

# NLSD#113 Informal Checklist of Adaptive Behaviour



## Personal Information

|  |  |                                 |        |        |
|--|--|---------------------------------|--------|--------|
| Name of the child  | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Age                             | Years  | Months |
|  | Date of Birth (mmm/dd/yy)                                    |                                 |        |        |
| School   | Grade  | Age at beginning of school year |        |        |
|  |  | Years                           | Months |        |
| Referring teacher(s)   |  |                                 |        |        |
| Primary language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cree <input type="checkbox"/> Dene <input type="checkbox"/> other, please specify: |  |                                 |        |        |

Please tick one checkbox for each question

0=Not relevant 1=never 2=sometimes 3=often 4=always

## Communications & Functional Reading and Math

|  | 0                        | 1                        | 2                        | 3                        | 4                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is able to <b>understand verbal requests</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>verbally ask for help</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>read Dolch Sight Words</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>read a simple sentence</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>spell Dolch Sight Words</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>write a simple sentence</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>count and group objects</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>measure using a ruler or a measuring stick</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>identify coins</b>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>make correct change</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>tell time</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>use a calculator</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>use basic number operations</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Ability to demonstrate age-appropriate social behaviour

|   | 0                        | 1                        | 2                        | 3                        | 4                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is able to <b>identify own emotions</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>establish and maintain friendships</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>take turns in interactions with peers</b>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>follow procedures and rules</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>avoid being taken advantages of</b>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>keep self out of unsafe situations</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>demonstrate age-appropriate assertiveness and self-advocacy</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>respect others personal space</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>assume responsibility for own actions</b>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Self Care

|  | 0                        | 1                        | 2                        | 3                        | 4                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is able to <b>dress self</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>choose correct dress according to weather conditions</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>take care of personal hygiene</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>use washroom on time and appropriately</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>use utensils properly</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>operate a telephone</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>prepare healthy meals using the Canadian Food Guide</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to <b>take prescription medication independently</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |