

Using the RBI and ASQ-SE to Guide Evaluation and Assessment Team



Agenda



- Review ASQ:SE-2 and RBI
- Discuss how it fits into our intake routines
- Discuss how both tools could complement each other
- Lets try it out!



ASQ:SE-2 and RBI

- ✓ Allows us to get a snapshot of family life
- ✓ Goes beyond walking and talking
- ✓ Looks at behaviors across setting and situations
- ✓ Allows us to partner with families in deciding on next steps in the evaluation and assessment process



What is the RBI

- Semi-structured interview
- Asking about child and family functioning during everyday routines



ROUTINES-BASED INTERVIEW

- A semi-structured interview to gather information for both child & family assess
- Assessing Child:
 - Engagement
 - Independence
 - Social Relationships
- Assessing Family
 - Satisfaction with routines



ROUTINES-BASED INTERVIEW

“The purpose of structuring the interview around family routines is to identify what the family already does and what the family wants to do...The stress on routines is because of the behavioral-ecological notion that routines are the context in which the need for intervention is “authentically” determined.”

McWilliam, R.A., Casey, A., Sims, J (2009) *The Routines-Based Interview: A Method for Gathering Information and Assessing Needs*. *Infants & Young Children*, 22, 224-233

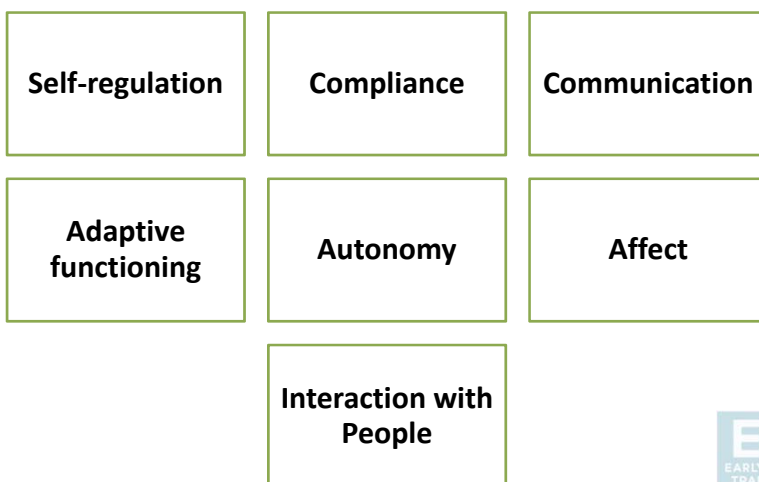


What is ASQ:SE-2

Social Emotional development:
Screening with ASQ:SE-2



ASQ:SE-2 7 Behavioral Areas



Evaluation Assessment Team

I don't know!
You are the
professional.



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Intake Social History

CHILD & FAMILY CONNECTIONS INTAKE/SOCIAL HISTORY SUMMARY SHEET

Child's Last Name, First Name & Middle Initial: _____ Date of Interview: _____
 Child's Date of Birth (Month/Day/Year): _____ Chronological Age (CA): _____ Months _____ Days Adjusted Age (AA): _____ Months _____ Days
 CFC # _____ Name of Service Coordinator: _____
 Name of Person Completing Order: _____

I. REFERRAL INFORMATION REVIEW

Please list all agencies or entities involved in the referral process. Does the family agree or disagree? Summarize discussion below:

II. OTHER PERSONS RESIDING IN HOUSEHOLD WITH CHILD

Please list all members of child's immediate family and other persons living in the same household and provide the information requested below (also enter this in FA-8 if a Community Referral):

Family Member Name	Relationship	Date of Birth	Place of Employment (Grade if listed)	Other Comments
Mother				
Father				

Is there a history of medical or developmental problems in either the mother or father's side of the family that may be important for us to know with respect to your child? ☐ Yes ☐ No
 If yes, please explain: _____

8/11/01/015

Page 1 of 3

III. PRESENT MEDICAL CARE

(Primary Care Physician)

Physician's Name	Phone #
Specialty Physician	Phone #
Reason for see specialist and results of visit	
Specialty Physician	Phone #
Reason for see specialist and results of visit	
Specialty Physician	Phone #
Reason for see specialist and results of visit	

IV. HEALTH HISTORY SINCE BIRTH

How has your child's health been since birth? (include discussion of illnesses, hospitalizations, long-term medications, etc.): _____

Prescribed Medications: _____ Reason Taken: _____
 Adaptive Equipment: _____ Reason Needed: _____

V. SCREENING & ASSESSMENT HISTORY

Please list dates of previous screening, assessments or other tests (including birth and developmental screening, vision and hearing, etc.):

Date	Test Administered	By Whom?	Results/Comments
	New Born Hearing Screening	Passed <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Additional Hearing Tests		

Date: _____ Test Administered: _____ By Whom? _____ Results/Comments: _____

8/11/01/015

Page 2 of 3

VI. BIRTH AND PREGNANCY INFORMATION

(Please complete the 6th and 7th in questionnaire)

VII. RESULTS OF ROUTINE BASED INTERVIEW AND ASD-SE

STRENGTHS: Objective Observations, Parent Statements About Support Systems, Use of Other Resources, Family/Caregiver Cooperation, Knowledge/Understanding of Child's Needs, etc.

SUPPORTS AND RESOURCES: List all supports and resources available to the family including childcare (nursery, center or preschool), Extended Family, Church, Community Programs, WIC, All Kids Medicaid, Hospital Care, Health Department, etc.

FAMILY ROUTINE: List Important Family Routines including Schedules and Routines with House

Routine (NOTE: This should be a Summary of Routines that are most important and have the highest priority for Each Family. Some routines such as bed or bath time will differ in importance and priority across children).

DEVELOPMENTAL CONCERNS, ISSUES AND PRIORITIES: Personal Concerns/Issues identified through

questionnaire ASD-SE only. Observer Statements of SO Observations, Family Priorities as Related to Their Child's Development, etc.

ASD-SE _____ Concerns: ☐ Yes ☐ No

Evaluations Needed: ☐ DT ☐ ST ☐ PT ☐ OT ☐ SW ☐ Psych

8/11/01/015

Page 3 of 3

ASQ:SE-2 and RBI

Establishing Priorities & Developmental Concerns

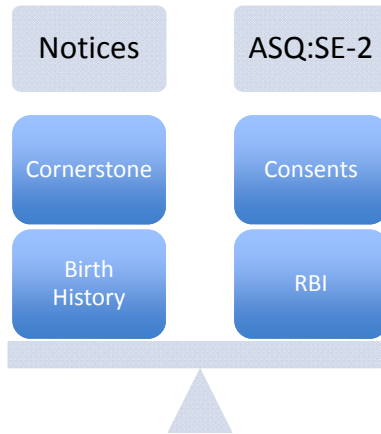
- Indicate if the family has indicated a desire for a change in routine
- Indicate if the family says that there is something they would like for their child or family to do
- After going through all routines, revisit priorities and developmental concerns
- These can be potential concerns to list on summary form and may be chosen as outcomes or goals



Evaluation and Assessment



Intake Logistics



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Let's try it out

36 Month Item Response Sheet (12 months-3 days through 36 months, 10 days)

Child's name: _____ Date ASQ:SE-2 completed: _____
 Child's ID #: _____ Child's date of birth: _____
 Person who completed ASQ:SE-2: _____ Child's age in months and days: _____
 Administering program/provider: _____ Child's gender: ☐ Male ☐ Female

This optional sheet is intended for program use only and should not be used for questionnaire completion.

To record item responses:

- Transfer item response points to the item score column.
- Enter 0 points in the Consensus score column for each item checked as a Consensus.
- Circle YES or NO for Overall score.
- Record any item comments or notes.

Item no.	Item description	Item score	Consensus score
1.	Looks at you when you talk to her?		
2.	Likes to be hugged or cuddled?		
3.	Talks or plays with familiar adults?		
4.	Clings more than you expect?		
5.	Calm within 15 minutes?		
6.	Too friendly with strangers?		
7.	Sometimes afraid of activities?		
8.	Removes easily from one activity to another?		
9.	Seems happy?		
10.	Interested in things (people, toys, and sounds)?		
11.	Does what you ask?		
12.	Seems more active than other children?		

Star * concerns and likely intervention targets

RBI-SAFER Combo

Combination of the Routines-Based Interview Report Form (McWilliam, 2003) and the Scale for Assessment of Family Enjoyment within Routines (Scott & McWilliam, 2000)
 R. A. McWilliam (2006)

Routine:	Waking up
<ul style="list-style-type: none"> Could you describe what wake up time is like? Who usually wakes up first? Where does your child sleep? How does your child let you know she is awake? Does she want to be picked up right away? If so, is she happy when picked up? Or is she content by herself for a few minutes? What does she do? What is the rest of the family doing at this time? Is this a good time of day? If not, what would you like to be different? 	

CHILD & FAMILY CONNECTIONS INTAKE/SOCIAL HISTORY SUMMARY SHEET

Child's Last Name, First Name & Middle Initial: _____
 Child's Date of Birth (Month/Day/Year): _____ Date of Intake: _____
 Chronological Age (CA): _____ Months _____ Days Adjusted Age (AA): _____ Months _____ Days
 CFC #: _____ Name of Service Coordinator: _____
 Name of Person Completing Intake: _____

1. REFERRAL INFORMATION REVIEW
 Review the reason(s) for referral with the family member(s). Does the family agree or discuss below:

2. OTHER PERSONS RESIDING IN HOUSEHOLD WITH CHILD
 Please list all members of child's immediate family and other persons living in the same household and provide the information requested below (also enter this in PANIE or Cornerstone):

Family Member Name	Relationship	Date of Birth	Occupation	Place of Employment/Grade in School	Other Comments
_____	Mother	____/____/____	_____	_____	_____
_____	Father	____/____/____	_____	_____	_____

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Supporting Families



EDUCATION
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Who Has Influence on What?

Professional Support



Caregiver Competence Confidence



Child Outcomes



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Final Thoughts

ASQ:SE-2 and RBI provides a method that assesses real needs and family priorities.

ASQ:SE-2 and RBI provides the Evaluation Team information about a variety of settings and situations that are not always available during a one-time meeting.

ASQ:SE-2 and RBI provides a snapshot of the family's life!



Thank you for supporting the children and families of Illinois!

Let's Keep in Touch!

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Early Intervention Training Program at
The University of Illinois



**The Early Intervention Training
Program at the University of Illinois**

The Children's Research Center

51 Gerty Drive, Room 105

Champaign, IL 61820

CHILD & FAMILY CONNECTIONS

INTAKE/SOCIAL HISTORY SUMMARY SHEET

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____ Date of Intake: _____

Chronological Age (CA): _____ Months _____ Days Adjusted Age (AA): _____ Months _____ Days

CFC #: _____ Name of Service Coordinator: _____

Name of Person Completing Intake: _____

I. REFERRAL INFORMATION REVIEW

Review the reasons(s) for referral with the family member(s): Does the family agree or disagree? Summarize discussion below:

II. OTHER PERSONS RESIDING IN HOUSEHOLD WITH CHILD

Please list all members of child's immediate family and other persons living in the same household and provide the information requested below (also enter this in PA16 in Cornerstone):

Family Member Name	Relationship	Date of Birth	Occupation- Place of Employment/ Grade in School	Other Comments
	Mother			
	Father			

Is there a history of medical or developmental problems in either the mother or father's side of the family that may be important for us to know with respect to your child?

☐ Yes ☐ No

If yes, please explain. _____

III. PRIMARY MEDICAL CARE

Primary Care Physician:	
<i>Physician's Name</i>	<i>Phone #</i>
<i>Specialty Physician</i>	<i>Phone #</i>
Reason to see specialist and results of visit:	
<i>Specialty Physician</i>	<i>Phone #</i>
Reason to see specialist and results of visit:	
<i>Specialty Physician</i>	<i>Phone #</i>
Reason to see specialist and results of visit:	
<i>Specialty Physician</i>	<i>Phone #</i>

IV. HEALTH HISTORY SINCE BIRTH

How has your child's health been since birth? (include discussion of illnesses, hospitalizations, long-term medications, etc.):	
Prescribed Medications:	Reason Taken:
Adaptive Equipment:	Reason Needed:

V. SCREENING & ASSESSMENT HISTORY

Please list dates of previous screening, assessments or other tests (including birth and developmental screening, vision and hearing, etc):			
<i>Date</i>	<i>Test Administered</i>	<i>By Whom?</i>	<i>Results/Comments</i>
	<i>New Born Hearing Screening</i>		<i>Passed:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Date</i>	<i>Test Administered</i>	<i>By Whom?</i>	<i>Results/Comments</i>
	<i>Additional Hearing Tests</i>		
	<i>Vision</i>		

VI. BIRTH AND PREGNANCY INFORMATION

Please complete the EI20 and PA11 in Cornerstone

VII. RESULTS OF ROUTINE BASED INTERVIEW AND ASQ:SE

STRENGTHS: Objective Observations, Parent Statements About Support Systems, Use of Other Resources, Parent/Child Interaction, Knowledge/Understanding of Child's Needs, etc.

SUPPORTS AND RESOURCES: (List all supports and resources available to the family including childcare (Home, Center or Relative), Extended Family, Church, Community Playgroups, WIC, All Kids/Medicaid, Respite Care, Health Department, etc.)

FAMILY ROUTINES: List Important Family Routines Including Satisfaction and Struggles with those Routines: (NOTE: This should be a Summary of Routines that are most important and have the highest priorities For Each Family. Same routines such as bed or bath time will differ in importance and priority across families).

DEVELOPMENTAL CONCERNS, ISSUES and PRIORITIES: Parental Concerns/Issues identified through conversation/ ASQ:SE/RBI, Objective Statements of SC Observations, Family Priorities as Related to Their Child's Development, etc.

ASQ-SE

Concerns: ☐ Yes ☐ No

Evaluations Needed: ☐ DT ☐ ST ☐ PT ☐ OT ☐ SW ☐ Psych

Other:

24 Month Information Summary 21 months 0 days through 26 months 30 days



Child's name: Thea Date ASQ:SE-2 completed: 3/31/17
 Child's ID #: 0010010081 Child's date of birth: 1/31/15
 Person who completed ASQ:SE-2: Jina (mother) Child's age in months and days: 26 mo
 Administering program/provider: U4K-Jami Child's gender: ☐ Male ☒ Female

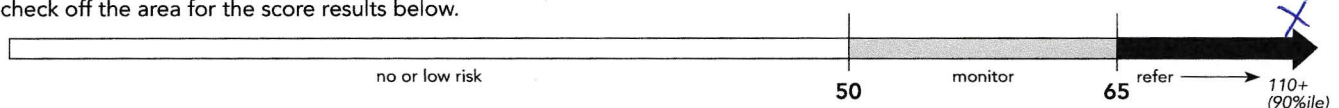
1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	<u>25</u>
TOTAL POINTS ON PAGE 2	<u>45</u>
TOTAL POINTS ON PAGE 3	<u>15</u>
TOTAL POINTS ON PAGE 4	<u>40</u>
Total score	<u>125</u>

Cutoff	Total score
65	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



- ☐ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.
- ☐ The child's total score is in the ☐ area. It is close to the cutoff. Review behaviors of concern and monitor.
- ☒ The child's total score is in the ☒ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-31. Any Concerns marked on scored items? ☒ YES no Comments: Thea has difficult time sleeping through night leads to challenges for parents to calm.
32. Eating/sleeping concerns? ☒ YES no Comments: Also transitions to/from child care.
33. Other worries? ☒ YES no

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- Y **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)
- Y **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)
- U **Health factors** (e.g., Is the child's behavior related to health or biological factors?)
- N **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
- Y **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

- ☒ Provide activities and rescreen in months.
- ☒ Share results with primary health care provider.
- ☒ Provide parent education materials.
- ☒ Provide information about available parenting classes or support groups.
- ☐ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher):
- ☒ Administer developmental screening (e.g., ASQ-3).
- ☒ Refer to early intervention/early childhood special education.
- ☒ Refer for social-emotional, behavioral, or mental health evaluation.
- ☐ Other:

24 Month Item Response Sheet 21 months 0 days through 26 months 30 days



Child's name: Thea Date ASQ:SE-2 completed: 3/31/17
 Child's ID #: 0010010081 Child's date of birth: 1/31/17
 Person who completed ASQ:SE-2: Tina (mother) Child's age in months and days: 26 mo
 Administering program/provider: U4K - Jami Child's gender: ☐ Male ☒ Female

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
V = 5
X = 10

Concern score key:

No Concern marked = 0
Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to him?	0		
2.	Too friendly with strangers?	0		
3.	Laughs or smiles when playing with you?	0		
4.	Body relaxed?	5		
5.	Stays upset more than an hour when you leave?	0		
6.	Greets familiar adults?	0		
7.	Likes to be hugged or cuddled?	5		
8.	Calms within 15 minutes?	10	5	sometimes longer to calm
9.	Stiffens and arches back when picked up?	5		
10.	Interested in things (people, toys, and foods)?	0		
11.	Cries, screams, or has tantrums for long periods?	10	5	at bed time
12.	Enjoy mealtimes together?	0		
13.	Eating problems (stuffing food, vomiting, eating nonfood)?	5		mom reported picky eater, texture?
14.	Sleeps at least 10 hours in a 24-hour period?	5	5	
15.	Looks in the direction you point?	0		
16.	Trouble falling asleep at naptime or night?	10	5	will throw up in night
17.	Gets constipated or has diarrhea?	0		
18.	Follows simple directions?	5		

(continued)

24 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Lets you know feelings with words or gestures?	0		
20.	Checks that you are near when exploring?	5		
21.	Does things over and over and gets upset when stopped?	0		
22.	Likes hearing stories or singing songs?	0		
23.	Hurts self on purpose?	5		
24.	Likes to be around other children?	0		
25.	Tries to hurt others (children, adults, animals)?	0		
26.	Shows you things by pointing and looking back at you?	0		
27.	Plays with objects by pretending?	5		
28.	Wakes 3 or more times at night?	10	5	will be upset to point of throwing up
29.	Responds to name?	0		
30.	Too worried or fearful?	5		
31.	Anyone shared concerns about behaviors?	10	5	grandparents, friends → bed time
32.	Parent concerns about eating or sleeping behaviors?	<input checked="" type="radio"/> YES no		
33.	Parent worries about child?	<input checked="" type="radio"/> YES no		
34.	What parent enjoys about child?			playing, outside time, family games, mealtime, bath/water play

95 + 30 = 125		
Item score subtotal	Concern score subtotal	Total score

65
Cutoff

RBI Report Form

Routines-Based Interview

R. A. McWilliam
2003

**Including the RBI-
SAFER Combo**

Revised January 2006

Vanderbilt Center for Child Development

Directions:

This form is designed to be used to report the findings from the McWilliam model of conducting a routines-based interview. A second person (e.g., someone assisting the lead interviewer) can use the form to summarize the discussion during the interview, or it can be filled out at the end of the interview. Two versions of the routines pages exist: (1) an "open" form that does not specify the routine being discussed is written nor specific questions to ask about; and (2) a "structured" form, on which home routines and specific questions are specified. This structured form is a combination of the Scale for Assessment of Family Enjoyment within Routines (SAFER; Scott & McWilliam, 2000).

1. Complete the information below.
2. For each routine, write a short phrase defining the routine (e.g., *waking up, breakfast, hanging out, circle, snack, centers*).
3. Write brief descriptions about the child's engagement in the Engagement box (e.g., *Participates with breakfast routine, banging spoon on the high chair or Pays attention to the teacher; names songs when asked; often leaves circle before it has ended*).
4. If the interview revealed no information about one of the three domains, circle *No information* in that domain for that routine..
5. Write brief descriptions about the child's independence in the Independence box (e.g., *Feeds herself with a spoon; drinks from a cup but spills a lot or Sings all the songs with the group, but needs prompting to speak loudly enough*).
6. Write brief descriptions about the child's communication and social competence in the Social Relationships box (e.g., *Looks parent in the eye when pointing to things in the kitchen or Pays attention to the teacher at circle but can't stand touching other children*).

Child's Name	
Date of birth	
Who is being interviewed	
Interviewer	
Date of interview	
"What are your main concerns?"	

Make extra copies of page 2!

RBI-SAFER Combo

Combination of the Routines-Based Interview Report Form (McWilliam, 2003) and the Scale for Assessment of Family Enjoyment within Routines (Scott & McWilliam, 2000)
R. A. McWilliam (2006)

Routine:	Waking up			
<ul style="list-style-type: none"> • Could you describe what wake up time is like? • Who usually wakes up first? • Where does your child sleep? • How does your child let you know she is awake? • Does she want to be picked up right away? If so, is she happy when picked up? • Or is she content by herself for a few minutes? What does she do? • What is the rest of the family doing at this time? • Is this a good time of day? If not, what would you like to be different? 				
Notes				
Engagement	No information			
Independence	No information			
Social Relationships	No information			
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		
Domains addressed (CIRCLE ALL THAT APPLY): <div style="display: flex; justify-content: space-around; align-items: center;"> Physical Cognitive Communication Social or emotional Adaptive </div>				

Star ★ concerns and likely intervention targets

Routine:	Diapering/Dressing	
<ul style="list-style-type: none"> • What about dressing? How does that go? • Who helps your child dress? • Does he help with dressing? How? What can he do on his own? • What is his mood like? • What is communication like? • Does your child wear diapers? • Are there any problems with diapering? • What does your child do while you are changing him? • Does your child use the toilet? How independently? • How does he let you know when he needs to use the toilet? • How satisfied are you with this routine? Is there anything you would like to be different? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): Physical Cognitive Communication Social or emotional Adaptive		

Star ★ concerns and likely intervention targets

Routine:	Feeding/Meals	
<ul style="list-style-type: none"> • What are feedings/mealtimes like? • Does anyone help feed your child? Who? • How often does she eat? • How much can she do on her own? • How involved is she with meals? • Where does your child usually eat? • What are other family members doing at this time? • How does your child let you know what she wants or whether she is finished? • Does she like mealtimes? How do you know? • What would make mealtimes more enjoyable for you? • What are mealtimes like for your child when under the care of others? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) <ol style="list-style-type: none"> 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit 		Classroom: Fit of routine and child (CIRCLE ONE) <ol style="list-style-type: none"> 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): <div> Physical Cognitive Communication Social or emotional Adaptive </div>		

Star ★ concerns and likely intervention targets

Routine:	Getting ready to go/Traveling	
<ul style="list-style-type: none"> • How do things go when you are getting ready to go somewhere with your child? • Who usually helps your child get ready? • How much can he do on his own? • How involved is he in the whole process of getting ready to go? • What is communication like at this time? • Does your child like outings? How do you know? • Is this a stressful activity? What would make this time easier for you? • What are drop-off and pick-up times like for your child? Do you or other caregivers have any concerns? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): Physical Cognitive Communication Social or emotional Adaptive		

Star ★ concerns and likely intervention targets

Routine:	Hanging out/Watching TV	
<ul style="list-style-type: none"> • What does your family do when relaxing at home? • How is your child involved in this activity? • How does your child interact with other family members? • Does your family watch V? Will your child watch TV? • What does he like to watch? How long will he watch TV? • Do you have a favorite show? • Is there anything you would like to do in the evening but can't? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): <div style="display: flex; justify-content: space-around; padding: 5px;"> Physical Cognitive Communication Social or emotional Adaptive </div>		

Star ★ concerns and likely intervention targets

Routine:	Bath time	
<ul style="list-style-type: none"> • What is bath time like? • Who usually helps your child bathe? • How is she positioned in the bathtub? • Does she like the water? How do you know? • How involved is your child in bathing herself or playing in the water? • Does she kick or splash in the water? • What toys does she like to play with in the tub? • How does she communicate with you? What do you talk about? • Is bath time usually a good time? If not, what would make it better? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): Physical Cognitive Communication Social or emotional Adaptive		

Star ★ concerns and likely intervention targets

Routine:	Nap/Bed time	
<ul style="list-style-type: none"> • How does bed time go? • Who usually puts your child to bed? • Do you read books or have some type of ritual at this time? • How does he fall asleep? • How does your child calm himself? • Does he sleep through the night? What happens if he wakes up? Who gets up with him? • Is bedtime an easy or stressful time for your family? • Does he take naps for other caregivers? How does that go? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): Physical Cognitive Communication Social or emotional Adaptive		

Star ★ concerns and likely intervention targets

Routine:	Grocery Store	
<ul style="list-style-type: none"> • How are trips to the grocery? Do you bring your child with you? • Does she sit in a shopping cart? • Does she like being at the store? • How is she involved in shopping? Do you have to occupy her or is she pretty content? • How does she react to other people in the store? • How is she involved in shopping? Do you have to occupy her or is she pretty content? • How does she react to other people in the store? • How does she communicate with you and others at this time? • Is there anything that would make shopping with your child easier? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): Physical Cognitive Communication Social or emotional Adaptive		

Star ★ concerns and likely intervention targets

Routine:	Outdoors	
<ul style="list-style-type: none"> • Does your family spend much time outdoors? What do you do? • What does your child do? • Does your child like (the activity)? • How does he get around? • How does he interact with others? • Are there any toys or games he engages with/in? • How does your child let you know when he wants to do something different? • What things does your child like or notice outside? • Is this usually an enjoyable time? Would anything help make this time easier? • What kinds of outdoor activities does she participate in? How much assistance does he need? • How does he interact with his peers? 		
Notes		
Engagement	No information	
Independence	No information	
Social Relationships	No information	
Home: Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		Classroom: Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit
Domains addressed (CIRCLE ALL THAT APPLY): Physical Cognitive Communication Social or emotional Adaptive		