

**INTAKE - PARENTING SUPPORT PROGRAMS
PERSIMMONY ASSESSMENT SCREEN**

(Must be completed by the parent who will be receiving parenting skills services via home visits, school readiness programs, support groups or workshops, etc.)

Activities with your child --- In the past month, how often did YOU

	Never	Few Times a Month	1-2 Times Week	3-6 Times Week	Every Day
PS01. Practice counting together?					
PS02. Play active games (jumping, skipping, dancing)?					
PS03. Practice self-help skills (zipping, buttoning, etc.)?					
PS04. Play games that describe how items are the same or different?					
PS05. Practice routine of getting ready for school?					
PS06. Play games that put objects from smallest to biggest?					
PS07. Practice kindergarten skills like cutting with a scissors, coloring, or using a crayon or pencil?					
PS08. Play rhyming games or games with letters?					
PS09. Read to your child for fun or at night?					

We would like to understand how you talk with your child. Tell us how often you name or describe what is being done, experienced, or seen by you or your child.

<i>When I am with my child, I</i>	Never	Seldom	Sometimes	Usually	Always
PS10. Say out loud what my child is doing or experiencing					
PS11. Don't talk much since she/he is so young					
PS12. Repeat back what my child is telling me about their experiences					
PS13. Describe what is happening					
PS14. Point out objects, animals, etc. they can see, hear or touch					
PS15. Engage in talking back and forth					