# Stepping Stones Therapy 

## Self Help Skills

Child's Name: $\qquad$ Date: $\qquad$
Please mark everything your child independently completes, and note any difficulties.

## Eating

__ Holds bottle
Feeds self cracker, munching
___ Accepts new solid food
Drinks with little spilling from open cup (with assistance in holding cup)
Fills spoon and feeds self in part, spills much
Lifts cup to mouth and drinks well
Hands empty cup to parent
Handles cup with ease, lifting, drinking, and replacing
Stops turning of spoon before it gets to mouth, still needs help in feeding
Holds small glass in on hand as he/she drinks
Little spilling in self-feeding
Pours well from a pitcher
Eats with fork
Rarely needs assistance to complete a meal
Cuts and spreads with knife
Independent in all self-feeding skills
Toileting
Indicates wet pants
Toilet regulated in daytime - both bowel and bladder
Dry at night
Verbalizes or signs toilet needs consistently
Tends toilet without help except for wiping
Independent in toileting
Dressing
___Cooperates in dressing by extending arm or leg
Can take off socks
Tries to put on shoes
Pulls on simple garments, finds large armholes and thrusts arms into them
Can remove shoes if laces are untied
Removes pull-down pants
Puts on socks with some difficulty in turning heel
Puts on underpants and slacks
Zips and unzips jacket
Snaps/hooks clothing in front
Buttons and unbuttons medium sized buttons
Puts on socks with heel placement
puts on shoes with little assistance
Dresses and undresses if lightly supervised
Distinguishes front and back of clothes and puts on correctly
Ties shoe laces
Independent in dressing

## Hygiene

Washes and dries hands
Brushes teeth
Combs and brushes hair
Independent in hygiene skills

## Comments/Concerns:

