

Child's Name:
Parent's Name:
Practitioner:
Date:

	Date	
	y activities and use these questions to identify ho y how my responses to my baby changes things	• •
What is my baby looking at?	What does my baby do when he/she is looking at me?	How does my baby move himself/herself?
What did I do?	What did I do?	What did I do?
How can I tell when my baby is happy?	How can I tell when my baby is hungry?	How can I tell when my baby has had enough to eat?
What did I do?	What did I do?	What did I do?
How can I tell when my baby wants to continue something?	How does my baby like to be cuddled?	How does my baby go to sleep?
What did I do?	What did I do?	What did I do?
What sounds does my baby pay attention to?	How does my baby wake-up?	How long does my baby stay awake?
What did I do?	What did I do?	What did I do?
Who does my baby know?	What movements and sounds does my baby repeat?	Other
What did I do?	What did I do?	What did I do?
USE WITH NIAAP SECTION I	■ To be completed over the course of 2-3 visits ■ Pr.	ACTITIONER KEEPS AS A RECORD



Child's Name:	
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What activity did I observe?	What did my baby do, enjoy, and/or re	epeat?
Bath Diaper Change Feeding Social play Object Play Other Other		
How did my baby let me know		
to help?	to do more?	to change things?
How did my use of Invite, Engage, ar	nd Teach responsive strategies support m	y baby
to get help?	to do more?	to change things?

What activities will we try between now and the next visit? (√)	What will my baby do, enjoy and/or repeat?		
☐ Bath ☐ Diaper Change			
☐ Feeding			
☐ Social play			
Object Play			
☐ Other			
How will my baby let me know			
to help?	to do more?	to change things?	
How did my use of Invite Engage	e, and Teach responses support m	y hahy	
to get help?	to do more?	to change things?	
PARENTS COMPLETE A NE	W FORM DURING EACH VISIT ● PARENTS KE	FEP FOR THEIR OWN RECORD	



What activities will I try at the next visit?
Date of Next Visit: