

DATE: | **20** | START TIME: : : | END TIME: : :

MOTHER'S ID# | CHILD'S ID#

EVALUATION PHASE: Intake 1 | 3-months 3 | 6-months 4 | Discharge 6

PERSON COMPLETING | GRANT# **TI**

**MIDDLE CHILDHOOD DEVELOPMENTAL ASSESSMENT GUIDE
 ASSESSING ACHIEVEMENTS FOR MIDDLE CHILDHOOD (AGES 6-10)**

NOTE. This instrument is administered to children age 6 years, 1 day.

Please check YES or NO to indicate the correct response.

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
1.	Responsibility for Good Health Habits			
MC_01A	a. Can the child describe their health habits (bathing, brushing teeth, clean clothes, etc)?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_01B	b. Does the child state they are responsible for their health habits?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
2.	Ability to Play in Groups			
MC_02A	a. Does the child play with 3 or more other children at times?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_02B	b. Is the child comfortable playing with 3 or more other children?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_02C	c. Does the child like to play in groups?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
3.	Development of One or More Close Friendships			
MC_03A	a. Can the child identify who their best friend is?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_03B	b. Can the child identify the kids they spend most of their time with?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
4.	Identification of Peer Groups			
MC_04A	a. Can the child say what group of people they fit in with?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_04B	b. Is the peer group identified similar in age?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
5.	Competencies as a Member of a Family, Community, or Other Group			
MC_05A	a. Can the child describe how they fit in their family, neighborhood, or other group?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_05B	b. Can the child identify the expectations they need to fulfill as a member of the above groups?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
6.	Ability to Express Feelings			
MC_06A	a. Can the child share any feelings?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_06B	b. Can the child share feelings about mother's addiction?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
7.	Belief in Capacity for Success			
MC_07A	a. Can the child identify something they wish to achieve or do well?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
MC_07B	b. Can the child state firmly that they will achieve it?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

Public reporting burden for this collection of information is estimated to average 20 minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0269.

Please check YES or NO to indicate the correct response.

- | | | Yes | No | N/A |
|----------------------------|---|--------------------------------|-------------------------------|---------------------------------|
| 8. | Understanding of Right and Wrong | | | |
| MC_08A | a. Does the child say it is not right to steal, harm others, or use alcohol and drugs?..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| 9. | Awareness of Safety Rules | | | |
| MC_09A | a. Can the child describe how to cross the street? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_09B | b. Does the child express the need to wear seatbelts? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_09C | c. Does the child wear helmets and pads when biking, skating, etc? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_09D | d. Does the child know not to talk to strangers? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| 10. | Ability to Read, Write, and Communicate Increasingly Complex and Creative Thoughts | | | |
| MC_10A | a. Can the child read and write? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_10B | b. Can the child say emergency telephone numbers? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_10C | c. Can the child communicate feelings about mother being in treatment? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| 11. | Responsibility for Homework | | | |
| MC_11A | a. Is the child in school?..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| IF 11a = NO, END INTERVIEW | | | | |
| MC_11B | b. Does the child do their homework?..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| 12. | School Achievement | | | |
| MC_12A | a. Is the child in the right grade for their age? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_12B | b. Does the child get satisfactory, outstanding, As, Bs, or Cs, in school? | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |
| MC_12C | c. Is the report of the child's conduct in school satisfactory?..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 0 | N/A <input type="checkbox"/> -1 |

Please count the number of items on which child has a YES response
MC_TOTAL_YES

SUMMARY SCORE

Please put a check mark by ONE of the following categories that appears to best describe this child's achievements.

	Score	Number of domains having at least one YES response
MC_SCORE	<input type="checkbox"/> 1	1-4 Child approaching accomplishment of 1/3 of the 12 developmental achievements listed.
	<input type="checkbox"/> 2	5-7 Child approaching accomplishment of 1/2 of the 12 developmental achievements listed.
	<input type="checkbox"/> 3	8 Child accomplishing 2/3 of the 12 developmental achievements listed.
	<input type="checkbox"/> 4	9-11 Child approaching accomplishment of almost all of the developmental achievements listed.
	<input type="checkbox"/> 5	12 Child accomplishing all of the developmental achievements listed.