

**Dr. David Templeman B.Sc. MD FRCPC DCAP**

*Child and Adolescent Psychiatry*

151 Pine Valley Drive, London, ON N6J 4M2

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## Physician's Referral Form

Patient's Name:  Gender:  DOB:

HCN:  Phone #:

Referring Physician:  Billing #:  Fax #:

Medical Problems

Current Medications

Allergies:

### Reason for Referral - What's Your Question?

**Is the Parent's +/- Patient's Questionnaire completed and  
accompanying this referral form?**

**(available at [www.doctortempleman.com](http://www.doctortempleman.com))**

YES

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Dear parents/caregivers:

Your child has been referred to me by your GP/Paediatrician for an assessment of their emotional and/or behavioural problems. **I will be seeing your child for a ONE-TIME consultation only.** After I see them, I will send a written report to the referring doctor (it takes about 3 weeks to get there) with my opinion on what's going on and my recommendations on what to do to help. **Follow-up will be with the referring doctor.** I do not see patients for regular follow-up. When you come to the appointment, it is best if both parents come. If your child requires direct supervision, please try to bring someone who can watch them as I may need to spend some time talking to you without them present.

The questionnaire that follows **MUST BE COMPLETED AND RETURNED TO MY OFFICE IN ORDER TO HAVE AN APPOINTMENT SCHEDULED.** Please give the Teacher Questionnaire (optional) to the teacher who knows your child best (if you can) and have them return the completed form to you, so that you can return all of the forms together. They can also visit my website ([www.doctor templeman.com](http://www.doctor templeman.com)), and complete it online. Whenever possible, the Parent Questionnaire should be filled out by **both parents together**. Please make note of any disagreements in ratings beside the item in question.

**IF** your child is currently taking **medication** for psychiatric or behavioural issues, please go to your pharmacy and get a "Medication History" printed out to send to me along with the questionnaires.

**The following additional/optional information is helpful:**

- Their June report card for the last 5 years (if applicable) and their **most recent** IEP (if applicable).
- Reports from any educational testing that was done (if applicable/available).
- Reports from any previous psychiatrists or therapists who saw them (if applicable).

On my website ([www.doctor templeman.com](http://www.doctor templeman.com)), under the Resources link, there are some handouts that will be helpful for **you** (especially if you are struggling with managing their anxiety or behaviour). In them, I outline some strategies that you can put in place right away which will help in the interim until we meet. I **strongly recommend** that you go and download the relevant ones and read through them **before** meeting with me so that if there is anything in the handouts that is unclear or confusing, we can go over it when we meet.

If you are unable to keep your appointment, **48 HOURS (2 WORKING DAYS EXCLUDING WEEKENDS)** notice of cancellation is required. Most assessments are 1½ - 2 hours in length. Missed appointments are not paid for by OHIP and will be billed directly to you (\$200.00). If an assessment is missed, I will not reschedule it until the fee is paid in full.

Sincerely,



Dr. David Templeman B.Sc. MD FRCPC DCAP  
Child and Adolescent Psychiatry

# PARENT/CAREGIVER QUESTIONNAIRE

This form was completed by: \_\_\_\_\_ on \_\_\_\_\_  
(your name) (date)

Relationship to the child:

Biological Parent

Other: \_\_\_\_\_ → how long have you known this child? \_\_\_\_\_  
(please describe)

In your own words, please describe the main reason for this assessment (i.e. what are your concerns?)

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# Social History

Child's Name: \_\_\_\_\_  M  F      Child's Age: \_\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day    mo.    yr.

Mother's Name: \_\_\_\_\_      Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Who lives in the home?**

MOM     DAD       Step-Parent: \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name                      Age                      Name                      Age                      Name                      Age

\_\_\_\_\_ Name                      Age                      Name                      Age                      Name                      Age

Others: \_\_\_\_\_

**School:** Currently Attending: \_\_\_\_\_      Grade: \_\_\_\_\_

Are they working at grade level?       YES     NO → How far behind are they? \_\_\_\_\_

How many different schools have they gone to so far? \_\_\_\_\_

Is religion an important part of your family's values?  NO     YES → Religious Denomination: \_\_\_\_\_

**Family History of Mental Health Problems**

	Drug / Alcohol Addictions	Learning problems	Anxiety / OCD / PTSD Worrier / Panic Attacks	Violent/aggressive/ Criminal behaviour	Depression Bipolar	Autism or Asperger's	Other (i.e. Schizophrenia)
<b>Mother</b>							
her Parents							
her Siblings							
<b>Father</b>							
His Parents							
His Siblings							
<b>Child's Sibling 1</b>							
<b>Child's Sibling 2</b>							
<b>Child's Sibling 3</b>							

**Medical problems:** [physical health problems or surgeries]

\_\_\_\_\_  PAST  CURRENT      \_\_\_\_\_  PAST  CURRENT  
 \_\_\_\_\_  PAST  CURRENT      \_\_\_\_\_  PAST  CURRENT

Has the child ever had:    Seizures  YES  NO      Heart Problems  YES  NO      Concussions  YES  NO

**What medication(s) are they currently taking – name and dose - (including Vitamins and Herbal Supplements)?**

- 1) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_
- 2) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_
- 3) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_

**What meds were tried on in the past?**

**What did it help with?**

**Why was it stopped?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What medication(s) are they allergic to?** \_\_\_\_\_

# Developmental History

(Put a '?' in the box if you think so, but are not sure. Put a 'U / K' across the two boxes if it's completely unknown)

<b>Pregnancy</b>			
Was the pregnancy intentional?	YES	NO	Was the mother trying to get pregnant?
Did the mother take any drugs or substances during the pregnancy? (Put a '?' in the box if you are not sure)	YES	NO	Smoked <b>cigarettes</b>
	YES	NO	Smoked <b>marijuana (Pot)</b>
	YES	NO	Drank <b>alcohol</b>
	YES	NO	Used street drugs like speed, E, cocaine, Heroin, Percs, etc.
	YES	NO	Prescription Medications
<b>Delivery</b>			
Was the child born premature (<36 weeks)	YES	NO	If YES, how early? _____
Did anything go wrong <i>after</i> they were born?	YES	NO	Did they need to stay in the hospital for more than 1-2 days?
	YES	NO	Did the mother have Post-Partum depression?
<b>Early Childhood &amp; Development</b>			
Did the child have problems with their moods, compared to other children of the same age?	YES	NO	Colicky for an extended period of time (>4 weeks) (loud crying, refused to eat, trouble sleeping, unhappy)
	YES	NO	Non-responsive, or hard to bond with
	YES	NO	Really bad temper tantrums
Did they seem to grow up slowly, compared to other children of the same age?	YES	NO	Slow to learn how to talk/pronounce words properly
	YES	NO	Slow to learn how to walk/run
	YES	NO	Slow to learn how to button their shirt or tie their shoelaces
	YES	NO	Slow to learn how to use the toilet (day or night)
<b>Schooling History</b>			
Has the school done any IQ or Learning Disabilities testing on the child?	YES	NO	If <b>YES</b> , please bring a copy of the testing to the assessment (you can talk to the school and ask them to give you a copy).
Have they ever failed a grade?	YES	NO	If <b>YES</b> , Which grade? → _____
Does this child have an IEP (Individual Education Plan) to help them in class?	YES	NO	If <b>YES</b> , please bring a copy to the assessment (you can talk to the school and ask them to give you a copy).
<b>Social History</b>			
Are the child's parents still together?	YES	NO	If 'NO', how old were they (the child) when the parents separated?
Have they (the child) been physically abused?	YES	NO	If 'YES', how old were they when it happened?
Have they (the child) been sexually abused?	YES	NO	If 'YES', how old were they when it happened?
Is CAS involved with the <b>family</b> right now?	YES	NO	If <b>YES</b> , why? _____
Has CAS <b>ever</b> been involved with the <b>family</b> ?	YES	NO	If <b>YES</b> , why? _____
Has the <b>child</b> ever been in foster care?	YES	NO	If 'YES', how many different homes were they in?
Have they (the child) ever been arrested, charged or involved with the police (i.e. Diversion)?	YES	NO	If <b>YES</b> , why? _____

# Functional History

Check the column that best describes how your child's emotional or behavioural problems have affected each item in the last month ONLY

<b>IN THE LAST MONTH <u>ONLY</u></b>	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable or don't know
<b>FAMILY</b>					
fighting with brothers & sisters					
causing problems between parents					
takes time away from family members' work or activities					
causing fighting in the family					
isolating the family from friends and social activities					
makes it hard for the family to have fun together					
makes parenting difficult					
makes it hard to give fair attention to all family members					
provokes others to hit or scream at him/her					
costs the family more money					
<b>LEARNING &amp; SCHOOL</b>					
has a hard time keeping up with homework					
needs extra help at school.					
needs tutoring					
causes problems for the teacher in the classroom					
receives "time-out" or removal from the classroom					
has problems on the playground with other kids					
suspended from school					
misses classes or is late for school					

LIFE SKILLS	Never	Sometimes	Often	Very Often	Not Applicable
excessive use of TV, computer, or video games					
keeping clean, brushing teeth, brushing hair, bathing, etc.					
problems getting ready for school					
problems getting ready for bed					
problems with eating (picky eater, refuses to eat, overeats)					
problems with sleeping					
gets hurt or injured easily/frequently					
has trouble taking medication, getting needles or visiting the doctor/dentist					
CHILD'S SELF-CONCEPT					
my child feels bad about himself/herself					
my child does not have enough fun					
my child is not happy with his/her life					
SOCIAL ACTIVITIES					
being teased or bullied by other children					
teases or bullies other children					
problems getting along with other children					
participating in after-school activities (sports, music, clubs)					
problems making new friends					
problems keeping friends					
difficulty with parties (not invited, avoids them, misbehaves)					
RISKY ACTIVITIES					
easily led by other children (peer pressure)					
breaking or damaging things					
doing things that are illegal					
being involved with the police					
smoking cigarettes					
taking illegal drugs					
doing dangerous things					
causes injury to others					
says mean or inappropriate things					
sexually inappropriate behaviour					

<b>For each item, check the column which best describes this child</b>	<b>Not At All</b>	<b>Just A Little</b>	<b>Quite A Bit</b>	<b>Very Much</b>
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2a. Often has difficulty sustaining attention when doing school work or chores				
2b. Often has difficulty sustaining attention when doing what they want to do (crafts, projects, games)				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Loses or can't find things necessary for school work or chores (instructions, calculator, books)				
8. Loses or can't find things necessary for their favourite activities (i.e. games, controllers, iPod)				
9. Often is distracted by things happening around them				
10. Often is forgetful in daily activities or following daily routines				
11. Often fidgets with hands or feet or squirms in seat				
12. Often leaves seat in classroom or in other situations in which remaining seated is expected				
13. Often runs about or climbs excessively in situations in which it is inappropriate				
14. Often has difficulty playing or engaging in leisure activities quietly				
15. Often is "on the go" or often acts as if "driven by a motor"				
16. Often talks excessively				
17. Often blurts out answers before questions have been completed				
18. Often has difficulty awaiting turn				
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)				
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home				
21. Often loses temper				
22. Often argues with adults				
23. Often actively defies or refuses adult requests or rules				
24. Often deliberately does things that annoy other people				
25. Often blames others for his or her mistakes or misbehavior				
26. Often touchy or easily annoyed by others				
27. Often is angry and resentful				
28. Often is spiteful or vindictive. Hold grudges and try to get revenge				
29. Often try to pick fights with others				
30. Often is negative, defiant, disobedient, or hostile toward authority figures				



For each item, check the column which best describes this child	Not At All	Just A Little	Quite A Bit	Very Much
31. Often makes noises (e.g., humming or odd sounds)				
32. Very bossy with other children or even adults				
33. Often cries easily or has their feelings easily hurt				
34. Have a hard time handling unexpected changes				
35. Avoid trying new things				
36. Avoid talking to people they don't know				
37. Often disturbs other children				
38. Often changes mood quickly and drastically				
39. Often easily frustrated if demand are not met immediately				
40. Often teases other children and interferes with their activities				
41. Often is aggressive to other children (e.g., picks fights or bullies)				
42. Often is destructive with property of others (e.g., vandalism)				
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)				
44. Has motor or verbal tics (sudden, rapid, recurrent, non-rhythmic motor or verbal activity)				
45. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)				
46. Often is restless or seems keyed up or on edge				
47. Often is irritable				
48. Often has muscle tension				
49. Often has excessive anxiety and worry (e.g., apprehensive expectation)				
50. Chronic low self-esteem most of the time for at least a year				
51. Chronic poor concentration or difficulty making decisions most of the time for at least a year				
52. Purposely hurts themselves physically (cutting, burning, overdosing)				
53. Currently is hyper-vigilant (overly watchful or alert) or has exaggerated startle response				
54. Currently is irritable, has anger outbursts, or has difficulty concentrating				
55. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress				
56. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress				

# ASQ

**CONFIDENTIAL**

## QUESTIONNAIRE ON BEHAVIOUR AND SOCIAL COMMUNICATION

*For people aged six and over (G)*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Year-Month-Day

Today's Date: \_\_\_\_\_  
Year-Month-Day

1. Is s/he now able to talk using short phrases and sentences?  Yes  No

If NO, proceed to question 10.

### Score

- |  |                                                                                                                            |  |  |
|--|----------------------------------------------------------------------------------------------------------------------------|--|--|
|  | 2. Does s/he ever talk with you just to be friendly (rather than to get something)?                                        |  |  |
|  | 3. Can you now have a to-and-fro "conversation" with him/her that involves taking turns or building on what you have said? |  |  |

- |  |                                                                                                                                                                                                                 |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|  | 4. Has s/he ever used odd phrases or said the same thing over and over in almost exactly the same way? That is, either phrases s/he has heard other people use or the ones s/he has made up?                    |  |  |
|  | 5. Has s/he ever used socially inappropriate questions or statements? For example, has s/he ever regularly asked personal questions or made personal comments at awkward times?                                 |  |  |
|  | 6. Does s/he ever get his pronouns the wrong way around (i.e., saying "you" or "he" for "I")?                                                                                                                   |  |  |
|  | 7. Has s/he ever used words that he seems to have invented or made up him/herself, or ever put things in odd, indirect ways, or metaphorical ways of saying things? For example, saying "hot rain" for "steam"? |  |  |
|  | 8. Has s/he ever said the same thing over and over in exactly the same way, or insist on you saying the same things over and over again?                                                                        |  |  |
|  | 9. Has s/he ever had things that he seemed to have to do in a very particular way or order, or rituals that s/he has to have you do?                                                                            |  |  |

# ASQ

**CONFIDENTIAL**

Score		Yes	No
	10. Has s/he ever used your hand like a tool, or as if it were part of his/her own body (e.g., pointing with your finger, putting your hand on a doorknob to get you to open the door)?		
	11. Has s/he ever had any interests that preoccupy him/her and might seem odd to other people (e.g., traffic lights, drainpipes or timetables)?		
	12. Has s/he ever seemed to be more interested in a certain part of a toy (e.g., spinning the wheels of a car) or an object than using the object as it was intended?		
	13. Has s/he ever had any special interests that were <u>unusual</u> in their intensity but otherwise appropriate for his/her age and peer group (e.g., trains, dinosaurs)?		
	14. Has s/he ever seemed to be <u>unusually</u> interested in the sight, feel, sound, taste or smell of things or people?		
	15. Has s/he ever had any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his/her eyes?		
	16. Has s/he ever had any complicated movements of his/her whole body, such as spinning or repeatedly bouncing up and down?		
	17. Does s/he ever injure himself deliberately, such as by biting his/her arm or banging his/her head?		
	18. Does s/he ever have any objects ( <u>other</u> than a soft toy or comfort blanket) that he <u>has</u> to carry around with him/her?		

# ASQ

CONFIDENTIAL

Score

19. Does s/he have any particular friend, or best friend?

Yes

No



20. Does his/her facial expression usually seem appropriate to the particular situation, as far as you can tell?



**For some behaviours, it is most helpful to focus on the time period between the 4<sup>th</sup> and 5<sup>th</sup> birthdays. You may find it easier to remember how things were at that time by fixing it in your mind in relation to key happenings such as starting school, moving house, holiday time, or any events that are particularly memorable for you as a family.**


21. When s/he was 4-to-5, did he ever spontaneously copy you (or other people), or what you were doing (such as vacuuming, gardening, mending things)?



22. When s/he was 4-to-5, did s/he ever spontaneously point at things around him/her just to show you things (not because he wanted them)?



23. When s/he was 4-to-5, did s/he ever use gestures, other than pointing or pulling your hand, to let you know what s/he wanted?



24. When s/he was 4-to-5, did s/he nod his/her head to mean "yes"?



25. When s/he was 4-to-5, did s/he shake his/her head to mean "no"?



26. When s/he was 4-to-5, did s/he usually look at you directly in the face when doing things with you or talking with you?



27. When s/he was 4-to-5, did s/he smile back if someone smiled at him/her?



28. When s/he was 4-to-5, did s/he ever show you things that interested him/her to engage your attention?



29. When s/he was 4-to-5, did s/he ever offer to share things other than food with you?



30. When s/he was 4-to-5, did he ever seem to want you to join in his/her enjoyment of something?

# ASQ

**CONFIDENTIAL**

Score		Yes	No
	31. When s/he was 4-to-5, did he ever try to comfort you if you were sad or hurt?		
	32. Between the ages of 4-to-5, when s/he wanted something or wanted help, did he look at you and use gestures with sounds or words to get your attention?		
	33. Between the ages of 4-to-5, did s/he show a normal range of facial expression?		
	34. When s/he was 4-to-5, did s/he ever spontaneously join in and try to copy actions in social games, such as <i>The Mulberry Bush</i> or <i>The Farmer's in the Dell</i> ?		
	35. When s/he was 4-to-5, did s/he play any pretend or make-believe games?		
	36. When s/he was 4-to-5, did s/he seem interested in other children of approximately the same age whom s/he did not know?		
	37. When s/he was 4-to-5, did he respond positively when another child approached him?		
	38. When s/he was 4-to-5, if you came into a room and started talking to him/her without calling his/her name, did s/he usually look up and pay attention to you?		
	39. When s/he was 4-to-5, did s/he ever play imaginative games with another child in such a way that you could tell they understood what each other was pretending?		
	40. When s/he was 4-to-5, did he play cooperatively in games that need some form of joining in with a group of other children, such as <i>Hide and Seek</i> or ball games?		

# Pragmatics Profile (PP)

Read each item and circle the number (word) that best describes how often the child demonstrates the skill (1 = never, 2 =sometimes, 3 =often, 4 =always). If you have never observed the skill, circle NO for *not observed*. If the skill is not appropriate for that child, either culturally or for any other reason, circle NA for *not appropriate*. Rate items if you remember occasions when the child demonstrated the targeted behavior, though you have not necessarily observed the behavior the day you complete the form.

If you are rating a two-part skill (e.g., Item 11, *asks for/responds to*) and think the child's behavior is inconsistent across both parts, circle the skill you are rating (e.g., *asks for*).

## Rituals and Conversational Skills

The child

Never  
Sometimes  
Often  
Always  
Not Observed  
Not Appropriate

	1	2	3	4	NO	NA
1. makes/responds to greetings to/from others	1	2	3	4	NO	NA
2. makes/responds to farewells to/from others	1	2	3	4	NO	NA
3. begins/ends conversations (face-to-face, phone, etc.) appropriately	1	2	3	4	NO	NA
4. observes turn-taking rules in the classroom or in social interactions	1	2	3	4	NO	NA
5. maintains eye contact, appropriate body position during conversations	1	2	3	4	NO	NA
6. introduces appropriate topics of conversation	1	2	3	4	NO	NA
7. maintains topics using appropriate strategies (e.g., nods, responds with "hmmm...")	1	2	3	4	NO	NA
8. makes relevant contributions to a topic during conversation/discussion	1	2	3	4	NO	NA
9. asks appropriate questions during conversations and discussions	1	2	3	4	NO	NA
10. avoids use of repetitive/redundant information	1	2	3	4	NO	NA
11. asks for/responds to requests for clarification during conversations	1	2	3	4	NO	NA
12. adjusts/modifies language based on the communication situation (communication partner[s], topic, place)	1	2	3	4	NO	NA
13. uses the language (jargon/lingo) of his/her peer group appropriately	1	2	3	4	NO	NA
14. tells/understands jokes/stories that are appropriate to the situation	1	2	3	4	NO	NA
15. shows appropriate sense of humor during communication situations	1	2	3	4	NO	NA
16. joins or leaves an ongoing communicative interaction appropriately	1	2	3	4	NO	NA
17. participates/interacts appropriately in structured group activities	1	2	3	4	NO	NA
18. participates/interacts appropriately in unstructured group activities	1	2	3	4	NO	NA
19. uses other media (email, phone, answering machine) appropriately	1	2	3	4	NO	NA
20. responds to introductions and introduces others	1	2	3	4	NO	NA
21. uses appropriate strategies for getting attention	1	2	3	4	NO	NA
22. uses appropriate strategies for responding to interruptions and interrupting others	1	2	3	4	NO	NA

Continued on next page.

### Asking For, Giving, and Responding to Information

The child

Never  
Sometimes  
Often  
Always  
Not Observed  
Not Appropriate

23. gives/asks for directions using appropriate language	1	2	3	4	NO	NA
24. gives/asks for the time of events	1	2	3	4	NO	NA
25. gives/asks for reasons and causes for actions/conditions/choices	1	2	3	4	NO	NA
26. asks for help from others appropriately	1	2	3	4	NO	NA
27. offers to help others appropriately	1	2	3	4	NO	NA
28. gives/responds to advice or suggestions appropriately	1	2	3	4	NO	NA
29. asks others for permission when required	1	2	3	4	NO	NA
30. agrees and disagrees using appropriate language	1	2	3	4	NO	NA
31. asks for clarification if he/she is confused or if the situation is unclear	1	2	3	4	NO	NA
32. accepts/rejects invitations appropriately, using appropriate language	1	2	3	4	NO	NA
33. starts/responds to verbal and nonverbal negotiations appropriately	1	2	3	4	NO	NA
34. reminds others/responds to reminders appropriately	1	2	3	4	NO	NA
35. asks others to change their actions/states appropriately (please move, stop tapping)	1	2	3	4	NO	NA
36. apologizes/accepts apologies appropriately	1	2	3	4	NO	NA
37. responds appropriately when asked to change his/her actions (by accepting/rejecting)	1	2	3	4	NO	NA
38. responds to teasing, anger, failure, disappointment appropriately	1	2	3	4	NO	NA
39. offers/responds to expressions of affection, appreciation appropriately	1	2	3	4	NO	NA

### Nonverbal Communication Skills

*Note:* Examples of nonverbal skills might include waving to greet someone, gesturing to give someone a reminder, or nodding to show one's agreement.

The child reads and interprets the following nonverbal messages accurately

Never  
Sometimes  
Often  
Always  
Not Observed  
Not Appropriate

40. facial cues	1	2	3	4	NO	NA
41. body language	1	2	3	4	NO	NA
42. tone of voice	1	2	3	4	NO	NA

The child demonstrates appropriate use of the following nonverbal support

43. facial cues	1	2	3	4	NO	NA
44. body language	1	2	3	4	NO	NA
45. voice intonation	1	2	3	4	NO	NA
46. appropriately expresses messages nonverbally	1	2	3	4	NO	NA
47. uses nonverbal cues appropriate to the situation	1	2	3	4	NO	NA
48. adjusts body distance (sit/stand) appropriate to the situation	1	2	3	4	NO	NA
49. presents matching nonverbal and verbal messages	1	2	3	4	NO	NA
50. knows how someone is feeling based on nonverbal cues	1	2	3	4	NO	NA
51. reads the social situation (script) correctly and behaves/responds appropriately	1	2	3	4	NO	NA
52. understands posted and implied group/school rules	1	2	3	4	NO	NA

