











This form is to help you prepare for your child's assessments. Please take some time to think about your family's daily activities and routines and how things are going.

Activity	Task Difficulty	How is it Going?
Waking Up 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well? What could be better?
Dressing/ Toileting 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well? What could be better?
Mealtime/ Feeding 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well? What could be better?
Outings 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well? What could be better?



DAILY FAMILY ROUTINES

Activity	Task Difficulty	How is it Going?
Playtime 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well?
		What could be better?
Bath Time 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well?
		What could be better?
Bedtime/Naptime 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well?
		What could be better?
Child Care 	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What is going well?
		What could be better?