|  |
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|  |
| Number of days per week that you... | **1 day** | **1-2 days** | **3-4 days** | **5-6 days** | **7 days** |
| **Scale for Child Plus** | 1 | **2** | **3** | **4** | **5** |
|  | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| *1. Talk to your child about their day* |  |  |  |  |  |  |  |  |  |  |
| *2. Play with your child* |  |  |  |  |  |  |  |  |  |  |
| *3. Play with your child without objects*  *(Only you and your child)* |  |  |  |  |  |  |  |  |  |  |
| *4. Sing to and with your child* |  |  |  |  |  |  |  |  |  |  |
| *5. Eat a meal with your child* |  |  |  |  |  |  |  |  |  |  |
| *6. Read with your child* |  |  |  |  |  |  |  |  |  |  |
| *7. Brush your child’s teeth twice a day*  |  |  |  |  |  |  |  |  |  |  |
| *8. Have a naptime/bedtime routine* |  |  |  |  |  |  |  |  |  |  |
| *9. Have child in bed about same time nightly*  |  |  |  |  |  |  |  |  |  |  |
| *10. How many days per week do you practice self-care as a parent to build your resilience?* |  |  |  |  |  |  |  |  |  |  |
| ***Confidence Level*** | **Calm** | **Mostly Calm** | **Slightly Frustrated** | **Frustrated** | **Overwhelmed** |
| **Confidence scale** | **1** | **2** | **3** | **4** | **5** |
|  | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring | Fall  | Spring |
| ***11.*** *What is your confidence level in*  *responding calmly to your*  *Children’s challenging behaviors?* | **11 Calj1** |  |  |  |  |  |  |  |  |  |
| **Notes:** |