

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

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

3 months -6 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 cues?
 - Do parent & baby respond to each other by talking, gazing, cuddling, and smiling with each other?
 - Does parent encourage infant's exploring?
 - Does parent watch and pay attention to infant's activities?
 - Does the parent hold and cuddle the infant?
 - How does the parent comfort the baby when he cries?

Observed Strengths that were reinforced: _____

Age Appropriate Growth and Development Shared:

- | | |
|---|---|
| <input type="checkbox"/> Babbles and coos * | <input type="checkbox"/> Looks at and may become excited by mobile* |
| <input type="checkbox"/> Smiles, laughs, and squeals * | <input type="checkbox"/> Shows range of feelings (pleasure, sadness, etc.) * |
| <input type="checkbox"/> Rolls over from front to back * | <input type="checkbox"/> In prone position, holds head upright and raises body on hands * |
| <input type="checkbox"/> Opens hands, holds own hands, grasp rattles * | <input type="checkbox"/> Recognizes parent's voice and touch * |
| <input type="checkbox"/> Controls head well * | <input type="checkbox"/> Has spontaneous social smile * |
| <input type="checkbox"/> Mouths objects, blows bubbles * | <input type="checkbox"/> May sleep for at least 6 hours * |
| <input type="checkbox"/> Reaches for or bats at objects * | <input type="checkbox"/> Able to comfort himself (e.g., fall asleep w/o breast or bottle) * |
| <input type="checkbox"/> Feels calm, content, and secure as needs met * | <input type="checkbox"/> Enjoys playing with hands and feet * |

Printed material shared: _____
Printed material shared: _____

Developmentally Appropriate Activities Shared:

- | | |
|--|---|
| <input type="checkbox"/> Offer baby different objects to touch, look at, & grip *^ | <input type="checkbox"/> Encourage baby console himself by putting to bed awake * |
| <input type="checkbox"/> Nurture your baby by holding, cuddling, & rocking infant ** | <input type="checkbox"/> Talk, read & sing to your baby * |
| <input type="checkbox"/> Ready to your baby, Play music and sing to him ** | <input type="checkbox"/> Babble or talk back when baby babbles ** |
| <input type="checkbox"/> Play games such as pat-a-cake, peek-a-boo, so-big * | <input type="checkbox"/> Begin to help your baby to learn self-consoling techniques by giving the same item (toy/blanket) at bedtime or stressed* |
| <input type="checkbox"/> Establish bedtime routine & other habits * | <input type="checkbox"/> Place baby in different positions while awake, i.e. stomach |
| <input type="checkbox"/> Hold out toy, encourage baby to reach, then give back* | |

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 _____