Systematic Adaptive Behavior Characteristics Checklist
Age Range – Birth through 5 years

Student __________________ D.O.B. ________ Age _____ School __________________________ Grade ___

Compare the child with other children of the same chronological age on all items.

Communication Skills
This child’s mode of communication is primarily
☐ vocalizations and/or specific response to auditory or visual stimuli.
☐ gestures and/or pointing.
☐ verbal response using one or two word phrases.
☐ verbal response using complete sentences.

In regard to verbal expression of thoughts and feelings, this child
☐ has serious difficulty when compared to same age peers.
☐ has mild difficulty when compared to same age peers.
☐ has little or no difficulty when compared to same age peers.

In regard to understanding oral communication, this child
☐ has serious difficulty when compared to same age peers.
☐ has mild difficulty when compared to same age peers.
☐ has little or no difficulty when compared to same age peers.

In regard to knowledge of vocabulary, this child
☐ is seriously limited.
☐ is somewhat limited.
☐ is about average.

Comments regarding communication skills______________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Self Care
In general, this child’s self help skills
☐ are seriously limited and appear to be significantly below those of same age peers.
☐ are somewhat more limited than peers.
☐ are about the same as peers.

In regard to dressing himself/herself appropriately, this child
☐ needs much more supervision and assistance than peers.
☐ needs somewhat more assistance than peers.
☐ needs no more assistance than peers.

In regard to eating and drinking, this child
☐ needs much more supervision and assistance than peers.
☐ needs somewhat more assistance than peers.
☐ needs no additional assistance than peers.

Comments regarding self care skills_______________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Social skills
This child's social skills
- appear to be very immature.
- appear to be somewhat immature.
- appear to be about average.

In regard to interacting with adults, this child
- has serious difficulty.
- has mild difficulty.
- has little or no difficulty.

In regard to interacting with peers, this child
- has serious difficulty.
- has mild difficulty.
- has little or no difficulty.

Comments regarding social skills
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Physical Development
This child's gross motor skills
- appear to be significantly delayed.
- appear to be mildly delayed.
- appear to be about average.

This child's fine motor skills
- appear to be significantly delayed.
- appear to be mildly delayed.
- appear to be about average.

Comments regarding physical development
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please add any other comments or information that will assist in evaluating this child's adaptive behaviors appropriately.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Observer ___________________________ Relationship to Child ______________ Dates of Observation(s) __________