

Date: 10/29/2011 3:31:14 AM
Child's Name: Nalini (baseline)

TOTAL AND SUBSCALE SCORES

Total Score: **47**

- I. Speech/Language/Communication: **5**
 - II. Sociability: **11**
 - III. Sensory/Cognitive Awareness: **10**
 - IV. Health/Physical/Behavior: **21**
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I. Speech/Language/Communication

- 1. Knows own name: **Very true**
 - 2. Responds to `No' or `Stop': **Very true**
 - 3. Can follow some commands: **Very true**
 - 4. Can use one word at a time: **Very true**
 - 5. Can use 2 words at a time: **Very true**
 - 6. Can use 3 words at a time: **Very true**
 - 7. Knows 10 or more words: **Very true**
 - 8. Can use sentences with 4 or more words: **Very true**
 - 9. Explains what he/she wants: **Very true**
 - 10. Asks meaningful questions: **Very true**
 - 11. Speech tends to be meaningful/relevant: **Very true**
 - 12. Often uses several successive sentences: **Somewhat true**
 - 13. Carries on fairly good conversation: **Not true**
 - 14. Has normal ability to communicate for his/her age: **Not true**
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Total for Section I: **5**

**II. Sociability

- 1. Seems to be in a shell - you cannot reach him/her: **Not descriptive**
 - 2. Ignores other people: **Not descriptive**
 - 3. Pays little or no attention when addressed: **Somewhat descriptive**
 - 4. Uncooperative and resistant: **Somewhat descriptive**
 - 5. No eye contact: **Somewhat descriptive**
 - 6. Prefers to be left alone: **Not descriptive**
 - 7. Shows no affection: **Not descriptive**
 - 8. Fails to greet parents: **Not descriptive**
 - 9. Avoids contact with others: **Not descriptive**
 - 10. Does not imitate: **Somewhat descriptive**
 - 11. Dislikes being held/cuddled: **Not descriptive**
 - 12. Does not share or show: **Not descriptive**
 - 13. Does not wave `bye bye': **Not descriptive**
 - 14. Disagreeable/not compliant: **Somewhat descriptive**
 - 15. Temper tantrums: **Very descriptive**
 - 16. Lacks friends/companions: **Very descriptive**
 - 17. Rarely smiles: **Not descriptive**
 - 18. Insensitive to other's feelings: **Somewhat descriptive**
 - 19. Indifferent to being liked: **Somewhat descriptive**
 - 20. Indifferent if parent(s) leave: **Not descriptive**
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Total for Section II: **11**

III. Sensory/Cognitive Awareness

1. Responds to own name: **Very descriptive**
2. Responds to praise: **Very descriptive**
3. Looks at people and animals: **Very descriptive**
4. Looks at pictures (and T.V.): **Very descriptive**
5. Does drawing, coloring, art: **Very descriptive**
6. Plays with toys appropriately: **Somewhat descriptive**
7. Appropriate facial expression: **Somewhat descriptive**
8. Understands stories on T.V.: **Somewhat descriptive**
9. Understands explanations: **Somewhat descriptive**
10. Aware of environment: **Somewhat descriptive**
11. Aware of danger: **Somewhat descriptive**
12. Shows imagination: **Somewhat descriptive**
13. Initiates activities: **Somewhat descriptive**
14. Dresses self: **Very descriptive**
15. Curious, interested: **Very descriptive**
16. Venturesome - explores: **Very descriptive**
17. Tuned in - Not spacey: **Somewhat descriptive**
18. Looks where others are looking: **Somewhat descriptive**

Total for Section III: **10**

IV. Health/Physical/Behavior

1. Bed-wetting: **Not a Problem**
2. Wets pants/diapers: **Not a Problem**
3. Soils pants/diapers: **Not a Problem**
4. Diarrhea: **Not a Problem**
5. Constipation: **Not a Problem**
6. Sleep problems: **Minor Problem**
7. Eats too much/too little: **Not a Problem**
8. Extremely limited diet: **Moderate Problem**
9. Hyperactive: **Moderate Problem**
10. Lethargic: **Moderate Problem**
11. Hits or injures self: **Not a Problem**
12. Hits or injures others: **Minor Problem**
13. Destructive: **Minor Problem**
14. Sound-sensitive: **Minor Problem**
15. Anxious/fearful: **Minor Problem**
16. Unhappy/crying: **Minor Problem**
17. Seizures: **Not a Problem**
18. Obsessive speech: **Moderate Problem**
19. Rigid routines: **Minor Problem**
20. Shouts or screams: **Moderate Problem**
21. Demands sameness: **Not a Problem**
22. Often agitated: **Minor Problem**
23. Not sensitive to pain: **Not a Problem**
24. Hooked or fixated on certain objects/topics: **Serious Problem**
25. Repetitive movements: **Not a Problem**

Total for Section IV: **21**

