

Child's Name: _____
DOB: _____
Agency ID Number: _____

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

15 months - 18 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*:**
- When the toddler moves around the room, how does the parent react?
 - Does the parent watch him, follow him closely, or ignore him?
 - How do the parent and toddler play with toys?
 - Does the parent react positively when CSC praise child?
 - If there are siblings present, how do they react to toddler?
 - How do the parent & toddler communicate?
 - What is tone of interaction and feeling conveyed?
 - How does parent discipline toddler?
 - How does toddler respond to discipline?

Observed Strengths that were reinforced: _____

Age Appropriate Growth and Development Shared:

- ___ May imitate a crayon stroke and scribbles *
- ___ Walks quickly or runs stiffly *
- ___ Imitates words *
- ___ Has vocabulary of 15 – 20 words, uses two-word phrases *
- ___ Pulls a toy along the ground *
- ___ Follows simple directions *

- ___ Throws Ball *
- ___ Stacks two or three blocks *
- ___ Points to some body parts *
- ___ Listens to a story, looking at pictures & naming objects *
- ___ Shows affection, kisses *
- ___ Uses spoon and cup *
- ___ Dumps an object from bottle without being shown *

Printed material shared: _____
Printed material shared: _____

Developmentally Appropriate Activities Shared:

- ___ Teach handwashing, dressing, etc, & make it fun *
- ___ Encourage & praise choices and independence *
- ___ Support child if return to baby-like behaviors when stressed *
- ___ Deal with accidents calmly & with acceptance *
- ___ Have a regular bedtime, cuddle during story reading *
- ___ Avoid conflicts over self-care or toileting *
- ___ Help child name what she's feeling, talk about your feelings *
- ___ Help child name what he sees, hears, & does *
- ___ Expect behaviors that matches child age & abilities *
- ___ Help child deal with strong feelings - what brings self control *
- ___ Spend special time with child, limit TV time *

- ___ Accept & support child's developing personality & style *
- ___ Provide a safe, quiet place for child to sleep *
- ___ Calm your child's fears, help him feel safe & secure *
- ___ Gently help child learn how to soothe & settle self for sleep *
- ___ Eat meals together, keep mealtime pleasant and unrushed *
- ___ Offer variety of healthy foods, allow choice of type & amount *
- ___ Avoid using food for comfort, reward, or punishment *
- ___ Give child freedom & space to explore; set safe limits *
- ___ Discipline with gentle restraint, distraction, or "time out" *
- ___ Encourage physical activities (throwing, running & jumping) *
- ___ Gives lots of hugs & smiles; praise child's strengths & skills *
- ___ Listen actively to your child, encourage questions *

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