Child's name: ____________________________

Your name: ______________________________

Relationship to child: ____________________  Child's gender:  □ Male  □ Female

Date of testing: __________  __________

Date of birth: __________  __________

Age: __________  __________

INSTRUCTIONS

Where to Start
First fill in the information requested on the upper portion of this page. Then read and answer all of the questions on the following pages by circling Yes or No.

Some of the questions refer to boys and some refer to girls. Please answer all of the questions regardless of whether your child is a boy or a girl.

When to Stop
Please answer every item on each scale even if it asks about skills or behaviors typical of a child much older or younger than your child.

Scoring Tips
Most of the questions ask whether your child does perform a task. To score Yes, your child must not only be able to perform the task, he or she must actually perform it some of the time. However, a few of the questions ask whether your child can perform a task. For these questions, a Yes means that your child has shown at least once that he or she is able to perform the task.

Some questions ask about skills or behaviors that your child mastered long ago and does not do anymore; for example, “Does your child babble or use other sounds that seem to be attempts to talk?” Your child may have babbled for a while but then moved on to more advanced forms of speech. You would answer Yes to this question because babbling is a behavior that your child performed successfully in the past.

If you are not sure whether to answer Yes or No to a question, please make your best guess.
P1. When your child is lying on her stomach, does she hold her head up by herself for 1 minute? Yes No

P2. When your child is held in a sitting position, does she ever try to reach for something with her hands? Yes No

P3. Can your child roll from his stomach to his back and from back to stomach without help? Yes No
ADAPTIVE BEHAVIOR SCALE

A1. When your child is hungry or thirsty and sees a bottle or bared breast, does he move toward it? ......................................................... Yes No

A2. Does your child hold a bottle with his hands or feet while drinking from it? (This includes holding the breast while breast-feeding.) ......................................................... Yes No

A3. Does your child try to get things that are just out of reach? ................................. Yes No
| S1. When your child is upset, does human contact help calm her down? | Yes | No |
| S2. Does your child show she wants attention by reaching for people, cooing at them, or stopping crying when you play with her? | Yes | No |
| S3. Does your child babble or use other sounds to try to talk? | Yes | No |
**COGNITIVE SCALE**

<table>
<thead>
<tr>
<th>G1.</th>
<th>Does your child laugh and show joy?</th>
<th>.................................</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2.</td>
<td>When you put a toy in your child's hands, does she seem clearly aware of the toy for at least 5 seconds?</td>
<td>.................................</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G3.</td>
<td>Does your child show likes or dislikes for some people, places, or things (other than food)?</td>
<td>.................................</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
COMMUNICATION SCALE

M1. Does your child usually look toward the source of a sound when it starts, such as a person beginning to talk? ................................................. Yes No

M2. Does your child babble to imitate words or speech, like he is pretending to talk? ......................................................... Yes No

M3. Does your child raise her arms (or make a similar gesture) when she is about to be picked up? ......................................................... Yes No