

**Administration Date\*:**

**Provider's Name**

First:  Middle:  Last:

**ELs Name**

First:  Last:

**Fill out the below questions.**

1. I have conversations with my children.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

2. I have conversations with my children during everyday activities, such as mealtime and diaper changing.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

3. I read with my children.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

4. I tell stories to my children.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

5. I encourage and participate in imaginary play with my children.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

6. I describe the play activities of my children as they are happening.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

7. I do music and movement activities with my children.\*

<input type="checkbox"/> Less than weekly
<input type="checkbox"/> At least once a week
<input type="checkbox"/> Most days
<input type="checkbox"/> Every day

8. Rate your level of agreement with the following statements:\*

a. My child describes the pictures in books using words and sentences.

<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Neither agree nor disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly disagree

b. My child expresses strong positive or negative feelings appropriately.

<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Neither agree nor disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly disagree

c. My child is cooperative and follows directions when asked.

<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Neither agree nor disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly disagree

9. How many hours per day does your child(ren) spend looking at a screen (including TV, videogames, computer, phone screen, etc.)?\*

<input type="checkbox"/> None
<input type="checkbox"/> Less than two hours
<input type="checkbox"/> Two to four hours
<input type="checkbox"/> More than four hours