General Communication:

- 1) There are many ways that children communicate, please check the way(s) your child communicates with you. Please check all that apply.
 - General Sounds
 - Pointing, gesturing
 - Sign
 - Clear verbal speech
 - Unclear verbal speech
 - □ Augmentative or alternative communication (AAC) device. (Examples: iPad, picture boards, eye gaze, picture exchange communication systems.)
 - Other: Please specify:
- 2) If your child uses an AAC device, please check which ones they use.
 - □ Symbols offered in groups of 1 or 2
 - □ Low-tech communication board(s): Please describe:
 - **□** Eye gaze board (eye gaze communication): How many symbols:
 - □ Voice output device:
 - o Simple
 - $\circ \quad \text{With levels} \quad$
 - o With dynamic display software
 - $\circ \quad \text{Icon sequencing} \quad$
 - Other. Please specify:
- 3) How often do you understand what your child communicates?
 - All of time
 - Most of the time
 - Part of the time
 - None of the time
- 4) How often does your child understand what you communicate?
 - □ All of time
 - Most of the time
 - Part of the time
 - None of the time
- 5) Is your child deaf or hard of hearing?
 - □ Yes. Please describe:
 - 🛛 No
- 6) If yes, does your child use a sign translator to communicate with non-sign users?
 - Yes
 - 🛛 No

- 7) Does your child have a visual impairment?
 - □ Yes. Please describe:
 - 🛛 No

Language Development:

- Does your child respond to their name? In their home language?
 - □ All of the time
 - Most of the time
 - Part of the time
 - □ None of the time
- 2) Does your child understand simple stories? In their home language?
 - □ All of the time
 - Most of the time
 - **D** Part of the time
 - □ None of the time
- 3) Does your child ever tell simple?
 - In their home language?
 - □ All of the time
 - □ Most of the time
 - □ Part of the time
 - None of the time

In English

- All of the time
- Most of the time
- Part of the time
- None of the time

In English

- All of the time
- Most of the time
- Part of the time
- None of the time

In English

- □ All of the time
- Most of the time
- Part of the time
- None of the time
- 4) Can your child answer simple questions about a story? (Example: "What happened to the ugly duckling?)

In their home language?

- □ All of the time
- Most of the time
- Part of the time
- □ None of the time
- 5) Does your child sing simple songs?

In their home language?

- □ All of the time
- □ Most of the time
- Part of the time
- None of the time

In English

- All of the time
- Most of the time
- □ Part of the time
- None of the time

In English

- All of the time
- □ Most of the time
- Part of the time
- None of the time

Participation & Engagement:

- 1) Can your child follow one-step simple directions in your home language?
 - □ All of the time
 - Most of the time
 - Part of the time
 - None of the time
- 2) Can your child follow multi-step directions in your home language (Examples: Pick out a book to read and bring it over to the caregiver. Point to the dog, then point to the cat, and then point to the bird in the picture.)
 - All of time
 - Most of the time
 - Part of the time
 - None of the time
- 3) Does your child use any verbal, visual, and/or tactile supports to follow directions or engage in activities? Check all that apply.
 - □ Augmentative or Alternative Communication tools (AAC)
 - □ Tactile cue/prompt (Examples: holding hand and guiding to place child needs to go)
 - Verbal cues/prompts (Examples: Verbally repeating directions, words, or phrases to child)
 - □ Visual modeling of task
 - □ Visual picture schedules
 - □ Visual timers
 - □ Visual modeling of task
 - Other (please specify): _____
 - None
- 4) Is there a time of day where your child is best able to attend and engage to tasks/activities?
 - Morning
 - Midday
 - □ Afternoon
 - Evening
 - Doesn't matter
 - Depends on other factors. Please describe:

School and Academic Tasks

- 1) Does your child draw?
 - Yes
 - Sometimes
 - 🛛 No
 - Not sure

- 2) Can your child recognize letters in your home language?
 - Yes
 - Sometimes
 - 🛛 No
 - Not sure
- 3) Does your child write letters of the alphabet in your home language?
 - Yes
 - □ Some letters
 - 🛛 No
 - Not sure
- 4) Is it challenging for your child to grasp a writing utensil?
 - Yes
 - Sometimes
 - 🛛 No
 - Depends on the writing utensil: Note which ones are difficult for your child _____
 - Not sure
- 5) Does your child ever ask for you to write for them?
 - Always
 - □ Some of the time
 - □ Rarely
 - Never
- 6) How does your child describe their ideas through writing in your home language?
 - □ AAC Device
 - □ Pencil/paper
 - □ Typing using keyboard/braille writer
 - □ Speech-to-text
 - □ Texting using a phone
 - □ Other. Please specify:
 - Does not apply
- 7) Can your child read text in your home language?
 - Yes
 - Sometimes
 - 🛛 No
- 8) Does your child use braille to read?
 - Yes
 - □ Sometimes
 - 🛛 No

- 9) Can your child read a 3-4 sentence paragraph in your home language?
 - Yes
 - 🛛 No
 - Sometimes
- 10) How long can your child focus on an academic-based task before needing a break?
 - O-1 minute
 - □ 1-3 minutes
 - □ 3-5 minutes
 - **G** 5-10 minutes
 - □ 10+ minutes

Self-Regulation

- 1) In general, how often does your child become frustrated or upset?
 - All of the time
 - Most of the time
 - □ Some of the time
 - None of the time
- 2) Does your child get frustrated when they cannot communicate their ideas?
 - Yes
 - Sometimes
 - 🛛 No
- 3) How does your child demonstrate frustration? Check all that apply.
 - **Crying**
 - □ Grunting
 - □ Hitting the ground
 - □ Hitting others
 - Putting head down
 - **Q** Running & Hiding
 - Self-harm behaviors (Examples: hitting themselves, picking skin, scratching self, head banging)
 - □ Shutting down (Examples: refusing to engage or participate at all for period of time)
 - □ Spitting
 - Task avoidance (displays behavior unrelated to task to distract from participating in task)
 - □ Thrashing
 - □ Yelling/Screaming
 - Other: Please specify:

- 4) Does your child have ways to cope with frustration? Check all that apply.
 - □ Breathing techniques
 - □ Retreat to a quiet place
 - Sensory strategies (Examples: swinging, rocking, weighted blanket, applying noisecancelling headphones, oral-based (Examples: sucking/chewing on something), fidgeting, applied pressure)
 - □ Space from others
 - Other: Please specify _____.