

Home Assessment Checklist

Disclaimer: Kindly note that this is not a standardized checklist, but just a basic home assessment checklist that you can use as a guide to understand your child’s development in the current context, (pandemic and lockdowns of various durations) and identify any potential red flags that may require professional help.

Note down the following and reflect on the questions below:

SECTION A

Activities	Pre-COVID	Post-COVID
<p>Eating habits</p> <ul style="list-style-type: none"> Does your child have difficulty eating certain kinds of food and textures? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Sleep-wake cycle time</p> <ul style="list-style-type: none"> Does it take a long time/is it a difficult task to get your child to sleep? On average, how many hours does your child sleep at night? Does your child wake up frequently in the middle of the night? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 9-10 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> Less than 6 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 9-10 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> Less than 6 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
<p>Toileting</p> <ul style="list-style-type: none"> Does your child have an inconsistent toilet routine (potty time)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In the process of training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In the process of training

<p>Sensory</p> <ul style="list-style-type: none"> ● Have excessive energy throughout the day? ● Crave fast spinning/intense movement experiences? ● Have a strong preference to wear certain kinds of clothes/textures? ● Seeks a lot of hugs/avoids being held? ● Have difficulties while brushing his teeth? ● Run away, cries or covers his ears frequently with loud/unexpected sounds? 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, he's always "on the go" <input type="checkbox"/> No <input type="checkbox"/> Fluctuates immensely <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seeks hugs <input type="checkbox"/> Avoids touch <input type="checkbox"/> Chews on toothbrush <input type="checkbox"/> Avoids brushing <input type="checkbox"/> No difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, he's always "on the go" <input type="checkbox"/> No <input type="checkbox"/> Fluctuates immensely <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seeks hugs <input type="checkbox"/> Avoids touch <input type="checkbox"/> Chews on toothbrush <input type="checkbox"/> Avoids brushing <input type="checkbox"/> No difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Play and activities through the day</p> <ul style="list-style-type: none"> ● Does your child have difficulty sustaining online classes? ● Does your child have difficulty engaging with activities other than screen time? ● Does your child have a consistent daily routine? 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> • During the last 6 months - Does your child play mostly with: • Does your child have difficulty playing with peers of their own age? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> You or other adults at home <input type="checkbox"/> Play by themselves <input type="checkbox"/> Play with toys/objects mostly <input type="checkbox"/> Does not play much now <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not have opportunities due to lockdown
<p>Emotional Regulation</p> <ul style="list-style-type: none"> • Is your child usually cheerful, alert and well engaged in the last year? • Does your child become easily frustrated/irritable? • When do you experience an increase in your child's emotional breakdowns? • Does your child have difficulty soothing/calming themselves after they get upset? 	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly not <input type="checkbox"/> Yes, usually <input type="checkbox"/> No, not really <input type="checkbox"/> When there is an obvious change/transition in their routine or yours <input type="checkbox"/> When a stranger is coming to visit, <input type="checkbox"/> When it's time to go out <input type="checkbox"/> School <input type="checkbox"/> Sleep time <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly not <input type="checkbox"/> Yes, usually <input type="checkbox"/> No, not really <input type="checkbox"/> When there is an obvious change/transition in their routine or yours <input type="checkbox"/> When a stranger is coming to visit, <input type="checkbox"/> When it's time to go out <input type="checkbox"/> Online school <input type="checkbox"/> Sleep time <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Family</p> <ul style="list-style-type: none"> • Does your child display low awareness and curiosity about the changes in the family structure /environment? • Does not understand the current context of COVID? 		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Language and Communication</p> <ul style="list-style-type: none"> • There has been a change in the pace that my child is picking up verbal language: pre and post COVID • If the answer to the above question is “yes”, what kind of change is it? 		<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p><input type="checkbox"/> Richer/more vocabulary and talkative <input type="checkbox"/> Seems less talkative; is not picking up as many words and expressing as well as I had anticipated</p>

Note: If you are concerned with the changes after covid in one or more than one domain, then please look at strategies mentioned in the following articles in our blog:

- Sensory Motor Activity Bank
- Strategies for Socio-Emotional Development

However, if you are concerned that the changes are in more than two sections, and do not improve with the above strategies; then you may need to consult a professional.

To consult our team of professionals please contact us at

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