



DAISEY

connecting the first five years to a lifetime of success

HOME Infant/Toddler (HOME IT)

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

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: _____