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Tell Me About Your Child

Child _____ Date _____

DOB _____ Age _____

With what does your child play? For how long?

Does your child watch you do things? What?

Does your child notice when you point to things?

Is your child INTENTIONAL?

Is your child dependent or independent on getting his needs met?

How does your child...

Show enjoyment to continue a game?

Show his/her dislikes?

Tell you what he/she wants?

Is your child NOISY?

What kind of vocalizing do you hear?

Raspberries

Laughs and Squeals

Cries and Whines

Sounds, vowels, consonants, words
During play, is your child verbal or quiet?

Are there any times, places, or activities when your child is more verbal?

Does your child TAKE TURNS?

Will your child give and take objects?

Does your child take turns **with you** in activities such as...

Cleaning up toys?

Playing catch with a ball?

Putting objects in and out of containers?

Stacking things?

When playing with your child, does he/she watch you during your turn?

Does your child IMITATE...

Any motor movements?

Any vocalizations?

When you ask him/her to do so?

Spontaneously?

Do you imitate your child?

Back and forth, many times in a row?

Does your child INITIATE?

Is your child...

Passive/content with few interests/needs?

Demanding with very specific interests/needs?

Somewhere in between?

Does your child initiate a need even when the object is out of view? How?

What words, if any, does your child use to...

Greet

Comment

Protest

Request

Does your child RESPOND?

What kinds of directions?

What kinds of questions?

Choice- Visual and Verbal

Yes/No

Wh questions

Your child's CONNECTIONS? People in his/her life

Your child's FAVORITE THINGS and your DAILY ACTIVITIES

Toys

Activities to do independently or with others

Foods

Daily routines, household chores, and outings – Step by step through your day.

Your child's responses and exposure to

Books

Music

TV

Your child's dislikes and difficult situations

Any medical issues? ie., allergies, ear infections, seizures.