

# Family Day Care Rating Scale Score Sheet

Thelma Harms & Richard M. Clifford (1989)

Observer: \_\_\_\_\_ Observer Code: \_\_\_\_\_

Date of Observation: \_\_\_/\_\_\_/\_\_\_

Home: \_\_\_\_\_ Home Code: \_\_\_\_\_

m m d d y y

Provider Name: \_\_\_\_\_ Provider Code: \_\_\_\_\_

Time observation began: \_\_\_:\_\_\_  am  pm

Number of staff present: \_\_\_\_\_  
 Number of children enrolled in class: \_\_\_\_\_ Number of children present: \_\_\_\_\_

Time observation ended: \_\_\_:\_\_\_  am  pm

Birthdates of children enrolled: Youngest \_\_\_/\_\_\_/\_\_\_  
 Oldest \_\_\_/\_\_\_/\_\_\_

Number of children with identified disabilities \_\_\_\_\_  
 Check type(s) of disability:  physical/sensory  cognitive/language  
 social/emotional  other: \_\_\_\_\_

## Space and Furnishings for Care and Learning

### 1. Furnishings for routine care and learning

1 2 3 4 5 6 7

Notes

Y N	Y N	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

### 5. Active physical play

1 2 3 4 5 6 7

Notes

Y N NA	Y N NA	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

### 2. Furnishings for relaxation and comfort

1 2 3 4 5 6 7

Y N	Y N	Y N NA	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	
		5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

### 6a. Space to be alone (infants/toddlers)

1 2 3 4 5 6 7 NA

Y N	Y N NA	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>		

### 3. Child-related display

1 2 3 4 5 6 7

Y N	Y N NA	Y N NA	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>

### 6b. Space to be alone (2 years & older)

1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
			7.2 <input type="checkbox"/> <input type="checkbox"/>

### 4. Indoor space arrangement

1 2 3 4 5 6 7

Y N NA	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

**A. Subscale (Items 1 -6) Score:** \_\_\_\_\_

**B. Number of items scored:** \_\_\_\_\_

**SPACE & FURNISHINGS** \_\_\_\_\_

**Average Score (A ÷ B):** \_\_\_\_\_

## Basic Care

### 7. Arriving / leaving

1 2 3 4 5 6 7

Notes

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	

Note: 3.2 must be scored "No" to score 5 or higher.

### 8. Meals / snacks

1 2 3 4 5 6 7

Y N NA	Y N NA	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
1.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
1.5 <input type="checkbox"/> <input type="checkbox"/>	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	3.6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

### 9. Nap / rest

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>		
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

### 10. Diapering / toileting

1 2 3 4 5 6 7

Y N	Y N NA	Y N NA	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	
	3.5 <input type="checkbox"/> <input type="checkbox"/>		

### 11. Personal grooming

1 2 3 4 5 6 7

Notes

Y N	Y N	Y N NA	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

### 12. Health

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <input type="checkbox"/> <input type="checkbox"/>
		5.5 <input type="checkbox"/> <input type="checkbox"/>	7.5 <input type="checkbox"/> <input type="checkbox"/>

### 13. Safety

1 2 3 4 5 6 7

Y N	Y N	Y N NA	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	
	3.5 <input type="checkbox"/> <input type="checkbox"/>		
	3.6 <input type="checkbox"/> <input type="checkbox"/>		
	3.7 <input type="checkbox"/> <input type="checkbox"/>		

C. Subscale (Items 7-13) Score: \_\_\_\_

D. Number of items scored: \_\_\_\_

**BASIC CARE**  
Average Score (A ÷ B): \_\_\_\_

## Language and Reasoning

**14a. Informal use of language (infants/toddlers)** 1 2 3 4 5 6 7 NA Notes

Y N	Y N	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*Note: 3.1 must be scored "No" to score 5 or higher.*

**14b. Informal use of language (2 years & older)** 1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	
		5.5 <input type="checkbox"/> <input type="checkbox"/>	

**15a. Helping children understand language (infants/toddlers)** 1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>		

**15b. Helping children understand language (2 years & older)** 1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

**16. Helping children use language** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	

*Note: 3.1 must be scored "No" to score 5 or higher.*

**17. Helping children reason (using concepts)** 1 2 3 4 5 6 7 Notes

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

**E. Subscale (Items 14-17) Score:** \_\_\_\_

**F. Number of items scored:** \_\_\_\_

**LANGUAGE & REASONING** \_\_\_\_

**Average Score (A ÷ B):** \_\_\_\_

## Learning Activities

**18. Eye-hand coordination** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

**19. Art** 1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

**20. Music and movement** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>		5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

**21. Sand and water play** 1 2 3 4 5 6 7 NA Notes

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>
								5.2							

**26. Supervision of play indoors & outdoors** 1 2 3 4 5 6 7 Notes

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>
1.2		<input type="checkbox"/>	<input type="checkbox"/>	3.2		<input type="checkbox"/>	<input type="checkbox"/>	5.2		<input type="checkbox"/>	<input type="checkbox"/>	7.2		<input type="checkbox"/>	<input type="checkbox"/>
1.3		<input type="checkbox"/>	<input type="checkbox"/>	3.3		<input type="checkbox"/>	<input type="checkbox"/>	5.3		<input type="checkbox"/>	<input type="checkbox"/>				

**22. Dramatic play** 1 2 3 4 5 6 7 NA

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>
				3.2		<input type="checkbox"/>	<input type="checkbox"/>	5.2		<input type="checkbox"/>	<input type="checkbox"/>	7.2		<input type="checkbox"/>	<input type="checkbox"/>
								5.3		<input type="checkbox"/>	<input type="checkbox"/>				

**A. Subscale (Items 18 - 26) Score:** \_\_\_ \_\_\_

**B. Number of items scored:** \_\_\_

**LEARNING ACTIVITIES** \_\_\_:\_\_\_ \_\_\_

**Average Score (A ÷ B):** \_\_\_\_\_

**23. Blocks** 1 2 3 4 5 6 7 NA

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>
								5.2		<input type="checkbox"/>	<input type="checkbox"/>				

**Social Development**

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**27. Tone** 1 2 3 4 5 6 7

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>

*Note: All of 3 must be scored "No" to score 5 or higher.*

**24. Use of T.V.** 1 2 3 4 5 6 7

1.1	Y N NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: 3.1 and 3.3 must be scored "No" or "NA" to score 5 or higher.*

**28. Discipline** 1 2 3 4 5 6 7

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N NA	<input type="checkbox"/>	<input type="checkbox"/>

**25. Schedule of daily activities** 1 2 3 4 5 6 7

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>

**29. Cultural Awareness** 1 2 3 4 5 6 7 Notes

1.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	3.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	5.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>	7.1	Y N	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>G. Subscale (Items 27-29) Score:</b> ___ ___</p> <p><b>H. Number of items scored:</b> _____</p> <p><b>SOCIAL DEVELOPMENT</b>     ___ . ___ ___</p> <p style="padding-left: 20px;"><b>Average Score (A ÷ B):</b> _____</p>	<p style="text-align: center;"><b>Supplementary Items: Provisions for Exceptional Children</b></p> <p><b>33. Adaptations for basic care (physically handicapped)</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>NA</td></tr></table>     Notes</p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.2 <input type="checkbox"/> <input type="checkbox"/>   3.2 <input type="checkbox"/> <input type="checkbox"/>   5.2 <input type="checkbox"/> <input type="checkbox"/>   7.2 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.3 <input type="checkbox"/> <input type="checkbox"/></p>	1	2	3	4	5	6	7	NA							
1	2	3	4	5	6	7	NA									
<b>Adult Needs</b>	<p><b>34. Adaptations for activities (physically handicapped)</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>NA</td></tr></table></p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.2 <input type="checkbox"/> <input type="checkbox"/>   3.2 <input type="checkbox"/> <input type="checkbox"/>   5.2 <input type="checkbox"/> <input type="checkbox"/>   7.2 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">3.3 <input type="checkbox"/> <input type="checkbox"/>                   7.3 <input type="checkbox"/> <input type="checkbox"/></p>	1	2	3	4	5	6	7	NA							
1	2	3	4	5	6	7	NA									
<p><b>30. Relationship with parents</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr></table>     Notes</p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.2 <input type="checkbox"/> <input type="checkbox"/>   3.2 <input type="checkbox"/> <input type="checkbox"/>   5.2 <input type="checkbox"/> <input type="checkbox"/>   7.2 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">5.3 <input type="checkbox"/> <input type="checkbox"/></p>	1	2	3	4	5	6	7	<p><b>35. Adaptations for special needs</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>NA</td></tr></table></p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">7.2 <input type="checkbox"/> <input type="checkbox"/></p>	1	2	3	4	5	6	7	NA
1	2	3	4	5	6	7										
1	2	3	4	5	6	7	NA									
<p><b>31. Balancing personal &amp; caregiver responsibilities</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr></table></p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.2 <input type="checkbox"/> <input type="checkbox"/>   3.2 <input type="checkbox"/> <input type="checkbox"/>   5.2 <input type="checkbox"/> <input type="checkbox"/>   7.2 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">3.3 <input type="checkbox"/> <input type="checkbox"/>   5.3 <input type="checkbox"/> <input type="checkbox"/></p> <p><i>Note: 3.1 must be scored "No" to score 5 or higher.</i></p>	1	2	3	4	5	6	7	<p><b>36. Communication (exceptional)</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>NA</td></tr></table></p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.2 <input type="checkbox"/> <input type="checkbox"/>   3.2 <input type="checkbox"/> <input type="checkbox"/>   5.2 <input type="checkbox"/> <input type="checkbox"/>   7.2 <input type="checkbox"/> <input type="checkbox"/></p> <p>1.3 <input type="checkbox"/> <input type="checkbox"/>   3.3 <input type="checkbox"/> <input type="checkbox"/>   5.3 <input type="checkbox"/> <input type="checkbox"/>   7.3 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">5.4 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">5.5 <input type="checkbox"/> <input type="checkbox"/></p>	1	2	3	4	5	6	7	NA
1	2	3	4	5	6	7										
1	2	3	4	5	6	7	NA									
<p><b>A. Subscale (Items 30 - 32) Score:</b> ___ ___</p> <p><b>B. Number of items scored:</b> _____</p> <p><b>ADULT NEEDS</b>                   ___ . ___ ___</p> <p><b>Average Score (A ÷ B):</b> _____</p>	<p><b>37. Language/reasoning (exceptional)</b>     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>NA</td></tr></table></p> <p style="padding-left: 20px;">Y N           Y N           Y N           Y N</p> <p>1.1 <input type="checkbox"/> <input type="checkbox"/>   3.1 <input type="checkbox"/> <input type="checkbox"/>   5.1 <input type="checkbox"/> <input type="checkbox"/>   7.1 <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">5.2 <input type="checkbox"/> <input type="checkbox"/>   7.2 <input type="checkbox"/> <input type="checkbox"/></p>	1	2	3	4	5	6	7	NA							
1	2	3	4	5	6	7	NA									

**38. Learning and play activities (exceptional)** 1 2 3 4 5 6 7 NA Notes

	Y N		Y N		Y N		Y N
1.1	<input type="checkbox"/> <input type="checkbox"/>	3.1	<input type="checkbox"/> <input type="checkbox"/>	5.1	<input type="checkbox"/> <input type="checkbox"/>	7.1	<input type="checkbox"/> <input type="checkbox"/>
		3.2	<input type="checkbox"/> <input type="checkbox"/>	5.2	<input type="checkbox"/> <input type="checkbox"/>	7.2	<input type="checkbox"/> <input type="checkbox"/>
				5.3	<input type="checkbox"/> <input type="checkbox"/>		
				5.4	<input type="checkbox"/> <input type="checkbox"/>		
				5.5	<input type="checkbox"/> <input type="checkbox"/>		

	Total Score	# of Items Scored	Average Score
Space & Furnishings			
Basic Care			
Language & Reasoning			
Learning Activities			
Social Development			
Supplementary Items			
Adult Needs			
TOTAL			
TOTAL (w/o Adult Needs)			

**39. Social development (exceptional)** 1 2 3 4 5 6 7 NA

	Y N		Y N		Y N		Y N
1.1	<input type="checkbox"/> <input type="checkbox"/>	3.1	<input type="checkbox"/> <input type="checkbox"/>	5.1	<input type="checkbox"/> <input type="checkbox"/>	7.1	<input type="checkbox"/> <input type="checkbox"/>
		3.2	<input type="checkbox"/> <input type="checkbox"/>	5.2	<input type="checkbox"/> <input type="checkbox"/>	7.2	<input type="checkbox"/> <input type="checkbox"/>
				5.3	<input type="checkbox"/> <input type="checkbox"/>		
				5.4	<input type="checkbox"/> <input type="checkbox"/>		

**40. Caregiver preparation** 1 2 3 4 5 6 7 NA

	Y N		Y N		Y N		Y N
1.1	<input type="checkbox"/> <input type="checkbox"/>	3.1	<input type="checkbox"/> <input type="checkbox"/>	5.1	<input type="checkbox"/> <input type="checkbox"/>	7.1	<input type="checkbox"/> <input type="checkbox"/>
1.2	<input type="checkbox"/> <input type="checkbox"/>	3.2	<input type="checkbox"/> <input type="checkbox"/>	5.2	<input type="checkbox"/> <input type="checkbox"/>	7.2	<input type="checkbox"/> <input type="checkbox"/>
1.3	<input type="checkbox"/> <input type="checkbox"/>						

**I. Subscale (Items 33-40) Score:**    \_\_\_ \_\_\_

**J. Number of items scored:**        \_\_\_

**PROVISIONS FOR**

**EXCEPTIONAL CHILDREN**    \_\_\_ . \_\_\_ \_\_\_

**Average Score (A ÷ B):**