

**Casey Life Skills Parenting Infants
Assessment Supplement
(Version 1.1)**

Instructions: These items ask you about what you need to know and do when you are parenting a newborn, infant, or very young child. Use the scroll bar on the right side of each page to make sure that all items are answered. Try to answer all of the items.

Demographics

1. I am: Male Female

2. My current age (years): _____

3. My grade in school:

- | | |
|---|--|
| <input type="radio"/> 1 st grade | <input type="radio"/> 9 th grade |
| <input type="radio"/> 2 nd grade | <input type="radio"/> 10 th grade |
| <input type="radio"/> 3 rd grade | <input type="radio"/> 11 th grade |
| <input type="radio"/> 4 th grade | <input type="radio"/> 12 th grade |
| <input type="radio"/> 5 th grade | <input type="radio"/> Trade school |
| <input type="radio"/> 6 th grade | <input type="radio"/> In college |
| <input type="radio"/> 7 th grade | <input type="radio"/> Not in school |
| <input type="radio"/> 8 th grade | <input type="radio"/> Other |

4. My race/ethnicity? (Please choose all that apply)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

5. My primary race/ethnicity? (Please choose one)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

6. If you are American Indian, Native American, or Alaska Native, please write the name of your Tribal or Community Affiliation on the line below.

7 **Postal (zip) code of your home address (for research purposes):** _____

8. **Which answer best describes your current living situation:**

- On my own (alone or shared housing)
- With my birth (biological) parents
- With my birth (biological) mother or father
- With my adoptive parent(s)
- With my foster parent(s) who is/are unrelated to me
- With relatives (not foster care)
- With relatives who are also my foster parents
- In a group home or residential facility
- In a juvenile detention or corrections facility
- With a friend's family (not foster care)
- At a shelter or emergency housing
- With my spouse, or partner, or boyfriend or girlfriend
- Other

9. **How many years have you been in this living situation?** _____

10. **I have a Social Security number:**

- Yes
- No

11. **I have a copy of my birth certificate:**

- Yes
- No

12. **I have a photo ID:**

- Yes
- No

13. **When completing this assessment, I am at the following location:**

- Employment or vocational agency
- Youth/family community service agency
- School library, classroom, or computer room
- Public Library
- Foster care agency
- Recreation facility (like YMCA, Boys/Girls Club)
- Where I live
- University
- Church, synagogue, temple, mosque or religious facility
- Juvenile detention or correction facility

Choose the response (1, 2 or 3) that best describes you:

	Not Like Me	Somewhat Like Me	Very Much Like Me
Health			
1. I make sure my child gets the right shots on schedule.	1	2	3
2. I make sure my child sees a doctor or nurse on a regular basis.	1	2	3
3. I can reschedule a missed doctor appointment if I need to.	1	2	3
4. I understand what my doctor or nurse tells me to do.	1	2	3
5. I ask questions of my baby's doctor when I don't understand his or her instructions.	1	2	3
6. I know when to call 9-1-1 if my child is sick or in danger.	1	2	3
7. I know what to do if my child is vomiting.	1	2	3
8. I can use a thermometer to take my baby's temperature.	1	2	3
9. I know where to quickly find the phone number for the poison control center.	1	2	3
10. I know how to care for my baby's first set of teeth.	1	2	3
11. I know the safe body temperature for a baby.	1	2	3
12. I know what to do if my child gets diaper rash.	1	2	3
13. I know the symptoms of an ear infection.	1	2	3
14. I listen to my friends' advice more than my doctor's advice about my baby's health.	3	2	1
Nurturing			
1. I know how to comfort my baby when he or she is crying.	1	2	3
2. I know that infants and toddlers need constant care.	1	2	3
3. I touch and hold my baby every day.	1	2	3
4. I speak to my child in a calm voice even when my child upsets me.	1	2	3
5. I expect my baby to love me.	3	2	1
6. I talk with my baby even when I'm tired.	1	2	3
7. I have set times each day for me to read to my child.	1	2	3

8. I have set times each day for me to feed my child.	1	2	3
9. I have set times each day for me to put my child to bed.	1	2	3
10. I can explain why it's not OK to hit my baby.	1	2	3
11. I can describe the different needs of an infant and a toddler.	1	2	3
12. I know that it's normal for my child to cry when I leave him or her with another caregiver.	1	2	3
13. I can describe three things a newborn needs.	1	2	3
Nutrition			
1. I give my baby healthy foods or milk every day.	1	2	3
2. I know how to hold my baby when bottle or breast feeding.	1	2	3
3. I know when to start my baby on solid foods.	1	2	3
4. I think it's OK to give my baby the same adult food that I eat.	3	2	1
Child Care			
1. I know how to choose good child care for my baby.	1	2	3
2. I think it's OK to leave my child alone for several hours while I'm away.	3	2	1
3. I know how to keep my baby safe from household hazards.	1	2	3
4. I know how to change a diaper.	1	2	3
5. I would not leave my infant home alone for any reason.	1	2	3
6. I know how to get financial help to pay for good child care.	1	2	3
7. I know what clothing and food to bring to my child's babysitter or child care.	1	2	3
8. I know how to safely bathe my baby.	1	2	3
9. I change my child's diaper as soon as it is wet or soiled.	1	2	3
10. I have an emergency child care plan if I am not able to take care of my child.	1	2	3
Safety and Well-Being			
1. I have made our home safe for the baby.	1	2	3

2. I remove unsafe and dangerous items from places my child can go or reach.	1	2	3
3. I smoke cigarettes when I'm in the same room as my child.	3	2	1
4. I ensure that my infant's home is free from violence.	1	2	3
5. I keep our living space clean.	1	2	3
6. I know how to control my anger.	1	2	3
7. I know one adult I can count on if I need help or support.	1	2	3
8. I know how to wash my child's clothing.	1	2	3
9. I make sure my child is dressed to be comfortable whether it is cold or hot outside.	1	2	3
10. I think it is OK to leave my child with strangers.	3	2	1
11. I know what Sudden Infant Death Syndrome (SIDS) is and how to help prevent it.	1	2	3
12. I understand why it is not OK to use illegal drugs around a child.	1	2	3
13. I know what to do if I feel depressed.	1	2	3
14. I know how to get help if I or my child is in danger.	1	2	3
15. I can explain post-partum depression and how it affects a person.	1	2	3
16. I know how to safely secure a car seat for an infant.	1	2	3
17. I know how to safely place an infant in a car seat.	1	2	3
18. I think it's OK to leave a baby in a car alone, even for a few minutes.	3	2	1
19. I know what positions are safest when a baby is sleeping.	1	2	3
20. I can explain what toys and bedding are safe when a baby is in a crib.	1	2	3
21. I would let a baby play near a swimming pool without being watched.	3	2	1
22. I know how to perform CPR on an infant.	1	2	3
23. I know how to find shelter or safety in an emergency.	1	2	3
Child Growth and Development			
1. I read to my child every day.	1	2	3
2. I put my baby in front of the TV to keep him or her occupied.	3	2	1
3. I have books and toys that are best for my child's age.	1	2	3

4. I make time to play with my child every day.	1	2	3
5. I set the correct limits for my child's behavior.	1	2	3
6. I know how to toilet train my child.	1	2	3
7. I know the right age to toilet train my child.	1	2	3
8. I can tell what my baby needs by how he or she cries or behaves.	1	2	3
9. I talk to my baby frequently during the day.	1	2	3
10. I encourage my child's speech development.	1	2	3
11. I know how old most babies are when they start to crawl.	1	2	3
12. I know how old most babies are when they start to walk.	1	2	3
Goals			
1. I know how to budget to buy the things my child needs.	1	2	3
2. I understand how a good education helps me be a good parent.	1	2	3
3. I understand why interacting with my child every day is important for both my child and me.	1	2	3

Assessment Evaluation

1. **Not counting today, how many times have you taken an ACLSA assessment?** _____
2. **I filled out this assessment (please mark all that apply):**
 With an adult By myself With a friend
3. **How did you like this assessment?**
 I liked it It was OK I didn't like it

Additional Questions

This section is for use with questions provided by your school, agency or caregiver. If no questions have been provided, please stop here. Thank you.

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