**Information on Child Functioning**

**(Note Taking Form)**

**Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For each outcome, record what the child does and does not do across settings and situations noting how this compares to what would be expected for a child this age.*

***Positive Social Relationships***

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| *How does child relate to adults, relate to other children, follow rules in group situations? (See discussion prompts)* |
| Family report/ observations |  |
| Provider report/observations |  |
| Structured situation/testing |  |

***Acquiring and Using Knowledge and Skills***

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| *How does the child learn and apply new knowledge? How does the child think, reason, remember, and problem solve? (Including understanding symbols and physical/social worlds; See discussion prompts)* |
| Family report/ observations |  |
| Provider report/observations |  |
| Structured situation/testing |  |

***Taking Appropriate Action to Meet Needs***

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| *How does the child take care of his or her needs such as eating, dressing, using tools, and getting from place to place? For children over 2, how does the child contribute to his/her own health and safety? (See discussion prompts)* |
| Family report/ observations |  |
| Provider report/observations |  |
| Structured situation/testing |  |