

Parent Report—Self-help and Social-Emotional Scales

Child's Name _____ Child's Date of Birth _____ Today's Date _____
 Parent's/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.

SELF-HELP SKILLS	
A. Eating Skills	
1. Does your child use a spoon? If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?	Rarely/No _____ Sometimes _____ Most of the time _____
2. Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?	Rarely/No _____ Sometimes _____ Most of the time _____
3. Does your child hold a fork in his/her fingers, not in his/her fist?	Rarely/No _____ Sometimes _____ Most of the time _____
B. Dressing Skills	
4. Does your child put on his/her shoes? Criteria: Buckling, tying, or Velcro® fastening is not required for credit.	No _____ Yes (sometimes on wrong feet) _____ Yes (each shoe on correct foot 90% of the time) _____
5. Does your child dress himself/herself unsupervised?	Rarely/No _____ Sometimes _____ Most of the time, except for help with difficult fasteners _____
6. Does your child put on his/her socks?	Rarely/No _____ Sometimes _____ Most of the time _____

C. Toileting Skills	
7. Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?	Rarely/No _____ Sometimes _____ Most of the time _____
8. Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?	Rarely/No _____ Sometimes _____ Most of the time _____
9. Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?	Rarely/No _____ Sometimes _____ Most of the time _____
10. Does your child attempt to wipe himself/herself after toileting?	Rarely/No _____ Sometimes _____ Most of the time _____
OR	
Does your child wipe himself/herself independently after toileting?	Rarely/No _____ Sometimes _____ Most of the time _____
11. Does your child take care of his/her toileting needs?	Rarely/No _____ Sometimes _____ Most of the time _____
12. Does your child go to the bathroom on his/her own without being asked or reminded?	Rarely/No _____ Sometimes _____ Most of the time _____

OVER

Parent Report—Self-help and Social-Emotional Scales (continued)

SOCIAL AND EMOTIONAL SKILLS		
D. Relationships with Adults		
13.	Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No Sometimes Most of the time
14.	Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No Sometimes Most of the time
15.	Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No Sometimes Most of the time
16.	Does your child share his/her thoughts and ideas with you?	Rarely/No Sometimes Most of the time
E. Play and Relationships with Peers		
17.	Does your child have several friends but one who is a special or best friend?	No Yes
18.	Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No Yes
19.	Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	Rarely/No Sometimes Most of the time
20.	Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No Sometimes Most of the time

F. Motivation and Self-Confidence		
21.	Does your child maintain interest when engaged in a small-group activity or project?	Rarely/No Sometimes Most of the time
22.	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No Sometimes Most of the time
23.	Does your child approach new tasks with confidence and a "can-do" attitude?	Rarely/No Sometimes Most of the time
24.	Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No Sometimes Most of the time
G. Prosocial Skills and Behaviors		
25.	If supervised by an adult, does your child take turns without undue objection?	Rarely/No Sometimes Most of the time
26.	Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No Sometimes Most of the time
27.	Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No Sometimes Most of the time
28.	Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No Sometimes Most of the time