**TREEHOUSE EMR DOCUMENTATION FORM**

**(have child and parents sitting together at a table or on the floor with favorite book and toy if available)**

**Who participated in the encounter?**

**What questions do you have about your child’s development?**

**Can you recall one of *your* favorite early childhood memories?**

**What fun things do you enjoy doing with your child?**

**CHECKLIST:**

* **Reviewed talking, reading and playing with young children Yes\_\_\_ No\_\_\_**
* **Reinforced what parent is already doing and made suggestions to fill in gaps Yes\_\_\_ No\_\_\_**
* **Observed parent *talking* with child Yes\_\_\_ No\_\_\_**
* **Observed parent *reading* with child Yes\_\_\_ No\_\_\_**
* **Observed parent *playing* with child Yes\_\_\_ No\_\_\_**
* **Reviewed *developmental narrative* (motor, communication, cognitive) and asked parent “where does your child fit in?” Yes\_\_\_ No\_\_\_**

**What fun things can you do with your child in the next few months? (help parents link activities to the child’s next developmental stage)**

* **Reviewed need to encourage young children Yes\_\_\_ No\_\_\_**
* **Reviewed social emotional milestones Yes\_\_\_ No\_\_\_**
* **Provided positive feedback to parent Yes\_\_\_ No\_\_\_**

 **SCREENING OBSERVATIONS:**

* **CHILD OBSERVATIONS:**
* **PARENT CHILD OBSERVATIONS:**
* **ADDITIONAL COMMENTS:**

**TREEHOUSE PARENT FEEDBACK:**

**Can you say at least one thing you learned today?**

**On a 1-10 scale with 1 being *not likely* and 10 being *very likely*, how likely are you to try out something new that you learned today?**

**Any other questions?**