

Teacher's Report and Scoring Form for the Self-help and Social-Emotional Scales

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

Directions: Read each item and circle the response or description ("No," "Sometimes," "Yes," etc.) to the right that best applies to or describes your child.

A. Work/Help Skills (basal/ceiling: three in a row correct/incorrect)

- Does child try to help put things away such as his/her toys or clothes? No/0 Sometimes/0 Yes/1 ___/1
 - Can child open doors or cabinets by himself/herself if he/she doesn't have to work knobs or handles? No/0 Sometimes/0 Yes/1 ___/1
 - Can child open doors or cabinets by himself/herself including working knobs and handles? No/0 A little/0 Yes/1 ___/1
 - How many minutes will child usually watch TV without losing interest? 1-5/0 5-10/1 10-15/2 15-20/3 20+/4 ___/4
 - How many minutes will child usually play with toys by himself/herself (without the TV on)? 1-5/0 5-10/1 10-15/2 15-20/3 20+/4 ___/4
 - Does child help around the house if asked? No/0 Sometimes/0 Yes/1 ___/1
 - Does child work for at least 20 minutes in a small group such as school doing a craft project or other activity? No opportunity/0 No/0 Sometimes/0 Yes/1 ___/1
- A. Total for Work/Help Skills** ___/13

B. Feeding/Eating Skills (basal/ceiling: none)

- Does child use a spoon? No/0 Sometimes/0 Yes/0
 If yes, what happens when he/she tries to get food into his/her mouth?
 Turns spoon upside down/0 Spills a lot/0 Spills some/1 Spills very little/2 ___/2
 - Does child hold a fork with his or her fingers (not in a fist)? No/0 A little/0 Yes/1 ___/1
 - Can child use the side of a fork to cut soft foods? No/0 A little/0 Yes/1 ___/1
- B. Total for Feeding/Eating Skills** ___/4

C. Undressing/Dressing Skills

(basal/ceiling: three in a row correct/incorrect if possible)

- Can child take off his/her own shoes if you undo shoelaces, buckles, or fastening tapes? No/0 Sometimes/0 Yes/1 ___/1
 - Can child put his/her shoes on? No/0 Yes, Wrong feet sometimes/1 Correct feet/2 ___/2
 - Can child take off and put on a coat, shirt, dress, or pants if you help with buttons, zippers, and snaps? No/0 Sometimes/0 Yes/1 ___/1
 - Can child take off and put on a coat, shirt, dress, or pants including buttons, zippers, and snaps? No/0 Sometimes/0 Yes/1 ___/1
 - Can child take off and put on socks by himself/herself? No/0 Sometimes/0 Yes/1 ___/1
 - Can child dress completely? No/0 Mostly, but not all fasteners/1 Yes, but can't tie shoes/2 Yes, and ties shoes/3 ___/3
- C. Total for Undressing/Dressing Skills** ___/9

D. Toileting Skills (basal/ceiling: three in a row correct/incorrect if possible)

- Does child get on the toilet/potty seat by himself/herself? .. No/0 Sometimes/0 Yes/1 ___/1
 - Does child have bowel movements ("poop") in the toilet/potty most of the time? No/0 Sometimes/0 Yes/1 ___/1
 - Does child urinate ("pee") in the toilet/potty? .. No/0 Sometimes/0 Yes/1 ___/1
 - Does child wipe himself/herself or try to wipe after toileting? No/0 Sometimes/0 Most of the time/1 ___/1
 - Does child go to the bathroom on his/her own without being asked or reminded? No/0 Sometimes/0 Yes, but not very well/1 Yes, very well/2 ___/2
 - Does child flush the toilet after he/she uses it? No/0 Sometimes/0 Yes/1 ___/1
- D. Total for Toileting Skills** ___/7

Do you have any concerns about how this child is not learning to do some things you think he/she should be learning? Yes/0 A little/1 No/2 ___/2

Total for Self-help (A. through D. and Teacher's Evaluation above) ___/35

E. Play Skills and Behaviors (basal/ceiling: two in a row correct/incorrect)

- Does child watch other children play? No/0 Yes/0
 —If yes, does he/she like to join in, even if only for a little while? No/0 Sometimes/0 Yes/1 ___/1
 - Does child like to pretend to do grown-up things like washing dishes, taking care of a baby, cleaning, or sweeping? No/0 Sometimes/0 Yes/0
 —If yes, for how many minutes will he/she do this? 1-5/0 5-10/1 10-15/2 15-20/3 20+/4 ___/4
 - Can child play well with a small group of children? No/0 Sometimes/0 Yes/0
 —If yes, for how many minutes will he/she do this? 1-5/0 5-10/1 10-15/2 15-20/3 20+/4 ___/4
 - Does child seem to know what is good behavior and what is not? No/0 In others/1 In others and self/2 ___/2
 - Does child have a best friend—another child to whom he/she feels especially close? No/0 A little/0 Yes/1 ___/1
- E. Total of Play Skills and Behaviors** ___/12

F. Gets Along with Others (basal/ceiling: two in a row correct/incorrect)

- Does child like to do favors for you or enjoy surprising you by helping out? No/0 A little/0 Yes/1 ___/1
 - Does child try to avoid hurting other children when playing and/or seem concerned when a playmate is hurt? No/0 A little/0 Yes/1 ___/1
 - When child has done something well, does he/she tell you about it and show pride in what he/she has done? No/0 A little/0 Yes/1 ___/1
 - If the child loses a game or can't do something he/she has been looking forward to, does he/she behave OK about this? No/0 Most times/0 Yes/1 ___/1
 - Does child say, "I'm sorry" or "excuse me" when he/she bumps into someone, accidentally takes something that belongs to someone else, or makes a mistake that upsets someone? No/0 Sometimes/0 Yes/1 ___/1
- F. Total for Gets Along with Others** ___/5

Do you as the Teacher (or professional) have any concern about how

- this child gets along with others? Yes/0 A little/1 No/2 ___/2
 - this child behaves? Yes/0 A little/1 No/2 ___/2
- Total for Social and Emotional (E., F., and Teacher Evaluation above)** ___/21

Parent's Report Form for the Self-help and Social-Emotional Scales

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

Purpose and Directions: Our school recognizes that parents can provide valuable information that can be helpful in planning a better school program for their child. You can supply this information by responding to the items listed below. Read each item and circle the response or description ("No," "Sometimes," "Yes," etc.) on the right that you think best applies to or describes your child.

- A. Work/Help Skills**
- Does your child try to help put things away such as his/her toys or clothes? No Sometimes Yes
 - Can your child open doors or cabinets by himself/herself if he/she doesn't have to work knobs or handles? No Sometimes Yes
 - Can your child open doors or cabinets by himself/herself including working knobs and handles? No A little Yes
 - How many minutes will child usually watch TV without losing interest? 1-5 5-10 10-15 15-20 20+
 - How many minutes will your child usually play with toys by himself/herself (without the TV on)? 1-5 5-10 10-15 15-20 20+
 - Does your child help around the house if asked? No Sometimes Yes
 - Does your child work for at least 20 minutes in a small group such as at school doing a craft project or other activity? No opportunity No Sometimes Yes

- B. Feeding/Eating Skills**
- Does your child use a spoon? No Sometimes Yes
if yes, what happens when he/she tries to get food into his/her mouth? Turns spoon upside down Spills a lot Spills very little
 - Does your child hold a fork with his or her fingers (not in a fist)? No A little Yes
 - Can your child use the side of a fork to cut soft foods? No A little Yes

- C. Undressing/Dressing Skills**
- Can your child take off his/her own shoes if you undo shoelaces, buckles, or fastening tapes? No Sometimes Yes
 - Can your child put his/her shoes on? No Yes, Wrong feet sometimes Correct feet
 - Can your child take off and put on a coat, shirt, dress, or pants if you help with buttons, zippers, and snaps? No Sometimes Yes
 - Can your child take off and put on a coat, shirt, dress, or pants including buttons, zippers, and snaps? No Sometimes Yes
 - Can your child take off and put on socks by himself/herself? No Sometimes Yes
 - Can your child dress completely? No Mostly, but not all fasteners Yes, and ties shoes Yes, and ties shoes

- D. Toileting Skills**
- Does your child get on the toilet/potty seat by himself/herself? No Sometimes Yes
 - Does your child have bowel movements ("poop") in the toilet/potty most of the time? No Sometimes Yes
 - Does your child urinate ("pee") in the toilet/potty? No Sometimes Most of the time
 - Does your child wipe himself/herself or try to wipe after toileting? No Sometimes Yes, but not very well Yes, very well
 - Does your child go to the bathroom on his/her own without being asked or reminded? No Sometimes Yes
 - Does your child flush the toilet after he/she uses it? No Sometimes Yes
 - Do you have any concerns about how your child is not learning to do some things you think he/she should be doing? No A little Yes
—if yes, please list _____

- E. Play Skills and Behaviors**
- Does your child watch other children play? No Sometimes Yes
—if yes, does he/she like to join in, even if only for a little while? No Sometimes Yes
 - Does your child like to pretend to do grown-up things like washing dishes, taking care of a baby, cleaning, or sweeping? No Sometimes Yes
 - if yes, for how many minutes will he/she do this? 1-5 5-10 10-15 15-20 20+
 - Can your child play well with a small group of children? No Sometimes Yes
—if yes, for how many minutes will he/she do this? 1-5 5-10 10-15 15-20 20+
 - Does your child seem to know what is good behavior and what is not? No In others In others and self
 - Does your child have a best friend—another child to whom he/she feels especially close? No A little Yes

- F. Gets Along with Others**
- Does your child like to do favors for you or enjoy surprising you by helping out? No A little Yes
 - Does your child try to avoid hurting other children when playing and/or seem concerned when a playmate is hurt? No A little Yes
 - When your child has done something well, does he/she tell you about it and show pride in what he/she has done? No Most times Yes
 - if your child loses a game or can't do something he/she was looking forward to, does he/she behave OK about this? No Sometimes Yes
 - Does your child say, "I'm sorry" or "excuse me" when he/she bumps into someone, accidentally takes something that belongs to someone else, or makes a mistake that upsets someone? No A little Yes

- Do you have any concern about**
- how your child gets along with others? Yes A little No
—if yes, please list _____
 - your child's behavior? Yes A little No
—if yes, please list _____