



Assessment of Family Activities & Routines

Date: _____ Child's name: _____ Completed As Guided Interview with _____ by Provider Name: _____

DIRECTIONS FOR THE FAMILY ASSESSMENT AS AN INTERVIEW/CONVERSATION:

1. Ask the caregiver open ended questions about each activity/routine. For example, start by saying "tell me about bathtime and how your child participates during bathtime." Follow-up by asking additional questions so that you gain an understanding, a picture, of what the routine or activity looks like. Then ask the caregiver to rate the child's participation in terms of the caregiver's expectations (e.g., exceeds, meets, occasionally meets, does not meet). If you wish, you may ask the caregiver about how satisfied they are with how the activity/routine is going. For some families, this helps them to decide the routine on which they may want to focus.
2. Ask the caregiver to rate their child's use of functional skills (e.g., socializing, communicating) within activities and routines and their satisfaction with the child's abilities. You are not trying to find out about the child's deficit (e.g., speech) but rather the extent to which problems with speech interfere with a child's participation.
3. Identify any routines which may not be going well (so that you can help families make them go better); Identify routines that are positive for families/children as these will provide a context in which to show families how to teach their children identified skills.

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
BATHTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING ROUTINE (getting up, getting dressed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEDTIME (getting ready for bed, going to bed, sleeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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MEALTIMES (appetite, level of assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLAYTIME (Indoor Play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORY TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDOOR PLAY (riding a bike, playing outside, playing on playground equipment, swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AT HOME CHORES (cleaning, preparing meals, watching TV, caring for pets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAVING THE HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL TIME (riding in a car, bus; walking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUNNING ERRANDS (grocery store, mall/store shopping, banking, wash/cleaners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTINGS (visit a friend/relative, eat at a restaurant/fast food, go to museums, amusement parks, zoo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



USE OF FUNCTIONAL SKILLS IN ROUTINES/ACTIVITIES										
SOCIALIZING (e.g., interacting with peers and adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATING with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GETTING AROUND (mobility at home/community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USING HANDS & ARMS for functional tasks (e.g., reaching, obtaining/holding objects, manipulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use blanks to add activities or routines not included in categories										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Based on your answers above, list the routines/activities that do not meet your expectations.

ROUTINE/ACTIVITY	What would you like to <u>see</u> happening: What would the child be doing? What would you or other family members be doing? What strategies have you tried?
1.	
2.	
3.	

Based on your answers above, list the routines/activities that are enjoyable for your family and child.

ROUTINE/ACTIVITY	
1.	
2.	
3.	

Additional Comments:

