

# Preschool Adaptive Behavior Checklist

Child's Name:

Date of Assessment:

Assessor's Name:

## A. Self-Care Skills

Item	Yes	No
Feeds self with spoon/fork	<input type="checkbox"/>	<input type="checkbox"/>
Washes and dries hands	<input type="checkbox"/>	<input type="checkbox"/>
Toilets independently	<input type="checkbox"/>	<input type="checkbox"/>
Puts on/takes off outer clothing	<input type="checkbox"/>	<input type="checkbox"/>

## B. Communication Skills

Item	Yes	No
Uses words to express needs	<input type="checkbox"/>	<input type="checkbox"/>
Listens and follows simple instructions	<input type="checkbox"/>	<input type="checkbox"/>
Responds when called by name	<input type="checkbox"/>	<input type="checkbox"/>
Makes needs known using gestures or words	<input type="checkbox"/>	<input type="checkbox"/>

## C. Social Skills

Item	Yes	No
Plays cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns and shares	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledges others' feelings	<input type="checkbox"/>	<input type="checkbox"/>
Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>

## D. Motor Skills

Item	Yes	No
Uses crayons or markers	<input type="checkbox"/>	<input type="checkbox"/>
Stacks blocks or similar objects	<input type="checkbox"/>	<input type="checkbox"/>
Walks, runs, and climbs with ease	<input type="checkbox"/>	<input type="checkbox"/>
Dresses and undresses simple clothing	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments**