**PARENT TRAINING CHECKLIST**

In order to better utilize your Parent Training sessions please have the parent check off Not Stressful, Somewhat Stressful or Very Stressful for each area listed. This will help the Team Leader better plan an effective Parent Training session for you and the family.

|  |  |  |
| --- | --- | --- |
| **Not**  **Stressful** | **Somewhat**  **Stressful** | **Very**  **Stressful** |

**Activities of Daily Living**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Bathing your child |  |  |  |
| 1. Toileting or diapering |  |  |  |
| 1. Eating |  |  |  |
| 1. Drinking |  |  |  |
| 1. Dressing and Undressing |  |  |  |
| 1. Getting a haircut |  |  |  |
| 1. Brushing teeth |  |  |  |
| 1. Bedtime routines |  |  |  |
| 1. Sleeping |  |  |  |

**Social Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Outings |  |  |  |
| 1. Vacations |  |  |  |
| 1. Play dates |  |  |  |
| 1. Relatives visiting |  |  |  |
| 1. Taking your child to visit relatives |  |  |  |
| 1. Running errands |  |  |  |
| 1. Eating out |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Not**  **Stressful** | **Somewhat**  **Stressful** | **Very**  **Stressful** |

**Family Concerns:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Parent interactions |  |  |  |
| 1. Sibling interactions |  |  |  |
| 1. Driving in the car |  |  |  |

**Behavioral Concerns:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Transitions from one activity to another |  |  |  |
| 1. Aggression |  |  |  |
| 1. Tantrums |  |  |  |
| 1. Self-Stimulatory behaviors (rocking, hand flapping, spinning) |  |  |  |
| 1. Hyperactivity |  |  |  |
| 1. Underactivity |  |  |  |
| 1. Accepting “No” |  |  |  |
| 1. Waiting for reinforcement |  |  |  |
| 1. Compliance to demands |  |  |  |

**Sensory Concerns**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Visual Sensitivity (artificial lights, sun darkness) |  |  |  |
| 1. Unusual fears or anxieties |  |  |  |
| 1. Auditory Sensitivity |  |  |  |
| 1. Wearing clothing |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Not**  **Stressful** | **Somewhat**  **Stressful** | **Very**  **Stressful** |

**Play**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Keeping your child occupied |  |  |  |
| 1. Child centered activities |  |  |  |
| 1. Occupying free time |  |  |  |
| 1. Unusual play patterns |  |  |  |
| 1. Following activity schedules |  |  |  |
| 1. Throwing and catching a ball |  |  |  |
| 1. Hitting a ball with a bat |  |  |  |
| 1. Throwing a basketball |  |  |  |
| 1. Kicking a ball |  |  |  |
| 1. Riding a bike |  |  |  |
| 1. Riding a big wheel bike |  |  |  |
| 1. Pool |  |  |  |
| 1. Other activities |  |  |  |

**Motor Concerns**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Awkward |  |  |  |
| 1. Clumsy |  |  |  |
| 1. Walks on toes |  |  |  |
| 1. Hard time grasping items |  |  |  |
| 1. Waling up and down stairs |  |  |  |

Please answer the questions below to the best of your ability:

How does your child communicate with you?

What does your child like to play with?