

18 months, 0 days to 34 months, 31 days V1.07, 4/1/17

Child's Name:		
Birth Date:		
Today's Date:		

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)								
Does your child bring things to	Many times a day	A few times a day	A few times a week	Less than once a week	Never			
you to show them to you?	0	0	0	$\circ$	0			
	Always	Usually	Sometimes	Rarely	Never			
Is your child interested in playing with other children?	$\circ$	$\circ$	$\circ$	0	0			
When you say a word or wave your hand, will your child try to copy you?	$\circ$	$\circ$	$\circ$	$\circ$	0			
Does your child look at you when you call his or her name?	$\circ$	$\circ$	$\circ$	$\circ$	0			
Does your child look if you point to something across the room?	0	0	0	0	0			
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams			
(please check all that apply)								
What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels			
(please check all that apply)								
For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi								

Floating Hospital for Children at**Tufts** Medical Center