



HOME Infant/Toddler (HOME IT)

Screening Information

Date of Activity: _____

Which child was involved? _____

Which caregiver was involved? _____

Subscale Scores

Responsivity I/T (0-11): _____

Acceptance I/T (0-8): _____

Organization I/T (0-6): _____

Learning Materials I/T (0-9): _____

Involvement I/T (0-6): _____

Variety I/T (0-5): _____

Total Score I/T: _____