

Service Provider: \_\_\_\_\_

ChildLink #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**PHILADELPHIA INFANT/TODDLER EARLY INTERVENTION  
WHAT YOUR CHILD COMMUNICATES ABOUT  
ASSESSMENT TOOL**

Directions: Ask Parents: Does your child communicate about these things? First, tell me if she communicates to you about these things (e.g., lets you know that s/he wants the television on). Then, tell me if she comprehends your language (e.g., responds to you when you say "we're going outside.")

**Please remind parents that children may communicate with body language, sounds, gestures, sign language, a communication board or words. Note what/how the child communicates in the example section. Mark a (+) or (-) if child comprehends when parent communicates about topic.**

Child Communicates to Parent/Other About	Initial Assess Pre-Test				Quarterly Progress				Quarterly Progress				Re-Assess Post-Test			
	Date:				Date:				Date:				Date:			
	Yes	No	Example	Comp +/-	Yes	No	Example	Comp +/-	Yes	No	Example	Comp +/-	Yes	No	Example	Comp +/-
1. Food or drink (eating)																
2. Toys (playing)																
3. Clothes																
4. Pets																
5. Brothers and Sisters																
6. Other Relatives																
7. Parents																
8. Neighbors/Friends																
9. Babysitter																
10. Toileting/Diapering																
11. Going for a ride (going out)																
12. Going outside																
13. Television																
14. Listening to music																
15. Illness or pain																
16. Bathing/washing																
17. Nap Time, Sleeping, Waking																
18. Other																
Verbal Language Sample (Note words child is using and tally):																

Comments: