

**SUB ID:** \_\_\_\_\_  
**RESP:** \_\_\_\_\_  
**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**STAFF ID:** \_\_\_\_  
**WAVE:** 1 – BL 2 – 6 mo. 3 – 12 mo.  
**PROJECT 1**  
**DAY:** 1 2 3

**PARENT DAILY REPORT**

**0. During the past 24 hours, did you spend 4 or more hours with your child? Yes - 1 No-2**

**During the past 24 hours:**

- 1a. Did your child touch things that s/he shouldn't have? .....**Yes - 1 No - 2**  
b. If **yes**, what did **you** do?  
\_\_\_\_\_ (\_\_\_\_)
- 2a. Did your child share or get along with others? .....**Yes - 1 No - 2**  
b. If **yes**, what did **you** do?  
\_\_\_\_\_ (\_\_\_\_)
3. Did your child show independence? .....**Yes - 1 No - 2**
- 4a. Did your child break standing rules? .....**Yes - 1 No - 2**  
b. If **yes**, what did **you** do?  
\_\_\_\_\_ (\_\_\_\_)
- 5a. Was your child moody or rejecting? .....**Yes - 1 No - 2**  
b. If **yes**, what did **you** do?  
\_\_\_\_\_ (\_\_\_\_)
- 6a. Was your child involved in reading or language activities? .....**Yes - 1 No - 2**  
b. If **yes**, what did **you** do?  
\_\_\_\_\_ (\_\_\_\_)
7. Was your child curious or did your child explore? .....**Yes - 1 No - 2**
- 8a. Did your child have eating problems? .....**Yes - 1 No - 2**  
b. If **yes**, what did **you** do?  
\_\_\_\_\_ (\_\_\_\_)
9. Was your child cheerful or content? .....**Yes - 1 No - 2**

**SUB ID:**    \_ \_ \_ \_

**During the past 24 hours:**

10a. Was your child selfish/did not share with others? ..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

11a. Was your child noisy or did s/he yell?..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

12. Did your child eat well?..... **Yes - 1**      **No - 2**

13a. Did your child play? ..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

14a. Did your child mind/listen when told to do something?..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

15a. Did your child engage in dangerous behavior? ..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

16a. Did your child not mind/say no when asked to do something?..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

17. Did your child show self-confidence? ..... **Yes - 1**      **No - 2**

18a. Was your child clingy or whiny?..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

19a. Was your child angry/threw temper tantrums?..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

20. Did your child socialize with others? ..... **Yes - 1**      **No - 2**

21a. Did your child engage in physical activities?..... **Yes - 1**      **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ (    \_    \_ )

**SUB ID:** \_ \_ \_ \_

**During the past 24 hours:**

22a. Did your child show good manners? ..... **Yes - 1** **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ ( \_ \_ )

23a. Did your child hit others? ..... **Yes - 1** **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ ( \_ \_ )

24a. Did your child bite others?..... **Yes - 1** **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ ( \_ \_ )

25. Did your child positively handle change or a difficult situation?..... **Yes - 1** **No - 2**

26a. Did your child express love or other affection to others?..... **Yes - 1** **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ ( \_ \_ )

27a. Did your child throw things? ..... **Yes - 1** **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ ( \_ \_ )

28a. Did your child engage in rough play?..... **Yes - 1** **No - 2**

b. If **yes**, what did **you** do?

\_\_\_\_\_ ( \_ \_ )

29a. Has your child engaged in any other **difficult** behaviors **in the past week**? ..... **Yes - 1** **No - 2**

b. Please list: \_\_\_\_\_

\_\_\_\_\_

c. What did **you** do? \_\_\_\_\_

\_\_\_\_\_ ( \_ \_ )

30a. Has your child engaged in any other **positive** behaviors **in the past week**? ..... **Yes - 1** **No - 2**

b. Please list: \_\_\_\_\_

\_\_\_\_\_

What did **you** do? \_\_\_\_\_

\_\_\_\_\_ ( \_ \_ )

**END: THANK YOU**