

**(I)** Independent **(H)** With help **(S)** Sometimes **(N)** Never or rarely **(R)** Refuses

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Developmental Tool**

Please answer the following questions using the above listed responses. Frame answers from days that are more difficult for your child and feel free to add any clarifications or additional comments in the spaces to the right.

**Gross Motor:**

1. Bends to pick up objects off the floor without falling \_\_\_\_\_
2. Walks up and down stairs \_\_\_\_\_
3. Catches, kicks, throws a ball \_\_\_\_\_

Comments:

**Fine Motor:**

1. Grasps a writing utensil \_\_\_\_\_
2. Ties shoelaces in a bow \_\_\_\_\_
3. Opens a jar or bottle with a twist top \_\_\_\_\_

**Social Interaction:**

1. Makes eye contact when a person is talking \_\_\_\_\_
2. Plays in the presence of other children \_\_\_\_\_
3. Greets others verbally with a 'hello' \_\_\_\_\_
4. Maintains appropriate social distances \_\_\_\_\_
5. Initiates play with a peer \_\_\_\_\_
6. Shares with others and takes turns \_\_\_\_\_
7. Conversation Skills \_\_\_\_\_

Comments:

**Language Comprehension:**

1. Turns head to the right to look at a moving object \_\_\_\_\_
2. Responds to name when called \_\_\_\_\_
3. Points to an object when asked to do so \_\_\_\_\_
4. Correctly answer a 'yes' or 'no' question \_\_\_\_\_
5. States the opposite of a word \_\_\_\_\_

Comments:

**Language expression:**

1. Verbalizes the name of common objects \_\_\_\_\_
2. Makes requests using one word sentences \_\_\_\_\_
3. States first and last name \_\_\_\_\_
4. Speaks in 3-5 word sentences \_\_\_\_\_
5. Is able to express his/her wants and needs \_\_\_\_\_
6. Answers a 1. Who 2. When 3. What and 4. Where question \_\_\_\_\_
7. Uses pronouns (I, me, you) correctly in sentences \_\_\_\_\_

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**Eating and Meal Preparation:**

1. Drinks from a cup \_\_\_\_\_
2. Feeds him/herself \_\_\_\_\_
3. Opens a food package \_\_\_\_\_
4. Requests food when hungry \_\_\_\_\_
5. Makes a simple snack \_\_\_\_\_
6. Uses the microwave to prepare a food \_\_\_\_\_
7. Safely uses large appliances to prepare food item \_\_\_\_\_

Comments:

**Toileting:**

1. Toilet trained during the day \_\_\_\_\_
2. Toilet trained at night \_\_\_\_\_
3. Identifies if wet or soiled \_\_\_\_\_
4. Identifies the need to use the restroom \_\_\_\_\_
5. Completes all the steps to toileting \_\_\_\_\_
6. Finds a restroom in a familiar public location \_\_\_\_\_

Comments:

**Dressing:**

8. Dresses/Undresses Self \_\_\_\_\_
9. Put on shoes and socks \_\_\_\_\_
10. Fastens clothing/buttons/zippers \_\_\_\_\_

Comments:

**Personal Self Care:**

11. Hand Washing \_\_\_\_\_
12. Bathing/showering \_\_\_\_\_
13. Brushes teeth \_\_\_\_\_
14. Combs or brushes hair \_\_\_\_\_
15. Uses deodorant \_\_\_\_\_
16. Chooses clean clothing \_\_\_\_\_
17. Wears eyeglasses, hearing aids, leg braces, etc. \_\_\_\_\_

Comments:

**Domestic Skills:**

1. Cleans up following an activity he/she is finished with \_\_\_\_\_
2. Organizes personal space (bedroom) \_\_\_\_\_
3. Puts away clean clothing when asked \_\_\_\_\_
4. Completes one task on a chore chart \_\_\_\_\_

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**Time and Punctuality:**

1. Identifies the time of day (whether it is morning or night) \_\_\_\_\_
2. Tells time using a digital clock \_\_\_\_\_
3. Tells time using an analog clock \_\_\_\_\_
4. Identifies what time a scheduled activity will start/stop \_\_\_\_\_
5. Completes an assignment within the time allotted \_\_\_\_\_

Comments:

**Money and Value:**

1. Verbalizes/Points to the numbers 1-10 \_\_\_\_\_
2. States the numbers in home phone number \_\_\_\_\_
3. Identifies all coins and their values \_\_\_\_\_
4. Adds the value of two coins \_\_\_\_\_
5. Uses a variety of coins/dollars to add up to \$5.00 \_\_\_\_\_

Comments:

**Work Skills:**

1. Attends to a single task for 5 minutes \_\_\_\_\_
2. Attends to a task for 10 minutes \_\_\_\_\_
3. Completes a one-step directive \_\_\_\_\_
4. Completes a two-step directive \_\_\_\_\_
5. Transitioning from preferred to non-preferred \_\_\_\_\_

Comments:

**Home and Community Orientation:**

1. Holds hands with an adult in public \_\_\_\_\_
2. Stays in a fenced yard without supervision \_\_\_\_\_
3. Look both ways before crossing the street \_\_\_\_\_
4. Physically stops moving in a safety situation \_\_\_\_\_
5. Stays on a sidewalk when walking \_\_\_\_\_
6. Stays buckled in the car \_\_\_\_\_
7. Buckles self in a motor vehicle \_\_\_\_\_
8. Asks for help in the community \_\_\_\_\_
9. Orders a meal in a restaurant \_\_\_\_\_
10. Uses appropriate volume of voice depending on location \_\_\_\_\_

Comments:

This tool is to be used for the purposes of assessing needs and strengths. This is not an eligibility tool and should not be used in place of such assessment.

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