

PART 2: SOCIAL/EMOTIONAL DEVELOPMENT

Directions: Place an **X** in the appropriate box to indicate how often your child shows each feeling or behavior. Think of your child's usual behavior at home or with friends. If you have not observed your child performing a behavior, place an **X** in the Rarely or Never box. Please provide **ONLY** one rating for each task.

Child's Name: _____

Task	Always or Almost Always	Sometimes	Rarely or Never
1. Smiles or laughs when something is funny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Argues when denied own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breaks toys or other objects on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plays well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has tantrums (stamps feet, screams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Solves problems by talking rather than hitting, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts without thinking (runs into street without looking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Admits when he/she makes a mistake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Stays calm when things do not go as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blames others when bad things happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Knows when people are happy or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interrupts (talks when people are speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Goes to bed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Asks before using other people's things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Shows pride in doing something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Bangs head on floor, wall, or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Clings or hands on to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Whines or pouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Seems afraid of many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Shows concern for someone who is crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hurts others (bites, punches, kicks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Makes transition easily (one task to another)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Falls and hurts self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Wanders away from you in public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts very sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Emotional Raw Score (Max=56): ENTER

PART 1: SELF-HELP DEVELOPMENT

Directions: Place an **X** in the appropriate box to indicate how often your child does each task. A young child's behavior is not the same from day to day. Think of your child's typical or usual behavior at home, not his or her very best or worst day. For tasks that you do not allow or don't ask your child to do, place an **X** in the last box. Please provide **ONLY** one rating for each task.

Child's Name: _____

Task	Most of Time	Sometimes	Rarely or Never	Not Allowed/Not Asked
1. Buttons clothing without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Puts toys or books away when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spills food or drink when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Unscrews bottle caps without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wets or soils pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Washes and dries hand when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Puts clothes or shoes where they belong when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Brushes teeth without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blows and wipes nose without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Puts clothes on backward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Puts each shoe on correct foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Gets dressed without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Wets bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Picks up after self without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Brushes or combs hair without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Washes self during bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pours from a small can or carton without spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Uses fork/spoon/chopsticks correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pours dry cereal and milk into bowl without spill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Uses the toilet without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Wakes up and needs help going back to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Follows safety rules (stays away from hot oven)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Help Raw Score (Max=44): ENTER

PART 3: OVERALL DEVELOPMENT

Directions: Place an **X** in the box that best describes your level of worry about each of the areas below. We understand that you are naturally concerned in all of these areas. We would like to know about any areas that you think may be problem areas for your child. This information will be used to help us understand your child's growth and needs.

Child's Name: _____

Area	I'm Not Worried	I'm a Little Worried	I'm Worried	I'm Very Worried
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Skills (walking, throwing, balancing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive skills (learning, thinking, problem solving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills (talking and understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care skills (dressing, feeding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision (seeing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Parent Questionnaire

Carol Mardell, PhD
Dorothea S. Goldenberg, EdD