**Infant Toddler Activity Card Sort (ITACS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | Yes, I have concerns related to  | No, I **do not** have concerns related to  | Therapist Notes |
| **1** | Reading Books  |  |  |  |
| **2** | Going to School  |  |  |  |
| **3** | Listening to Music or Singing Along  |  |  |  |
| **4** | Watching Television |  |  |  |
| **5** | Pretend Play  |  |  |  |
| **6** | Social Interaction  |  |  |  |
| **7** | Playing with a tablet |  |  |  |
| **8** | Coloring/drawing |  |  |  |
| **9** | Playing with Puzzles |  |  |  |
| **10** | Playing |  |  |  |
| **11** | Playing with blocks  |  |  |  |
| **12** | Tummy time |  |  |  |
| **13** | Crawling  |  |  |  |
|  | **Activity** | Yes, I have concerns related to  | No, I **do not** have concerns related to  | **Therapist Notes** |
| **14** | Swinging |  |  |  |
| **15** | Walking |  |  |  |
| **16** | Climbing on playground equipment |  |  |  |
| **17** | Running  |  |  |  |
| **18** | Taking a bath |  |  |  |
| **19** | Using the potty |  |  |  |
| **20** | Getting dressed |  |  |  |
| **21** | Sleeping |  |  |  |
| **22** | Diaper changing |  |  |  |
| **23** | Breastfeeding |  |  |  |
| **24** | Bottle feeding |  |  |  |
| **25** | Spoon feeding |  |  |  |
| **26** | Finger feeding  |  |  |  |
| **27** | Using a cup  |  |  |  |
|  | **Activity** | Yes, I have concerns related to | No, I **do not** have concerns related to | **Therapist Notes** |
| **28** | Brushing teeth |  |  |  |
| **29** | Riding in a car or other transportation  |  |  |  |
| **30** | Attending religious services  |  |  |  |
| **31** | Running errands with you  |  |  |  |
| **32** | Going for walks  |  |  |  |
| **33** | Playing outside  |  |  |  |
| **34** | Playing with adults |  |  |  |
| **35** | Interacting with pets  |  |  |  |
| **36** | Playing with siblings  |  |  |  |
| **37** | Helping with cooking and meals  |  |  |  |
| **38** | Eating with others at restaurants  |  |  |  |
| **39** |  Crying and communicating  |  |  |  |
| **40** | Smiling  |  |  |  |

Of the activities you indicated “**yes, I have concerns**” please choose the 5 activities that are most important to you and write them down below.

Of those 5 activities, rank them in terms of importance from **1 to 5** using the scale on the right **(1= Most important; 5= Least important).** Please select each number (1-5) **ONCE** so that each activity is marked with a different rating.

|  |  |
| --- | --- |
| **List the TOP 5 activities you indicated** **“Yes, I have concerns”** | **Rank Importance** |
| **Most important**  |  | **Least important**  |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

1. **Very Dissatisfied**
2. **Very Satisfied**

|  |  |  |  |
| --- | --- | --- | --- |
| **List the TOP 5 activities you indicated****“Yes, I have concerns”****Very dissatisfied**  | **Please rate (circle) the child’s performance in the activity:****Icon  Description automatically generatedIcon  Description automatically generatedIcon  Description automatically generated****Very satisfied**  | **Please rate (circle) your confidence in your ability to support the child in the activity:****Icon  Description automatically generatedIcon  Description automatically generatedIcon  Description automatically generated****Very satisfied** **Very dissatisfied**  | **Please explain your concerns for the child about the activity:** |
| **1.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| **2.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| **3.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| **4.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| **5.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |