention Priorities

Please list the next skills you would like your child to learn. Date: _____

1. We want Filo to use more words (2 and 3 together) to tell me what he wants
2. We want Filo to help with clean-up
3. We want Filo to follow directions
4. We want Filo to get dressed and undressed without help

Please list the next skills you would like your child to learn. Date: _____

1. _____
2. _____
3. _____
4. _____

Please list the next skills you would like your child to learn. Date: _____

1. _____
2. _____
3. _____
4. _____

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aeps®3

Present Levels of Performance

Failo

Failo is an energetic, curious, and independent 3 year old. He loves books, all kinds of play, being outdoors, and visiting his sizeable group of fans in the Nelson Building where, with his brother Nicholas, he attends Early Head Start. Failo's developmental progress in the last year has been excellent. He has an engaging personality, and is very persistent in the pursuit of his moment-by-moment objectives. Failo is outgoing and easily wins over the affection of his teachers and caregivers.

Fine Motor:

Failo is able to stack at least three objects with either hand when he gets his books and looks through them to choose the one he wants to read or have read to him. He also stacks drinking cups when playing with dishes. Failo uses one finger to turn toys or objects on or off, when he flips the light switch or pushes a button for the door lock/unlock. He is able to open a door by turning the handle. Failo is able to place a variety of shapes in spaces that fit the shapes and he can align a few objects in a row such as toys, cars, or cups.

Gross Motor:

Adaptive:



Social Emotional:

Social Communication:

Cognitive:

Literacy:

Math:

Can Do Planning Strategy

Designed for developing and determining:

- A Team's Vision for a child
- The Child's present level of performance
- Areas of need
- Prioritized goals and objectives/benchmarks
- Intervention strategies

What is needed?

- Comprehensive assessment information
- Flipchart paper
- Markers
- Time Keeper
- Recorder
- Open Minds

Strengths and Emerging Skills (10 minutes)

Consider learner's participation in daily routines with family, friends, and within the community. Consider the learner's interests, performance in the general curriculum (e.g. English Language Arts, Math, Science, Social Studies, Foreign Language, Library, Technology, Arts), and performance in areas of growth and development (e.g. fine motor, gross motor, adaptive, cognitive, social-communication, social, vision, hearing)

Areas of Need (7 minutes)

What effects the learner's ability to participate in the general curriculum/daily activities and routine events?

Possible Solutions (10 minutes)

Be creative and think outside the box – anything is possible. Consider what services or services and goals are needed to address each priority need that effects the learner's participation and progress in the general curriculum and extracurricular and other nonacademic activities.

Priority Target Skills (20 minutes)

For which needs does the need to develop individualized goals and associated objectives/benchmarks?

Modified from the work of Cathy Csanyi (past principal Hattie Larlham Foundation), The Wisconsin Assistive Technology Planning Guide, and Joy Zabala

Goals and Objectives Rating Instrument (GORI)

Note: *Teams should ensure that targeted behaviors (i.e., goals, objectives, benchmarks) are based on the child's current abilities and team priorities. Teams should be able to align target behaviors with the child's present level of performance and identified needs ensuring access to and progress in the general culture.*

Scoring Directions

The GORI is composed of **8 quality indicators** (i.e., numbered statements 1 through 8). Read each bolded statement and determine if you can answer **"YES"** in relation to the target behavior you are rating (i.e., a goal or an objective/benchmark). **The bullets under each statement** assist in defining or clarifying how to answer a given statement regarding the target behavior. If more than a single bullet is listed, only one must be true of the target behavior to answer "YES" to the bolded statement.

- Score all quality indicators first for the annual goal and then repeat the process for each associated short-term objective/benchmark. For each "YES" response, sore a "1". The higher the total score, the higher the quality of the written goal or objective/benchmark. An annual goal or short-term objective/benchmark is considered "IEP worthy" if you can score it a 7 or 8.

MEASURABILITY

1. **Does the target behavior have a beginning and an end and can it be seen and/or heard (i.e., is it observable – is it an action)?**
    - Two or more people can agree that the same target behavior has occurred or was observed.
    - A specific definition of the observable action (i.e., target behavior) is provided.

2. **Can you measure the child's performance over time either qualitatively or quantitatively (i.e. determine mastery level)?**
    - The criterion or expected level of performance is stated (e.g., with assistance, independently) or implied in the target behavior itself (e.g., copies, initiates). Expectations for performance (i.e., how a behavior is to be demonstrated) or mastery (i.e., when a behavior is accomplished) are determined by target behaviors containing at least one of the following dimensions:
        - How well/how correctly a child can perform a behavior (accuracy)
        - How often the child can perform a behavior (frequency)
        - How long it takes the child to start performing a behavior (latency)
        - How much force the child uses to perform a behavior (intensity)
        - How long the child can perform a behavior (duration)
        - How many times the child can repeat performance of a behavior (endurance)

FUNCTIONALITY

3. **Does the child need the target behavior to participate in all/most daily activities?**
    - The target behavior allows the child to have *access* to the activity. For example, the child can go places with their family (e.g., the mall, restaurants, park) and can join in community events such as attending swimming lessons, childcare, or preschool.
    - The child needs the target behaviors for *responding* with verbal or motor actions to directions, questions, comments, greetings, or affect/emotion from others or is a precursor, building block, or element/component of behavior needed for responding. For example, the child can respond to peers when playing or working with them.
    - The child needs the target behavior for interacting with materials or people (e.g., using/playing with materials in the manner in which they were designed, communication information/wants/needs/ideas, playing/sharing with others) or is a precursor, building

block, or element/component of a behavior needed for interacting. For example, the child is able to express wants or needs at home while playing at school and within the community.

4. **Does the child need the target behavior to complete all/most daily activities?**
    - The target behavior will have to be performed by someone else if the child cannot do it.
    - The target behavior is necessary precursor, building block, or element/component of a behavior that is crucial for the completion of most daily activities. For example, fine motor control is a precursor to writing.

GENERALITY

5. **Does the target behavior represent a general concept or class of response?**
    - **Goals**
        - The behavior(s) targeted in the goal represent generic processes (e.g., manipulating objects, using words/signs to communicate, participating in groups, feeding self) **versus** specific or discrete skills (e.g., cuts with scissors, says more, follows directions at circle, uses a spoon to eat soup).
        - The behavior(s) targeted in the goal represent a group of related behaviors (e.g., informing, greeting, and directing are all related to verbal expressions; staying with a group, looking at the person talking, answering questions or following group directions are all related to participation in group activities).
    - **Objectives/Benchmarks**
        - The behavior(s) targeted serve as **components or aspects of the goal** (e.g., greets would be a component of goal that includes greeting, informing, and directing). For example, if the child has an overall goal of greeting, informing, and directing, one of the objectives toward the goal would focus on greeting. The other two objectives would focus on informing and directing.
        - The behavior(s) targeted serves as **precursors or building blocks to the goal** (i.e., a milestone in terms of development or time). For example, if a child needs to work on cutting out shapes with curved lines (i.e., bilateral coordination), the first benchmark would be cutting a piece of paper in two, and the second benchmark would be cutting out shapes with curved lines.

6. **Can the target behavior be generalized across a variety of settings, materials, and/or people?**
    - The child can use the target behavior across settings, materials, and/or people. ***NOTE:*** *The target behavior should be used with at least two (e.g., settings and people, materials and people, or settings and materials).*

INSTRUCTIONAL CONTENT

7. **Can the target behavior be taught across daily activities?**
    - Others can provide multiple and varied learning opportunities to teach the target behavior during common or everyday situations.
    - Everyday items can be used by the child when performing/demonstrating target behavior.

8. **Can the target behavior be taught/addressed by various team members (e.g., teachers, therapist, caregivers)?**
    - The behavior is written in clear, jargon free language that can be addressed by any team member.
    - The behavior is written in a way that is not confusing, too clinical, or requires specific knowledge that is not readily available to all team members.

IFSP/IEP Planning Guide

Date(s) of IFSP/IEP: _____ Time: _____

Location: _____

Child's name: _____

Child's date of birth: _____ Child's ID: _____

Family's name and address: _____

Family members/professionals/agency representatives attending: _____

STRENGTHS AND RESOURCES	
Child's strengths and resources *Include recent progress or changes, favorite activities, special qualities.*	**Family's strengths and resources** *Include available resources, special qualities, knowledge or training, supports.*

GOALS AND PRIORITIES	
Goals for child	**Family priorities**
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**
5.	**5.**

COMMENTS	

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Embedding Schedule

DIRECTIONS: This template can be used for individual children or small groups of children, in home and classroom settings. Follow these steps:

1. Identify targeted goals/outcomes from the assessment data.
2. Clearly define each desired goal/outcome, and write a concise description of each one in the blanks provided at the top of each column (one goal/outcome per column).
3. List all or a portion of the daily schedule in the boxes in the left column.
4. Find the blank box in the template where the targeted goal/outcome from the top row intersects with an activity in the daily schedule column at left. In that box, write a bullet point that concisely describes the focused strategy adults will deliver to create an embedded learning opportunity.

Daily Schedule	Goal/Outcome: _____ Focused Strategy	Goal/Outcome: _____ Focused Strategy	Goal/Outcome: _____ Focused Strategy
EMBEDDING SCHEDULE MATRIX			

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Intervention Plan

Date(s) completed: _____ Person completing form: _____

Program: _____

Child's name: _____

Skill: _____

Before (A = Antecedent)	Possible Behavior Responses (B = Behavior)	After (C = Consequence)
1. When: **2. Where:** **3. With what:** **4. How:** • **Establish joint attention:** • **Establish a topic:**	**Correct response (+)**	**Correct response (+)**
• **Make a request in a format the child can understand:** • **Wait for the child to process:**	**Incorrect responses (–)**	**Incorrect responses (–)**

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