



# Florida Diagnostic and Learning Resources System – FDLRS/CROWN

## Child Find Parent Observation Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Person Completing the Form: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Date: \_\_\_\_\_

Directions: Please check any behaviors that are a concern (leave boxes blank if there are no concerns).

### 1. Attending Behaviors:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Short attention span          | <input type="checkbox"/> Impulsive                            |
| <input type="checkbox"/> Overly active     | <input type="checkbox"/> Difficulty remembering things | <input type="checkbox"/> Needs a lot of attention from adults |

### 2. Disruptive Behaviors:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physically aggressive (hits, pushes, bites, pinches etc.) | <input type="checkbox"/> Verbally abusive (yells, uses inappropriate language) | <input type="checkbox"/> Hurts himself/herself intentionally |
|--|--|--|

### 3. Social/Emotional Indicators:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anxious/nervous   | <input type="checkbox"/> Seems unhappy   | <input type="checkbox"/> Avoids interaction with other children  |
| <input type="checkbox"/> Is easily frustrated  | <input type="checkbox"/> Has difficulty taking turns                                 | <input type="checkbox"/> Becomes upset easily  |
| <input type="checkbox"/> Repeats behaviors over and over (rocking, pacing, spinning) | <input type="checkbox"/> Plays with one toy over and over again for very long period | <input type="checkbox"/> Does not engage in pretend play (feeding the baby doll, talking on the phone, etc.) |
| <input type="checkbox"/> Does not get along with other children                      | <input type="checkbox"/> Has frequent temper tantrums                                | <input type="checkbox"/> Cries frequently  |

### 4. Speech/Language:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Does not follow simple directions  | <input type="checkbox"/> Uses gestures more than words to communicate   | <input type="checkbox"/> Has difficulty naming common objects or familiar people   |
| <input type="checkbox"/> Does not engage in conversation  | <input type="checkbox"/> Stutters with sounds ("m, m, m many"), repeats words or phrases or gets "stuck" on words | <input type="checkbox"/> Voice sounds different from other children (raspy, nasal, hoarse, high pitched, too soft, too loud) |
| <input type="checkbox"/> Has difficulty understanding and answering yes-no and wh- questions (who, what, where) | <input type="checkbox"/> Has difficulty understanding what is said to him/her                                     |  |
| <input type="checkbox"/> Speech is not understood by others outside of the family                               |   |  |

### 5. Motor Skills:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Appears clumsy or uncoordinated                      | <input type="checkbox"/> Has difficulty holding a thick crayon                     | <input type="checkbox"/> Is unsteady when walking                        |
| <input type="checkbox"/> Has difficulty turning the pages of a cardboard book | <input type="checkbox"/> Has difficulty holding a bottle or cup by himself/herself | <input type="checkbox"/> Frequently drops, spills, or knocks things over |

### 6. Self-Help Skills:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cannot feed himself/herself independently                             | <input type="checkbox"/> Has frequent toileting accidents during the day | <input type="checkbox"/> Needs assistance washing/drying hands |
| <input type="checkbox"/> Has difficulty chewing (coughs, chokes, hold/pocket food, over stuff) |  |  |

### 7. Sensory Issues:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Is a very picky eater                           | <input type="checkbox"/> Sensitive to touching textures  | <input type="checkbox"/> Does not tolerate large crowds |
| <input type="checkbox"/> Avoids attention or stimuli                     | <input type="checkbox"/> Seeks out attention or stimuli  |   |
| <input type="checkbox"/> Covers ears to loud noises, sensitive to sounds | <input type="checkbox"/> Sensitive to wearing certain clothing (socks, shoes, clothing labels, etc.) |   |

### 8. Other:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Has difficulty with changes in routine | <input type="checkbox"/> Frequently wets the bed              | <input type="checkbox"/> Has unusual fears                              |
| <input type="checkbox"/> Has frequent nightmares                | <input type="checkbox"/> Has difficulty learning simple rules | <input type="checkbox"/> Has difficulty self-calming                    |
| <input type="checkbox"/> Walks on tip toes                      | <input type="checkbox"/> Does not respond to name when called | <input type="checkbox"/> Has been asked to leave a preschool or daycare |