



**HOME Early Childhood (HOME EC)**

**Screening Information**

Date of Activity: \_\_\_\_\_ Which child was involved? \_\_\_\_\_

Child's age (in months) at time of measurement: \_\_\_\_\_

Which caregiver was involved? \_\_\_\_\_ Provider involved? \_\_\_\_\_

Did someone other than a primary caregiver complete the screen? Yes / No

If someone other than a caregiver completed the screen, please list their name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Other persons present at visit: \_\_\_\_\_

Family composition (persons living in the household, including sex and age of children):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Subscale Scores**

Learning Materials EC (0-11): \_\_\_\_\_

Language Stimulation EC (0-7): \_\_\_\_\_

Physical Environment EC (0-7): \_\_\_\_\_

Responsivity EC (0-7): \_\_\_\_\_

Academic Stimulation EC (0-5): \_\_\_\_\_

Modeling EC (0-5): \_\_\_\_\_

Variety EC (0-9): \_\_\_\_\_

Acceptance EC (0-4): \_\_\_\_\_

Total Score EC: \_\_\_\_\_