



Screening Information

Date of Activity: _____ Which child was involved? _____

Which caregiver was involved? _____

What is the relationship of the adult being observed to the child being observed? (select one)

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Aunt | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Uncle | |

If Other, please describe the Other relationship: _____

Reliability Observation: yes / no Observer: _____

Scale Scores

Sensitivity of Responses¹: _____

Supports Emotions : _____

Physical Interaction: _____

Involvement in Child's Activities: _____

Open to Child's Agenda: _____

Language Experiences: _____

Reasonable Expectations: _____

Adopts Strategies to Child: _____

Limits & Consequences: _____

Supportive Directions: _____

Encouragement: _____

Promotes Exploration/Curiosity? _____

KIPS Mean Score: _____

¹ Response options for Scale Scores drop-downs: 1, 2, 3, 4, 5.