

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

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

Birth – 1 month

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 needs?
 - Is parent comfortable when feeding, holding, caring for baby?
 - Does baby attach and suck well when breastfeeding?
 - How does parent comfort/console baby?
 - How does baby respond to parent?
 - Does baby give clear cues?
 - Does the parent appear depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?

Observed Strengths that were reinforced: _____

Age Appropriate Growth and Development Shared: (indicate all information shared)

- | | |
|--|---|
| <input type="checkbox"/> Responds to sounds * | <input type="checkbox"/> Has flexed posture * |
| <input type="checkbox"/> Fixates on human face and follows with eyes * | <input type="checkbox"/> Moves all extremities * |
| <input type="checkbox"/> Responds to parent's face & voice * | <input type="checkbox"/> Lifts head momentarily when prone * |
| <input type="checkbox"/> Usually sleeps after feeding, wakes when hungry | <input type="checkbox"/> Sucks & swallows easily, gains wt, seems content * |
| <input type="checkbox"/> Cries to express needs (hungry, wet, tired, lonely) | |

Printed material shared: _____
Printed material shared: _____

Developmentally Appropriate Activities Shared: (indicate all information shared)

- | | |
|--|---|
| <input type="checkbox"/> Offer baby lots of different objects look at ** | <input type="checkbox"/> Play tracking games ** |
| <input type="checkbox"/> Observe carefully – figure out what your baby's cries are telling you** | <input type="checkbox"/> Talk, read & sing to your baby * |
| <input type="checkbox"/> Soothe your baby when he cries – he can't be spoiled ** | _____ |
| <input type="checkbox"/> Hold, cuddle and talk to baby * | |
| <input type="checkbox"/> Keep feeding and sleep schedule regular to help baby feel secure * | |

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