

Parent/Guardian Information

Your Name/ID# _____ Your Relationship to Child: _____ Today's Date _____

Child Information

Child's Name/ID# _____ Child's Gender: M F Child's Age: _____ Years _____ Months Child's Grade _____

Race/Ethnicity

American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander White Other

Comments on child's behavior/functioning: _____

DIRECTIONS

Please answer the questions on this form based on your *child's typical behavior during the past month*. Use the following rating scale:

Never: the behavior *never* or *almost never* happens

Frequently: the behavior happens *much of the time*

Occasionally: the behavior happens *some of the time*

Always: the behavior *always* or *almost always* happens

Circle the *one* answer that best describes how often the behavior happens. Try your best to answer all of the questions.

Several questions ask whether your child shows "distress" in certain situations. Showing distress may include verbal expressions (whining, crying, yelling) or nonverbal expressions (withdrawing, gesturing, pushing something away, running away, wincing, striking out).

You may use the space provided above to add any additional comments on your child's behavior or functioning.

PLEASE PRESS HARD WHEN CIRCLING YOUR RESPONSES.

Never Occasionally Frequently Always

SOCIAL PARTICIPATION *Does your child...*

- N _ O _ F _ A _ 1. Play with friends cooperatively (without lots of arguments)?
- N _ O _ F _ A _ 2. Interact appropriately with parents and other significant adults (communicates well, follows directions, shows respect, etc.)?
- N _ O _ F _ A _ 3. Share things when asked?
- N _ O _ F _ A _ 4. Carry on a conversation without standing or sitting too close to others?
- N _ O _ F _ A _ 5. Maintain appropriate eye contact during conversation?
- N _ O _ F _ A _ 6. Join in play with others without disrupting the ongoing activity?
- N _ O _ F _ A _ 7. Take part in appropriate mealtime conversation and interaction?
- N _ O _ F _ A _ 8. Participate appropriately in family outings, such as dining out or going to a park, museum, or movie?
- N _ O _ F _ A _ 9. Participate appropriately in family gatherings, such as holidays, weddings, and birthdays?
- N _ O _ F _ A _ 10. Participate appropriately in activities with friends, such as parties, going to the mall, and riding bikes/skateboards/scooters?

VISION *Does your child...*

- N _ O _ F _ A _ 11. Seem bothered by light, especially bright light (blinks, squints, cries, closes eyes, etc.)?
- N _ O _ F _ A _ 12. Have trouble finding an object when it is part of a group of other things?
- N _ O _ F _ A _ 13. Close one eye or tip his or her head back when looking at something or someone?
- N _ O _ F _ A _ 14. Become distressed in unusual visual environments, such as a bright, colorful room or a dimly lit room?
- N _ O _ F _ A _ 15. Have difficulty controlling eye movement when following objects like a ball with his or her eyes?
- N _ O _ F _ A _ 16. Have difficulty recognizing how objects are similar or different based on their colors, shapes, or sizes?
- N _ O _ F _ A _ 17. Enjoy watching objects spin or move more than most kids his or her age?
- N _ O _ F _ A _ 18. Walk into objects or people as if they were not there?
- N _ O _ F _ A _ 19. Like to flip light switches on and off repeatedly?
- N _ O _ F _ A _ 20. Dislike certain types of lighting, such as midday sun, strobe lights, flickering lights, or fluorescent lights?
- N _ O _ F _ A _ 21. Enjoy looking at moving objects out of the corner of his or her eye?

HEARING *Does your child...*

- N _ O _ F _ A _ 22. Seem bothered by ordinary household sounds, such as the vacuum cleaner, hair dryer, or toilet flushing?
- N _ O _ F _ A _ 23. Respond negatively to loud noises by running away, crying, or holding hands over ears?
- N _ O _ F _ A _ 24. Appear not to hear certain sounds?
- N _ O _ F _ A _ 25. Seem disturbed by or intensely interested in sounds not usually noticed by other people?
- N _ O _ F _ A _ 26. Seem frightened of sounds that do not usually cause distress in other kids his or her age?
- N _ O _ F _ A _ 27. Seem easily distracted by background noises such as a lawn mower outside, an air conditioner, a refrigerator, or fluorescent lights?
- N _ O _ F _ A _ 28. Like to cause certain sounds to happen over and over again, such as by repeatedly flushing the toilet?
- N _ O _ F _ A _ 29. Show distress at shrill or brassy sounds, such as whistles, party noisemakers, flutes, and trumpets?

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PLEASE PRESS HARD WHEN CIRCLING YOUR RESPONSES.

Never Occasionally
 Frequently Always

- TOUCH** *Does your child...*
- N O F A 30. Pull away from being touched lightly?
- N O F A 31. Seem to lack normal awareness of being touched?
- N O F A 32. Become distressed by the feel of new clothes?
- N O F A 33. Prefer to touch rather than to be touched?
- N O F A 34. Become distressed by having his or her fingernails or toenails cut?
- N O F A 35. Seem bothered when someone touches his or her face?
- N O F A 36. Avoid touching or playing with finger paint, paste, sand, clay, mud, glue, or other messy things?
- N O F A 37. Have an unusually high tolerance for pain?
- N O F A 38. Dislike teeth brushing, more than most kids his or her age?
- N O F A 39. Seem to enjoy sensations that should be painful, such as crashing onto the floor or hitting his or her own body?
- N O F A 40. Have trouble finding things in a pocket, bag, or backpack using touch only (without looking)?
- TASTE AND SMELL** *Does your child...*
- N O F A 41. Like to taste nonfood items, such as glue or paint?
- N O F A 42. Gag at the thought of an unappealing food, such as cooked spinach?
- N O F A 43. Like to smell nonfood objects and people?
- N O F A 44. Show distress at smells that other children do not notice?
- N O F A 45. Seem to ignore or not notice strong odors that other children react to?
- BODY AWARENESS** *Does your child...*
- N O F A 46. Grasp objects (such as a pencil or spoon) so tightly that it is difficult to use the object?
- N O F A 47. Seem driven to seek activities such as pushing, pulling, dragging, lifting, and jumping?
- N O F A 48. Seem unsure of how far to raise or lower the body during movement such as sitting down or stepping over an object?
- N O F A 49. Grasp objects (such as a pencil or spoon) so loosely that it is difficult to use the object?
- N O F A 50. Seem to exert too much pressure for the task, such as walking heavily, slamming doors, or pressing too hard when using pencils or crayons?
- N O F A 51. Jump a lot?
- N O F A 52. Tend to pet animals with too much force?
- N O F A 53. Bump or push other children?
- N O F A 54. Chew on toys, clothes, or other objects more than other children?
- N O F A 55. Break things from pressing or pushing too hard on them?
- BALANCE AND MOTION** *Does your child...*
- N O F A 56. Seem excessively fearful of movement, such as going up and down stairs or riding swings, teeter-totters, slides, or other playground equipment?
- N O F A 57. Have good balance?
- N O F A 58. Avoid balance activities, such as walking on curbs or on uneven ground?
- N O F A 59. Fall out of a chair when shifting his or her body?
- N O F A 60. Fail to catch himself or herself when falling?
- N O F A 61. Seem not to get dizzy when others usually do?
- N O F A 62. Spin and whirl his or her body more than other children?
- N O F A 63. Show distress when his or her head is tilted away from the upright, vertical position?
- N O F A 64. Show poor coordination and appear to be clumsy?
- N O F A 65. Seem afraid of riding in elevators or on escalators?
- N O F A 66. Lean on other people or furniture when sitting or when trying to stand up?
- PLANNING AND IDEAS** *Does your child...*
- N O F A 67. Perform inconsistently in daily tasks?
- N O F A 68. Have trouble figuring out how to carry multiple objects at the same time?
- N O F A 69. Seem confused about how to put away materials and belongings in their correct places?
- N O F A 70. Fail to perform tasks in proper sequence, such as getting dressed or setting the table?
- N O F A 71. Fail to complete tasks with multiple steps?
- N O F A 72. Have difficulty imitating demonstrated actions, such as movement games or songs with motions?
- N O F A 73. Have difficulty building to copy a model, such as using Legos or blocks to build something that matches a model?
- N O F A 74. Have trouble coming up with ideas for new games and activities?
- N O F A 75. Tend to play the same activities over and over, rather than shift to new activities when given the chance?