CSNT Community Services of Northeast Texas, Inc.

HEAD START

"Building partnerships, changing lives"

CHILD FIND PARENT OBSERVATION FORM

Child's Name:______________________________ **Birthdate:**__________________ **Age:**_________

Person Completing the Form:_____________________ **Relation to Child:**______________ **Date:** _______

Directions: Please check any behaviors that are a concern (leave boxes blank if there are no concerns).

1. Attending Behaviors:

- ☐ Easily distracted
- ☐ Short attention span
- ☐ Impulsive
- ☐ Overly active
- ☐ Difficulty remembering things
- ☐ Needs a lot of attention from adults

2. Disruptive Behaviors:

- ☐ Physically aggressive (hits, pushes, bites, pinches etc.)
- ☐ Verbally abusive (yells, uses inappropriate language)
- ☐ Hurts himself/herself intentionally

3. Social/Emotional Indicators:

- ☐ Anxious/nervous
- ☐ Seems unhappy
- ☐ Avoids interaction with other children
- ☐ Is easily frustrated
- ☐ Has difficulty taking turns
- ☐ Becomes upset easily
- ☐ Repeats behaviors over and over (rocking, pacing, spinning)
- ☐ Plays with one toy over and over again for very long period
- ☐ Does not engage in pretend play (feeding the baby doll, talking on the phone, etc.)
- ☐ Does not get along with other children
- ☐ Has frequent temper tantrums
- ☐ Cries frequently

4. Speech/Language:

- ☐ Does not follow simple directions
- ☐ Does not engage in conversation
- ☐ Uses gestures more than words to communicate
- ☐ Has difficulty naming common objects or familiar people
- ☐ Has difficulty understanding and answering yes-no and wh- questions (who, what, where)
- ☐ Stutters with sounds ("m, m, m many"), repeats words or phrases or gets "stuck" on words
- ☐ Voice sounds different from other children (raspy, nasal, hoarse, high pitched, too soft, too loud)
- ☐ Speech is not understood by others outside of the family
- ☐ Has difficulty understanding what is said to him/her

5. Motor Skills:

- ☐ Appears clumsy or uncoordinated
- ☐ Has difficulty holding a thick crayon
- ☐ Is unsteady when walking
- ☐ Has difficulty turning the pages of a cardboard book
- ☐ Has difficulty holding a bottle or cup by himself/herself
- ☐ Frequently drops, spills, or knocks things over

6. Self-Help Skills:

- ☐ Cannot feed himself/herself independently
- ☐ Has frequent toileting accidents during the day
- ☐ Needs assistance washing/drying hands
- ☐ Has difficulty chewing (coughs, chokes, hold/pocket food, over stuff)

7. Sensory Issues:

- ☐ Is a very picky eater
- ☐ Sensitive to touching textures
- ☐ Does not tolerate large crowds
- ☐ Avoids attention or stimuli
- ☐ Seeks out attention or stimuli
- ☐ Covers ears to loud noises, sensitive to sounds
- ☐ Sensitive to wearing certain clothing (socks, shoes, clothing labels, etc.)

8. Other:

- ☐ Has difficulty with changes in routine
- ☐ Frequently wets the bed
- ☐ Has unusual fears
- ☐ Has frequent nightmares
- ☐ Has difficulty learning simple rules
- ☐ Has difficulty self-calming
- ☐ Walks on tip toes
- ☐ Does not respond to name when called
- ☐ Has been asked to leave a preschool or daycare