

Assessment of Caregiver Activities & Routines

This questionnaire will help providers get a picture of a child’s typical performance in everyday caregiver activities/routines. The best way to use the form is as a guideline for an interview or conversation with the caregiver(s). When used as an interview/conversation guideline, the provider makes sure that s/he learns about how each activity/routine occurs in the household, the child’s participation in the activity/routine, and the extent to which caregiver(s) are satisfied with the child’s participation. Information from the child’s caregivers helps providers determine, with families, (1) routines/activities in which the child’s participation could be improved and (2) activities/routines in which the child participates well so that these may be used as a context for practicing or acquiring new skills and abilities. At the end of the interview, providers identify activities/routines that do not meet caregiver expectations and describe what caregivers would like to see happen in the activity/routine. Providers also talk with caregivers to identify the activities/routines that are enjoyable for the caregiver and child.

Date: 2/6/09 Child’s name: *Ashlynn* Completed As: Guided Interview with: *Denise* Provider Name: *Fran*

DIRECTIONS FOR THE CAREGIVER 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>She enjoys the bath.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING ROUTINE (getting up, getting dressed, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Goes smoothly</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIGHT TIME (getting ready for bed, going to bed, sleeping)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good sleeper</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MEALTIME (appetite, level of assistance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Mom was taught how to put bottle nipple in her mouth to help with tongue thrust</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLAYTIME (with family members, other caregivers, friends)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>She gives you good eye contact when you play with her. Her brother loves to play with her.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORYTIME (reading books with caregivers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>I like to read books with her and point to the pictures. She will look at the book.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTSIDE PLAY (riding a bike, playing outside, playing on playground equipment, swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not applicable due to age and cold weather now</i>	<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"/>	<i>Not applicable due to age</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAVING THE HOUSE TO GO SOMEWHERE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>She's easy to get ready and into the car. Son is older, so not a problem.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL TIME (in the car)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>She sleeps in the car.</i>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Easy to bring on errands- in her carrier seat.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY OUTINGS (visit a friend/relative, eat at a restaurant/fast food, go to museums, amusement parks, zoo, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Had her at church- she was very content. Family loves to visit her.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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USE OF FUNCTIONAL SKILLS IN ROUTINES/ACTIVITIES										
SOCIALIZING (e.g., interacting with peers and adults)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Loves to be with us, happy baby</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATING with peers and adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>When held is content. Can be fussy in afternoon.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GETTING AROUND (mobility at home/community)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Just 2 months old. Mom carries her everywhere in the carrier seat with no difficulty.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USING HANDS & ARMS for functional tasks (e.g., range of motion, holding objects, manipulation)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Moves arms easily.</i>	<input type="checkbox"/>	<input checked="" 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. <i>No activities or routines are challenging right now.</i>	
2.	
3.	

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

ROUTINE/ACTIVITY	
1. <i>Bath-time</i>	<i>Ashlynn really enjoys her baby bath. Very happy there.</i>
2. <i>Visiting with family</i>	<i>My family loves to come visit her, and I like having them over.</i>
3. <i>Playtime</i>	<i>We have a great time playing together. Ashlynn loves to play with and watch her brother.</i>

Additional Comments: