

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

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

6 months - 9 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*:**
- Do parent & baby respond to each other cues?
 - Does parent seem comfortable with infant?
 - Do infant & parent smile and gaze at each other?
 - Does parent respond supportively to baby's independent behavior, as long as it is not dangerous?
 - Are the parent & infant interested in and responsive to each other (e.g., talking, and playing)?

Observed Strengths that were reinforced: _____

Age Appropriate Growth and Development Shared:

- | | |
|---|---|
| <input type="checkbox"/> Vocalizes single consonants ("dada", "baba") * | <input type="checkbox"/> Starts to self-feed, tries to hold spoon * |
| <input type="checkbox"/> Babbles reciprocally * | <input type="checkbox"/> Transfers cubes or small objects from hand to hand * |
| <input type="checkbox"/> Rolls over * | <input type="checkbox"/> Rakes in small objects * |
| <input type="checkbox"/> Has no head lag when pulled to sit * | <input type="checkbox"/> Is interested in toys * |
| <input type="checkbox"/> Sits with support * | <input type="checkbox"/> Smiles, laughs, squeals, imitates razzing noise & sounds * |
| <input type="checkbox"/> Stands when placed & bears weight * | <input type="checkbox"/> Turns to sounds * |
| <input type="checkbox"/> Grasps and mouths objects * | <input type="checkbox"/> Able to comfort himself (e.g., fall asleep w/o breast or bottle) |
| <input type="checkbox"/> Shows differential recognition of parents * | <input type="checkbox"/> May begin to show signs of stranger anxiety * |
| <input type="checkbox"/> Respond to name, reaches for familiar person * | <input type="checkbox"/> Sometimes show more interest in surroundings than feeding * |

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"/> Allow baby a few minutes to calm himself when tired / fussy * |
| <input type="checkbox"/> Nurture your baby by holding, cuddling, & rocking infant ** | <input type="checkbox"/> Talk, read & sing to your baby * |
| <input type="checkbox"/> Read 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"/> Gently encourage infant to try doing things on his own * |
| <input type="checkbox"/> Establish bedtime routine & other habits * | <input type="checkbox"/> Help infant to play safely & explore new things * |
| <input type="checkbox"/> Let baby lead playtime, & respond to her interest * | <input type="checkbox"/> Reassure in new situations (touch, eye contact, words, etc.) |

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 _____