



Advanced Therapy Solutions

LIFE SKILLS CHECK LIST: AGES 1-2 YEARS

Child: _____ Date: _____ Age: _____

Dressing	Adult provides 50% assistance	Adult provides 75% assistance	Adult does 100% of dressing
Socks			
Shoes			
Underwear			
Pants			
Shirt			
Jacket			
Hat			
Gloves/Mittens			
Other:			

What type of clothing does your child prefer wear? (Elastic waist pants, snaps, t-shirts, button down shirts etc.)

Please list clothing your child will not wear, and why?

Un-Dressing	Independent	Child assists, but Adult completes	Dependent
Socks			
Shoes			
Underwear			
Pants			
Shirt			
Jacket			
Hat			
Gloves/Mittens			

Play/Social	Less than other children	Equal to other children	Slightly more than children	Much more than children
Is shy or nervous with strangers				

Has favorite toys or people				
Can repeat or imitate sounds and movements				
Can empty and fill containers				
Notices or reacts to sounds or large changes in facial expressions				
Explores properties of objects (i.e. shaking, banging, throwing)				

Comments: _____

Please indicate how often your child exhibits the following feeding and eating behaviors:

Feeding	Frequently	Occasionally	Seldom	Never
Has lip closure with spoon feeding from adult				
Able to feed self, soft or small dissolvable foods (i.e. Cheerios)				
Eats mashed table foods				
Can drink from a sippy cup				
Can drink through a straw				
Able to take a bite from crunchier foods (i.e. cracker, cookie)				
Attempts to feed self with spoon, once it is loaded				
Beginning to stab food with a fork				

Comments: _____

