



Getting to Know Form for Ages 5-10

This child has been referred to the SMART Team for behavioral and developmental assessment. This form collects information about the child, it should be filled out by service providers, family members, or others in close contact with the child. Please fill out the form in its entirety to the best of your ability, If you need assistance filling out this form, contact The Arc of Grays Harbor at 360-537-7000. If you have questions, call Stefani Joesten at Grays Harbor County Public Health at 360-533-6272. ***Please write in your personal experiences with the child on the second page, use detail and specific this is extremely helpful for the team. Please remit this form by fax or mail to:**

Grays Harbor County Public Health
Stefani Joesten – SMART Coordinator
Fax: 360.533.6272
Mailing Address:
2109 Sumner Ave
Aberdeen, WA 98520

Child's Name: _____

Today's Date: _____

Date of Birth: _____

Name of person completing form: _____

Relationship to child: _____

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

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|--|-----|----|
| 1. Did s/he join in playing games with other children easily? | Yes | No |
| 2. Did s/he come up to you spontaneously for a chat? | Yes | No |
| 3. Was s/he speaking by 2 years old? | Yes | No |
| 4. Did s/he enjoy sports? | Yes | No |
| 5. Is it important to him/her to fit in with the peer group? | Yes | No |
| 6. Did s/he appear to notice unusual details that others miss? | Yes | No |
| 7. Did s/he tend to take things literally? | Yes | No |
| 8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)? | Yes | No |
| 9. Did s/he like to do things over and over again, in the same way all the time? | Yes | No |
| 10. Did s/he find it easy to interact with other children? | Yes | No |
| 11. Could s/he keep a two-way conversation going? | Yes | No |
| 12. Could s/he read appropriately for his/her age? | Yes | No |
| 13. Did s/he mostly have the same interests as his/her peers? | Yes | No |

14. Did s/he have an interest which takes up so much time that s/he did little else?	Yes	No
15. Did s/he have friends, rather than just acquaintances?	Yes	No
16. Did s/he often bring you things s/he is interested in to show you?	Yes	No
17. Did s/he enjoy joking around?	Yes	No
18. Did s/he have difficulty understanding the rules for polite behaviour?	Yes	No
19. Did s/he appear to have an unusual memory for details?	Yes	No
20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?	Yes	No
21. Are people important to him/her?	Yes	No
22. Could s/he dress him/herself?	Yes	No
23. Is s/he good at turn-taking in conversation?	Yes	No
24. Did s/he play imaginatively with other children, and engage in role-play?	Yes	No
25. Did s/he often do or say things that are tactless or socially inappropriate?	Yes	No
26. Could s/he count to 50 without leaving out any numbers?	Yes	No
27. Did s/he make normal eye-contact?	Yes	No
28. Did s/he have any unusual and repetitive movements?	Yes	No
29. Is his/her social behaviour very one-sided and always on his/her own terms?	Yes	No
30. Did s/he sometimes say “you” or “s/he” when s/he means “I”?	Yes	No
31. Did s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?	Yes	No
32. Did s/he sometimes lose the listener because of not explaining what s/he is talking about?	Yes	No

