

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

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

9 months - 12 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 & infant share vocalization and play?
- Does parent observe/watch infant?
- Do parent and infant smile and gaze at each other?
- Does parent speak to child in positive terms?
- Does the parent respond to the child's distress?

Observed Strengths that were reinforced: _____

Age Appropriate Growth and Development Shared:

- | | |
|--|--|
| <input type="checkbox"/> Responds to own name * | <input type="checkbox"/> Shakes, bangs, throws, and drops objects * |
| <input type="checkbox"/> Understands a few words, such as "no-no" & "bye-bye" | <input type="checkbox"/> Sits independently * |
| <input type="checkbox"/> Babbles, imitates vocalizations * | <input type="checkbox"/> Feeds self with fingers, starts to drink from cup * |
| <input type="checkbox"/> May say "dada" or "mama" nonspecifically * | <input type="checkbox"/> Imitates Actions (talking on phone, waving bye-bye) * |
| <input type="checkbox"/> Crawls, creeps, moves forward by scooting on bottom * | <input type="checkbox"/> Sleeps through the night, but may awaken to cry* |
| <input type="checkbox"/> Plays interactive games, e.g., peek-a-boo, pat-a-cake * | <input type="checkbox"/> May show anxiety with strangers * |
| <input type="checkbox"/> May pull to stand * | <input type="checkbox"/> May soothe herself by sucking fingers, holding comfort object, etc. * |
| <input type="checkbox"/> Learns effects of actions (drops, dumps, rolls toys) * | <input type="checkbox"/> May begin to show signs anxiety with strangers OR separation * |
| <input type="checkbox"/> Pokes with index finger, uses inferior pincer grasp * | <input type="checkbox"/> Turns to parent for reassurance when upset, fearful, unsure, etc. * |

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 child ** | <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"/> Encourage self-soothing behaviors * |
| <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