

Health/Safety and Self Help Skills

Child's name: _____

1. Does your child take your hand when you cross the street? ____ yes ____ no
2. Does your child try to unbuckle their own seat belt? ____yes ____ no
3. Does your child stop running and walk with adult? ____ yes ____ no
4. Does your child seek contact with familiar adult for comfort? ____ yes ____ no

Please give some examples:

5. Does your child use the toilet at home? ____yes ____ no
6. Does your child wash their hands at home? ____ yes ____ no
7. Do you help your child brush their teeth? ____yes ____ no
8. Does your child help you wash themselves when you give them a bath? ____ yes ____ no
9. Does your child feed themselves using fingers or utensils?
____ fingers ____ utensils
10. What does your child use to drink with?
____ sippy cup ____ open cup
11. Does your child use a pacifier at home? ____yes ____ no
12. Does your child take of socks and shoes? ____socks ____shoes ____both
13. Does your child put socks and shoes on?
____ by themselves ____with help from an adult
14. Can your child take off their jacket?
____ by themselves ____ with help from an adult
15. Does your child pull their pants up?
____ by themselves ____ with help from an adult
16. Can your child pull their pants down?
____ by themselves ____ with help from an adult

History-Social Science

1. Dos your child help take care of plants or pets that you have in your home?
____ Helps and adult take care plants or pets
Example: _____
____ Will tell an adult when a plant or pet needs taken care of
Example: _____