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AutoScore™ Form

Directions

Please answer the questions on this form based on this *child's typical behavior during the past month*. Use the following rating scale:

- Never:** the behavior *never* or *almost never* happens
- Occasionally:** the behavior happens *some of the time*
- Frequently:** the behavior happens *much of the time*
- Always:** the behavior *always* or *almost always* happens

Circle the *one* answer that best describes how often the behavior happens. Try your best to answer all of the questions.

Several questions ask whether this child shows "distress" in certain situations. Showing distress may include verbal expressions (whining, crying, yelling) or nonverbal expressions (withdrawing, gesturing, pushing something away, running away, wincing, striking out).

You may use the space provided on the left to add any comments on this child's behavior or functioning.

Teacher/Day Care Provider Information

Your Name/ID#: _____

Your Relationship to Child: _____ Today's Date: _____

Child Information

Child's Name/ID#: _____

Child's Gender: M F Child's Age: _____ Years _____ Months

Race/Ethnicity:

- American Indian/Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian/Pacific Islander White Other

Comments on child's behavior/functioning: _____

PLEASE PRESS HARD WHEN CIRCLING YOUR RESPONSES.

Never Occasionally
Occasionally Frequently
Frequently Always

SOCIAL PARTICIPATION This child...

- N.....O.....F.....A..... 1. Willingly plays with peers in a variety of games and activities.
 N.....O.....F.....A..... 2. Waits his or her turn.
 N.....O.....F.....A..... 3. Participates appropriately in circle time.

SAMPLE