

Child's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Agency ID Number: \_\_\_\_\_

**NC Child Service Coordination Program  
Parent-Child Interaction Assessment Form**

**1 month -3 months**

*Instructions: The Assessment of the Parent Child Interaction must be completed on enrollment and at least every six months thereafter.*

Observation Date: \_\_\_\_\_ Observation location: \_\_\_\_\_ Those Observed: \_\_\_\_\_

What was observed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Observation\*:**
- Does parent respond to baby's needs?
  - Does parent talk with and smile at baby?
  - Does parent effectively comfort/console baby?
  - Is parent tearful, angry, fatigued, overwhelmed or uncomfortable?
  - How does baby respond to parent?
  - Are parent & infant interested in & responsive to each other?
  - Does the parent hold & cuddle the infant?

Observed Strengths that were reinforced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Age Appropriate Growth and Development Shared:**

- |  |   |
|--|---|
| <input type="checkbox"/> Coos & vocalizes reciprocally *               | <input type="checkbox"/> Smiles responsively *  |
| <input type="checkbox"/> Is attentive to voices *                      | <input type="checkbox"/> Shows pleasure in interactions with others, especially parents * |
| <input type="checkbox"/> Learns to trust parents will meet his needs * | <input type="checkbox"/> In prone position, lifts head, neck, & upper chest *             |
| <input type="checkbox"/> Will sleep 3-4 hrs; stay awake about 1 hour * | <input type="checkbox"/> Can usually be comforted by being held or talking to *           |
| <input type="checkbox"/> May have colic or fussy periods               | <input type="checkbox"/> Shows interest in sights, sounds, people, pets, movement *       |

Printed material shared: \_\_\_\_\_  
Printed material shared: \_\_\_\_\_

**Developmentally Appropriate Activities Shared:**

- |  |  |
|--|--|
| <input type="checkbox"/> Offer baby lots of different objects to touch, look at, & grip *^       | <input type="checkbox"/> Play tracking games **                |
| <input type="checkbox"/> Observe carefully – figure out what your baby's cries are telling you** | <input type="checkbox"/> Talk, read & sing to your baby *      |
| <input type="checkbox"/> Soothe your baby when he cries – he can't be spoiled **                 | <input type="checkbox"/> Babble or talk back when baby babbles |
| <input type="checkbox"/> Hold, cuddle and talk to baby *   |  |
| <input type="checkbox"/> Keep feeding and sleep schedule regular to help baby feel secure *      |  |

Printed material shared: \_\_\_\_\_  
Printed material shared: \_\_\_\_\_

Community Referral needed? Yes \_\_\_ No \_\_\_ If Yes, describe actions; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Care Plan on \_\_\_\_\_

Actions Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Child Interaction not completed. Reason: \_\_\_\_\_  
\_\_\_\_\_

Plan for completing PCI: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CSC Signature