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Photo & Publication Release Form

Please check one of the following:

I give my permission to Tiny Faces Childcare to take photos and/or videos of my child(ren) to appear on social media and/or print.

I do not give permission to Tiny Faces Childcare to take photos and/or videos of my child(ren) to appear on social media and/or print.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent Report—Self-help and Social-Emotional Scales *(continued)*

SOCIAL AND EMOTIONAL SKILLS			
D. Relationships with Adults			
13.	Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No	Most of the time
		Sometimes	
14.	Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No	Most of the time
		Sometimes	
15.	Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No	Most of the time
		Sometimes	
16.	Does your child share his/her thoughts and ideas with you?	Rarely/No	Most of the time
		Sometimes	
E. Play and Relationships with Peers			
17.	Does your child have several friends but one who is a special or best friend?	No	Yes
18.	Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No	Yes
19.	Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	Rarely/No	Most of the time
		Sometimes	
20.	Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No	Most of the time
		Sometimes	

F. Motivation and Self-Confidence			
21.	Does your child maintain interest when engaged in a small-group activity or project?	Rarely/No	Most of the time
		Sometimes	
22.	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No	Most of the time
		Sometimes	
23.	Does your child approach new tasks with confidence and a "can-do" attitude?	Rarely/No	Most of the time
		Sometimes	
24.	Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No	Most of the time
		Sometimes	
G. Prosocial Skills and Behaviors			
25.	If supervised by an adult, does your child take turns without undue objection?	Rarely/No	Most of the time
		Sometimes	
26.	Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No	Most of the time
		Sometimes	
27.	Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No	Most of the time
		Sometimes	
28.	Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No	Most of the time
		Sometimes	

Parent Report—Self-help and Social-Emotional Scales

Child's Name _____ Child's Date of Birth _____ Today's Date _____

Parent's/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.

SELF-HELP SKILLS

A. Eating Skills

1. Does your child use a spoon?
If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?

Rarely/No Sometimes Most of the time

2. Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?

Rarely/No Sometimes Most of the time

3. Does your child hold a fork in his/her fingers, not in his/her fist?

Rarely/No Sometimes Most of the time

B. Dressing Skills

4. Does your child put on his/her shoes?
Criteria: Buckling, tying, or Velcro® fastening is not required for credit.

No Yes (sometimes on wrong feet) Yes (each shoe on correct foot 90% of the time)

5. Does your child dress himself/herself unsupervised?

Rarely/No Sometimes Most of the time, except for help with difficult fasteners

Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners)

Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners)

6. Does your child put on his/her socks?

Rarely/No Sometimes Most of the time

C. Toileting Skills

7. Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?

Rarely/No Sometimes Most of the time

8. Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?

Rarely/No Sometimes Most of the time

9. Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?

Rarely/No Sometimes Most of the time

10. Does your child attempt to wipe himself/herself after toileting?

Rarely/No Sometimes Most of the time

OR

Does your child wipe himself/herself independently after toileting?

Rarely/No Sometimes Most of the time

11. Does your child take care of his/her toileting needs?

Rarely/No Sometimes Yes (flushing the toilet most of the time after using it) Yes (flushing the toilet and washing and drying his/her hands most of the time)

12. Does your child go to the bathroom on his/her own without being asked or reminded?

Rarely/No Sometimes Most of the time