Child Name:			Date of Birth:								
☐ Male		☐ Female		ID number:							
Caregiver Support											
Caregiver Information											
_	 Please indicate your relationship to the child □ Father □ Mother □ Grandfather □ Grandmother □ Other 										
2. P	lease indica □Unde □40 - 4	-	□21- 29 □50 - 59		□30 -39 □above 60						
3. Please indicate your highest level of education											
session parent	ns, demonstr s. Ask caregi	ations, home visits and	modelling interdence in the area	actions with the	ntervention services. Formal training child are all ways of enabling t this information again after a few						
	Date:										

	How confident are you about	not at all confident	not really confident	confident	very confident
1.	Knowing how to adapt routine activities				
2.	Handling your child's behaviour				
3.	Handling people's reactions to your child				
4.	Teaching your child new skills				
5.	Knowing how to improve your child's ability to communicate				
6.	Helping your child develop friendships with other children				
7.	Keeping your child occupied when s/he is alone				
8.	Knowing how to involve other family members in interacting with your child				
9.	Knowing the rights of parents and children under the special education laws				
10.	Helping other people to have the ability to care for and communicate with your child				

Use this form along with parent concerns to help determine parent training priorities.