

(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 _____

Comments:

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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 _____

Comments:

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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.