|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| 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:** | | | | | | | | | | | | |