

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

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

**48 months - 60 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 the child sit with the parent, or in his own chair?
  - Does the parent allow the child to answer CSC's questions directly, or does the parent intervene?
  - What is the child's activity level, and how does this parent respond to the child's activity level?
  - How does parent discipline? Child's reaction?
  - Are parent's expectations age-appropriate?
  - Does parent respond appropriately to child's self-expression?

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

Age Appropriate Growth and Development Shared:

- \_\_\_ Can count on fingers \*
- \_\_\_ Dresses self without help \*
- \_\_\_ Knows address and phone number \*
- \_\_\_ Copies a triangle or square \*

- \_\_\_ Draws a person with a head, body, arms, & legs \*
- \_\_\_ Recognizes many letters of the alphabet \*
- \_\_\_ Print some letters \*
- \_\_\_ Plays make-believe and dress-up \*
- \_\_\_ May be able to skip \*

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 \*
- \_\_\_ Play creatively together: encourage dress-up & pretend \*
- \_\_\_ Encourage child to play with others, assist when needed \*

- \_\_\_ 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 \*
- \_\_\_ Look for ways to help your children get along - outings, games \*
- \_\_\_ Help child learn to take care of himself without being aggressive\*

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 \_\_\_\_\_