



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 |