

**BEHAVIOURAL ASSESSMENT SCALES FOR INDIAN  
CHILDREN WITH MENTAL RETARDATION**

**(BASIC-MR) Part A & B**

**RECORD BOOKLET**



**National Institute for  
the Mentally Handicapped**

(Ministry of Welfare, Govt. of India)

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# CHAPTER XII

## Behavioural Assessment Scales For Indian Children with Mental Retardation, (BASIC-MR) Part A

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### RECORD BOOKLET

Name of the student ..... Age .....  
Level/Class ..... Sex .....

Dates :  
Baseline Assessment ..... Evaluated by .....  
First Quarter Assessment ..... Evaluated by .....  
Second Quarter Assessment ..... Evaluated by .....  
Third Quarter Assessment ..... Evaluated by .....

#### Instructions

- Each item should be scored based on the 6 levels of performance, i.e., Independent=5 ; Clueing=4; Verbal prompting=3; Physical prompting=2; Totally dependent = 1; Not applicable=0.
- The score for each item should be entered in the appropriate boxes given on the right side. *Baseline assessment, first quarter, second quarter and third quarter assessment.*
- For some items examples are given in the record booklet. The teacher can use other examples during assessment, and note them in the blank spaces given.
- Wherever space is insufficient, use extra sheets and attach them to the record booklet.
- To score independent (5), the child should pass all the required number of items/trials given in the brackets. For example, in NT-10, if a child is able to complete only 4 out of 5 required sums independently, and does the fifth sum with clues the score is given as "clueing" (4) and not independently (5).
- Refer to the Glossary for the administration procedure about specific items.

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
<b>MOTOR (M)</b>					
1.	Retains two one inch cubes in one hand for 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Claps hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Crawls a distance of 5 feet or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	When made to stand, stands without support for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Puts small objects into a container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Uses thumb and index finger to pick up objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	From sitting position is able to stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	From standing position, bends knees to squatting position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Throws ball in any direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Walks for minimum 5-10 steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Kicks ball in any direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Runs for minimum ten steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Climbs up chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
14.	Climbs upstairs using alternate feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Pours liquid from one glass to another without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Climbs down the stairs using alternate feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Turns pages singly from a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Jumps off the ground with both feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Opens the door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does simple physical exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Throws ball atleast five metres away before first bounce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Catches ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Swings for at least 2-3 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Wipes blackboard clean using duster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Pushes a cycle tyre (male)/ plays 5 stones (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Climbs atleast eight to ten steps of a slide or ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Stands on one foot for minimum 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Jumps from a height of 2 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Folds paper and inserts into an envelope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Walks on straight line for atleast 5-10 steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Plays marbles (male)/hopscotch (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Tears off a perforated sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Throws ball into a basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Cuts along a straight line using scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Hops on one foot for minimum 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Plays ring games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Threads a medium sized needle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Strikes and lights a match stick within two attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Rides a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Skips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Raw Score</b>		<b>Baseline</b>	<b>Ist Quarter</b>	<b>IInd Quarter</b>	<b>IIIrd Quarter</b>
<b>Motor</b>					

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

**ACTIVITIES OF DAILY LIVING (ADL)**

**Eating**

1.	Swallows liquid or semi-solid foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Drinks from cup or glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Discriminates eatables and non-eatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Chews solid foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Picks up food with fingers and puts in mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Peels banana/orange skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Sucks water/liquid through a straw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Mixes rice, dal and eats with hand/spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Toiletting**

9.	Indicates need to go to toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Reaches the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Removes underwear/pant before sitting on toilet seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Washes self after use of the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Flushes toilet after use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Brushing**

14.	Wipes hands with towel/cloth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Washes hands with soap and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Brushes teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Spits paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Cleans the tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Applies paste on the tooth brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Bathing**

20.	Pours water on self for bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Wipes face with towel/cloth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Washes face with soap and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Uses towel for drying body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
24.	Removes soap from body with water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Applies soap on body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Dressing</b>				
26.	Takes off clothes when unbuttoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Puts on underpants or elastic knickers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Unbuttons clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Puts on shirt/frock (need not button)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Puts slippers on correct feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Buttons own clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Puts on pullover shirt/skirt and blouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Laces shoes or buckles sandals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Ties knots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Grooming</b>				
35.	Applies powder on face/body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Oils hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Cuts nails with nailcutter/scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Puts on wrist watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Plaits hair (female)/Combs hair with parting (males)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Looks after menstrual hygiene(Female)/Shaves (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Raw Score</b>		<b>Baseline</b>	<b>Ist Quarter</b>	<b>IInd Quarter</b>	<b>IIird Quarter</b>
<b>Activities of Daily Living</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### LANGUAGE (L)

NOTE : For a child who is unable to speak, identification or gestural indication is sufficient to pass the items in this domain

- |    |                                                     |                          |                          |                          |                          |
|----|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Locates items/persons on command by looking at them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Responds to verbal or gestural commands. (any five) |                          |                          |                          |                          |
|    | a) "Come"                                           |                          |                          |                          |                          |
|    | b) "Go"                                             |                          |                          |                          |                          |
|    | c) "Look"                                           |                          |                          |                          |                          |
|    | d) "give"                                           |                          |                          |                          |                          |
|    | e)                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Follows simple commands that call for action. *(any five)*

- a) "Get me the ball"
- b) "Give me the book"
- c) "Close the door"
- d) "Wipe your face"
- e)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

4. Points to body parts *(any five)*

- |                                                                                                                          |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>a) Eyes</li> <li>c) Nose</li> <li>e) Lips</li> <li>g) Head</li> <li>i)</li> </ul> | <ul style="list-style-type: none"> <li>b) Ears</li> <li>d) Hair</li> <li>f) Legs</li> <li>h) Hands</li> <li>j)</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

5. Points to familiar objects *(any ten)*

- |                                                                                                                                                   |                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>a) Chair</li> <li>c) Pen</li> <li>e) Fan</li> <li>g) Doll</li> <li>i) Shirt</li> <li>k) Tumbler</li> </ul> | <ul style="list-style-type: none"> <li>b) Frock</li> <li>d) Pencil</li> <li>f) Book</li> <li>h) Light</li> <li>j) Plate</li> <li>l)</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Points to pictures in a book *(any ten)*

- |                                                                                                      |                                                                                                      |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> <li>d)</li> <li>e)</li> </ul> | <ul style="list-style-type: none"> <li>f)</li> <li>g)</li> <li>h)</li> <li>i)</li> <li>j)</li> </ul> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Follows "WHOSE" questions *(any five)*

- (a) Whose bag is this?
- (b) Whose book is this?
- (c) Whose pencil is this?
- (d) Whose tiffin box is this?
- (e)
- (f)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Follows postpositions *(any ten)*

- |                                         |                                                                                                                                                          |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>8.1 <b>On</b><br/><i>(any 3)</i></p> | <ul style="list-style-type: none"> <li>a) Put the toy on the table</li> <li>b) Put the book on the table</li> <li>c)</li> <li>d)</li> </ul>              |
| <p>8.2 <b>In</b><br/><i>(any 3)</i></p> | <ul style="list-style-type: none"> <li>a) Put the tiffin box in the bag</li> <li>b) Put the bead in the box/container</li> <li>c)</li> <li>d)</li> </ul> |

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

- 8.3 **Under** (any 4)  
 a) Put the doll under the table  
 b) Put the paper under the book  
 c)  
 d)

9. Follows two step directions (any five)

- a) Close the door and bring the book  
 b) Keep the book in the bag and get the chalkpiece  
 c)  
 d)  
 e)

10. Follows "Which" questions (any five)

- a) Which book have you written your home work?  
 b) Which teacher did you talk to?  
 c) Which water bottle is yours?  
 d) Which is your drawing?  
 e)  
 f)

11. Follows "Why" questions (any five)

- a) Why do we wear warm clothes in winter?  
 b) Why do we carry an umbrella?  
 c) Why do we go to school?  
 d)  
 e)  
 f)

12. Follows adjectives (any ten)

- 12.1 **Big-small** (any 5)  
 a) Show me which of these two pencils is bigger?  
 b) Get me the smaller of the two balls  
 c)

- 12.2 **Up-down** (any 5)  
 a) Throw the ball up  
 b) Put your hands up/  
 Put your hands down  
 c)

13. Follows concept of whole/part (any five)

- a) This is a whole chappati, this is a part of it  
 b) This is a whole chalkpiece, this is a part of it  
 c)  
 d)  
 e)

14. Follows three step directions (*any five*)

- a) Keep the pen on the table, close the door and bring your book.
- b) Open your book, keep the pencil in your bag and stand up with folded hands.
- c)
- d)
- e)

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15. Identifies first middle and last in a group (*any ten*)

- 15.1 **First** (any 3)
- a) Keep the book in the middle of the pen and eraser.
  - b) Who is standing first in the line.
  - c)

- 15.2 **Middle** (any 3)
- a) Go and sit in the middle of \_\_\_\_\_ and \_\_\_\_\_.
  - b)
  - c)

- 15.3 **Last** (any 4)
- a) Go and sit in the last chair.
  - b)
  - c)
  - d)

--	--	--	--

16. Follows left-right (*all correct in 5 trials*)

- 16.1 **Left**
- a) Show your left hand
  - b) Who is sitting left to you
  - c) Show your left ear

- 16.2 **Right**
- a) Show your right leg
  - b) Show your right eye
  - c) Who is sitting right to you

--	--	--	--

17. Follows sight words (*any five*)

- |           |            |
|-----------|------------|
| a) DANGER | b) TOILET  |
| c) PULL   | d) EXIT    |
| e) PUSH   | f) POISON  |
| g) LADIES | h) ENQUIRY |
| i) GENTS  | j)         |

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18. Arranges picture after listening to a story (*any five*)

- a) Brainy crow
- b) Sour grapes
- c) Golden eggs
- d)
- e)

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19. Follows traffic signs/signals (*any five*)

- a) What does Red light indicate?
- b) What does Yellow light indicate?
- c) What does Green light indicate?
- d) What is a Speed breaker?
- e)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

20. Follows voting rights (*all correct in 5 trials*)

- a) Why do we have elections?
- b) When do we have elections?
- c) Who can vote in the elections?
- d) Where to go for voting?
- e) How to vote in the elections?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

21. Imitates vowel sounds (*all five*)

- |      |      |
|------|------|
| a) a | b) e |
| c) i | d) o |
| e) u |      |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

22. Uses Yes/No by nodding of head.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

23. Indicates basic needs by pointing or gesturing. (*any five*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

24. Speaks single words meaningfully (*any five*)

- |         |         |
|---------|---------|
| a) Akka | b) Mama |
| c) Papa | d)      |
| e)      |         |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

25. When asked tells own name.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

26. Imitates sounds of animals & inanimate objects (*any five*)

- |         |               |
|---------|---------------|
| a) Cat  | b) Cow        |
| c) Dog  | d) Train      |
| e) Lion | f) Automobile |
| g)      | h)            |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27. Uses two word phrases (*any five*)

- |               |               |
|---------------|---------------|
| a) Mummy milk | b) Daddy come |
| c)            | d)            |
| e)            |               |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28. Tells use of familiar objects (*any five*)

- |          |           |
|----------|-----------|
| a) Chair | b) Spoon  |
| c) Doll  | d) Pencil |
| e)       | f)        |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

29. Describes action pictures (any ten)

- |             |             |
|-------------|-------------|
| a) Eating   | b) Skipping |
| c) Playing  | d) Combing  |
| e) Bathing  | f) Brushing |
| g) Sleeping | h) Reading  |
| i) Studying | j) Praying  |
| k)          | l)          |
| m)          | n)          |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

30. Uses words to indicate commands (any five)

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

31. Identifies sex (all correct in 5 trials)

- a) Are you a boy or girl (in case of boy)  
Are you a girl or boy (in case of girl)
- b) Is \_\_\_\_\_ a boy or a girl (Show a boy)
- c) Is \_\_\_\_\_ a girl or a boy (Show a girl)
- d)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

32. Identifies/names vehicles (any five)

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

33. Identifies/names animals (any five).

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

34. Identifies/names vegetables (any five).

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

35. Identifies/names fruits (any five).

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

36. Recites rhymes of atleast 3-4 lines.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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37. Uses adjectives: (any ten)

- 37.1. Long-short a) Who has long hair in the class?  
(any 3) b) Show me the shortest person  
in the class?
- c)

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

37.2. **Rough-smooth** a) Give me the rough paper out  
(any 3) of the two papers.  
b) Which of the piece of cloth is smooth.  
c)

37.3. **Clean-Dirty** a) Show me which of these two  
(any 4) handkerchiefs is dirty?  
b) Show me which of these two  
glasses of water is clean?  
c)      
d)

38. Uses complex sentences (any five)

39. Narrates simple jokes (any five)

40. Carries on simple conversation.

Total Raw Score	Baseline	1st Quarter	2nd Quarter	3rd Quarter
Language				

**READING-WRITING (RW)**

NOTE: While assessing a child on this domain, the teacher should assess in Capital/Small letter depending on what the particular child is more familiar with or exposed to.

1. Matches similar objects (*any five*)

<p>a) A key to a key c) e)</p>	<p>b) A pen to a pen d) f)</p>
----------------------------------------	----------------------------------------
2. Matches objects to pictures (*any five*)

<p>a) c) e)</p>	<p>b) d) f)</p>
-------------------------	-------------------------
3. Matches colours (*any five*)

<p>a) Red c) Green e)</p>	<p>b) Blue d) Yellow</p>
-----------------------------------	------------------------------
4. Recognises his/her name. (*correct in all 5 trials*)
5. Reads own name
6. Sorts pictures (*any five*)

<p>Animals Fruits Vehicles Vegetables</p>	<p>a) a) a) a)</p>	<p>b) b) b) b)</p>	<p>c) c) c) c)</p>	<p>d) d) d) d)</p>	<p>e) e) e) e)</p>
-------------------------------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------
7. Matches words (*any five*)

<p>a) Bat c) Cat e) Hat g) Rug</p>	<p>b) Mat d) Rat f) Mug h)</p>
------------------------------------------------	--------------------------------------------

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

8. Identifies colours (*any five*)

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Names colours (*any five*)

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Identifies/reads printed words (*any five*)

- |         |         |
|---------|---------|
| a) ball | b) tube |
| c) plug | d) fire |
| d) stop | e)      |
| f)      | g)      |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. Identifies/reads names of parents (*all correct in 5 trials*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. Reads two-word phrases (*any five*)

- |            |            |
|------------|------------|
| a) The cat | b) My ball |
| c) A bat   | d)         |
| e)         | f)         |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. Identifies/reads own address (*all correct in 5 trials*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14. Identifies/reads names of family members/friends (*any five*)

- |    |    |
|----|----|
| a) | b) |
| c) | d) |
| e) |    |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15. Reads short sentences (*any five*)

- |                                      |
|--------------------------------------|
| a) This is a cat.                    |
| b) The cat is on the mat.            |
| c) Put a pen in the box.             |
| d) The monkey is sitting on the tree |
| e)                                   |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

16. Reads sign boards (*any five*)

- |                |                   |
|----------------|-------------------|
| a) Hospital    | b) Police Station |
| c) School      | f) Hotel          |
| c) Post office | g) Medical shop   |
| d) Bank        | h)                |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17. Reads small paragraphs (*all three correctly with maximum of 10 errors*)

- a) Paragraph One
- b) Paragraph Two
- c) Paragraph Three

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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18. Reads large print from magazines, newspapers, etc.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. Reads medium sized handwritten paragraphs.  
(*any three with maximum of 10 errors*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20. Reads short news item from a newspapers.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21. Scribbles.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

22. Traces along a straight line.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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23. Traces along a circular object (2-3"d)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24. Traces alphabets of own name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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25. Copies alphabets of own name

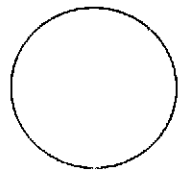
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

26. Copies a straight line



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27. Copies circle



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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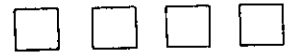
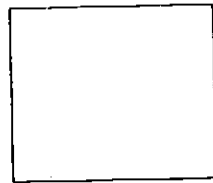
28. Draws a line connecting 3 dots

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

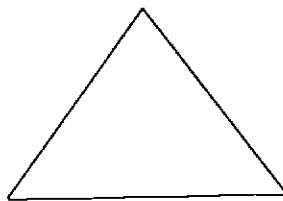


29. Writes own name

30. Copies a square



31. Copies a triangle



Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

32. Copies own address

33. Writes own address

34. Copies printed sentences (any five)

- a) There are apples, mangoes and bananas in the basket.
- b) What is the Capital of India? Delhi is the Capital of India.
- c) Hello! How are you? I am fine, thank you!
- d)
- e)

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

35. Dictation of words (*any five*)

a)

b)

c)

d)

e)

36. Dictation of sentences (*any five*)

a)

b)

c)

d)

e)

37. Writes a letter.

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

38. Fills in an application.

39. Composition (minimum 40 words on any one topic, maximum 3 errors permitted)

a) My Pet    b) My Home    c) My School

40. Writes a leave letter.

Total Raw Score	Baseline	Ist Quarter	IInd Quarter	IIIRD Quarter
Reading -				
Writing				

**NUMBERS-TIME (NT)**

**NOTE :** For some of the items in this domain, if the child uses his fingers/lines/objects as clues for calculation it should be scored as "clueing". To score "independent", the child should pass the required number of items given in the record booklet. In case the child is able to complete two sums independently and yet requires clues to complete the third sum, then the score is given as 4 and not 5.

1. **Rote counts 1-5.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. **Separates one object from a group upon request.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3. **Discriminates between less and more.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. **Matches identical number of concrete objects.**

5. **Recognises written numbers from 1-10.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

6. **Writes numbers one to ten**

7. **Picks up specified number of objects upto five.**

- |      |      |
|------|------|
| a) 2 | b) 5 |
| c) 4 | d) 3 |
| e) 1 |      |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. **Arranges number symbols sequentially from 1-5 in an order.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. **Follows directions to fill upto half glass.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

10. **Adds single digit numbers within ten (any five)**

- |       |       |
|-------|-------|
| a) 3  | b) 4  |
| + 2   | + 3   |
| ----- | ----- |
| ----- | ----- |

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

$$\begin{array}{r} c) \ 3 \\ + \ 7 \\ \hline \end{array}$$

$$\begin{array}{r} d) \ 5 \\ + \ 0 \\ \hline \end{array}$$

e)

11. Subtracts single digit numbers within ten (*any five*)

$$\begin{array}{r} a) \ 3 \\ - \ 2 \\ \hline \end{array}$$

$$\begin{array}{r} b) \ 6 \\ - \ 4 \\ \hline \end{array}$$

$$\begin{array}{r} c) \ 9 \\ - \ 2 \\ \hline \end{array}$$

$$\begin{array}{r} d) \ 4 \\ - \ 0 \\ \hline \end{array}$$

e)

12. Writes numerals above ten on dictation (*any ten*)

13. Does two digit additions without carry over (*any five*)

$$\begin{array}{r} a) \ 44 \\ + \ 22 \\ \hline \end{array}$$

$$\begin{array}{r} b) \ 25 \\ + \ 62 \\ \hline \end{array}$$

$$\begin{array}{r} c) \ 57 \\ + \ 20 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} d) \ 40 \\ + \ 36 \\ \hline \\ \hline \end{array}$$

e)

14. Does two digit subtractions without borrowing (*any five*)

$$\begin{array}{r} a) \ 75 \\ - \ 23 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} b) \ 36 \\ - \ 24 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} c) \ 56 \\ - \ 20 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} d) \ 84 \\ - \ 60 \\ \hline \\ \hline \end{array}$$

e)

15. Does two digit additions with carry over (*any five*)

$$\begin{array}{r} a) \ 27 \\ + \ 15 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} b) \ 39 \\ + \ 28 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} c) \ 53 \\ + \ 69 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} d) \ 89 \\ + \ 17 \\ \hline \\ \hline \end{array}$$

e)

16. Does two digit subtractions with borrowing (*any five*)

$$\begin{array}{r} a) \ 81 \\ - \ 25 \\ \hline \\ \hline \end{array}$$

$$\begin{array}{r} b) \ 64 \\ - \ 47 \\ \hline \\ \hline \end{array}$$

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

c) 70 - 27 ----- -----	d) 40 - 18 ----- -----
---------------------------------	---------------------------------

e)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17. Identifies/names math symbols (any five)

- |           |      |
|-----------|------|
| a) +      | b) - |
| c) $\div$ | d) x |
| e) =      |      |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

18. Measures liquid using measuring cups (all correct in three trials)

- |              |              |
|--------------|--------------|
| a) 1 litre   | b) 1/2 litre |
| c) 3/4 litre | d) 1/4 litre |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

19. Weighs objects using weighing scale (all correct in three trials)

- |            |            |
|------------|------------|
| a) 50 gms  | b) 100 gms |
| c) 200 gms |            |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20. Uses calculator for basic arithmetic operations.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21. Associates time/events to routine school activities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22. Associates watch/clock with time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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23. Follows 'now', 'later', 'hurry', 'wait' (any ten)

23.1 Now a)  
(any two) b)

23.2 Later a)  
(any two) b)

23.3 Hurry a)  
(any three) b)  
c)

23.4 Wait a)  
(any three) b)  
c)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24. Tells correctly if it is day or night (correct in all 5 trials)

- a) Is it day or night?  
b) Is it night or day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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25. Tells correctly if it is morning or evening (*correct in all 5 trials*)

- a) Is it morning or evening?
- b) Is it evening or morning?

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26. Follows yesterday, today and tomorrow (*any ten*)

- 26.1 Yesterday (any 3)
- a) What did you eat yesterday?
  - b)
  - c)

- 26.2 Today (any 3)
- a) What did you eat today?
  - b)
  - c)

- 26.3 Tomorrow (any 4)
- a)
  - b)
  - c)
  - d)


27. Tells hour and minute hands on the clock

28. Names/identifies days of week (*all correct*)

- a) Rote recitation
- b) What comes after Tuesday
- c) What comes after Saturday
- d) What comes before Wednesday
- e) What comes before Sunday

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29. Counts by five's

--	--	--	--

30. Tells time by the hour (*all correct*)

- |                                                                                                            |                                                                                                             |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>a) 3'O Clock</li> <li>c) 9'O Clock</li> <li>e) 6'O Clock</li> </ul> | <ul style="list-style-type: none"> <li>b) 12'O Clock</li> <li>d) 7'O Clock</li> <li>f) 1'O Clock</li> </ul> |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

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31. Tells own age in years

--	--	--	--

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	Ist Qr.	IInd Qr.	IIIRD Qr.

32. Names/identifies months of year (*all correct*)

- a) Rote recitatiion
- b) What comes after March
- c) What comes after December
- d) What comes before September
- e) What comes before January

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33. Associates time with work routine (*any five*)

- a) What time do you go to school?
- b) What time do you have your breakfast?
- c) What time do you go to bed ?
- d) What time do you have your dinner?
- e)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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34. Tells time by quarter hour (*all correct*)

- a) 2.30
- b) 6.30
- c) 12.15
- d) 3.15
- e) 12.45
- f) 9.45

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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35. Tells date of birth

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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36. Tells day, date, month and year (*all correct*)

- a) What day is today ?
- b) What is the date today?
- c) What is the present month?
- d) Which year is going on?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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37. Reads and uses a calender (*correct in all 5 trials*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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38. Tells time to the minutes on the clock (*any five*)

- a) 11.12
- b) 12.22
- c) 7.16
- d) 4.25

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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39. Reminds on prefixed time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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40. Sets watch to correct time (*any five*)

- a) 9.35
- b) 2.18
- c) 12.20
- d) 7.12
- e) 1.50
- f) 3.48

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Raw Score	Baseline	Ist Quarter	IInd Quarter	IIIRD Quarter
Numbers - Time				

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

**DOMESTIC-SOCIAL (DS)**

1.	Keeps things at places when asked to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Collects waste and puts away in the waste paper basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Dusts/wipes table, chairs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Waters plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Folds own clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Sweeps floor using a broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Wets/mops floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Serves eatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Washes utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Washes clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Cuts vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Lights a kerosene/gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Prepares tea or coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Prepares dough for chapati/puris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Prepares simple breakfast items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Sews buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Cooks rice or other food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Prepares a curry or sabji	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Irons own cotton clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Prepares a complete meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Responds with correct gesture when said ta-ta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Responds to own name by turning his/her head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Identifies teacher by her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Goes inside school yard and comes back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Shares food/toys with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Greets others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Seeks permission to go out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
28.	Sings/dances with music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Offers help to teachers in classroom/school chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Knows duties of various occupations ( <i>any five</i> )				
	a) Postman				
	b) Milkman				
	c) Newspaper boy				
	d) Policeman				
	e) Doctor				
31.	Waits for his turn with 4 to 5 other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Plays with 4-5 children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Comes and goes to school unattended when the school is within the same neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Says 'please', and 'thank you'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Introduces himself to others ( <i>any five</i> )				
	a) What is your name?				
	b) How old are you?				
	c) Where do you stay?				
	d) What is your father/mother's name?				
	e) What is the name of your school?				
36.	Plays with children for 20 minutes in cooperative play/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Can cross road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Goes to home from school or vice versa outside his neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Receives and gives message taken on phone or in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Travels in a bus on own				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Raw Score	Baseline	Ist Quarter	IInd Quarter	IIIrd Quarter
Domestic-Social				

Item No.	DOMAINS/ITEMS *	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

**PRE-VOCATIONAL-MONEY (PV)**

1. Carries notice/messages from one classroom to another
2. Brush paints

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Uses a pencil sharpener
4. Sticks using gum or glue
5. Cuts simple shapes
6. Rings school bell on time
7. Clips using stappler
8. Makes holes using punching machine
9. Stacks objects into groups
10. Puts away things in appropriate places after use
11. Assembles similar objects of three to four sizes
12. Nails and hangs a calender
13. Uses a screw driver to insert or remove screws

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Tells date of National festivals (*all correct*)

- |                     |                    |
|---------------------|--------------------|
| a) Independence day | b) Republic day    |
| c) Children's day   | d) Gandhi Jayanthi |

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15. Makes a garland of flowers using thread

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16. Applies medicine on a cut

--	--	--	--

17. Does simple hemming work

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18. Plants a sapling

--	--	--	--

19. Tells names of important people (*all correct*)

- |                   |                   |
|-------------------|-------------------|
| a) President      | b) Vice-President |
| c) Prime minister | d) Governor       |
| e) Chief minister |                   |

--	--	--	--

20. Wraps a gift box

--	--	--	--

21. Sorts coins from other similar metal objects

--	--	--	--

22. Aware that money can buy things

--	--	--	--

23. Keeps money safely

--	--	--	--

24. Selects a rupee note from other paper objects

--	--	--	--

25. Sorts out mixed coins (*all correct*)

- a) Isolates five 5 ps.coins
- b) Isolates five 10 ps.coins
- c) Isolates five 20 ps.coins
- d) Isolates five 25 ps. coins
- e) Isolates five 50 ps. coins
- f) Isolates five 1.00 Re. coins

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26. Identifies/names all denominations of coins (*all correct*)

- |          |          |
|----------|----------|
| a) 5 ps  | b) 10 ps |
| c) 20 ps | d) 25 ps |
| e) 50 ps | f) 1 Re  |

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27. Identifies/names currency notes upto ten (*all correct*)

- |         |          |
|---------|----------|
| a) Re.1 | b) Rs.2  |
| c) Rs.5 | d) Rs.10 |

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28. Rank orders coins

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29. Adds collects coins to make a rupee

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30. Makes purchases within 1 Re

--	--	--	--

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
31.	Makes purchases within 1 Re. with correct change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Makes purchases upto Rs.2 with correct change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Knows transactional value for items below Rs.10/- ( <i>any five</i> )				
	a) What is the cost of a pencil ?				
	b) What is the cost of a note book ?				
	c)				
	d)				
	e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Calculates change upto 10 rupees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Makes purchases upto Rs.5 with correct change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Makes purchases upto Rs.10 with correct change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Knows transactional value of items above Rs.10/- ( <i>any five</i> )				
	a)				
	b)				
	c)				
	d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e)				
38.	Maintains account of money in a piggy bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Deposits money in a bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Withdraws money from bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Raw Score	Baseline	Ist Quarter	IInd Quarter	IIIRD Quarter
Pre vocational Money				

Total Raw Score	Baseline	Ist Quarter	IInd Quarter	IIIRD Quarter
Cumulative Score (All Domains)				

Cumulative Score (All Domains)

# Behavioural Assessment Scales for Indian Children with Mental Retardation, (BASIC-MR) Part B

Authors :  
Reeta Pesbawaria, S. Venkatesan

## RECORD BOOKLET

Name of the student ..... Age .....  
Level/Class ..... Sex .....

**Dates :**  
Baseline Assessment ..... Evaluated by .....  
First Quarter Assessment ..... Evaluated by .....  
Second Quarter Assessment ..... Evaluated by .....  
Third Quarter Assessment ..... Evaluated by .....

### Instructions

1. Each item should be scored based on three levels of severity/frequency of problem behaviours, i.e., Never (N), Occasionally (O) and Frequently (F). Score 0 for "Never", 1 for "Occasionally" and 2 for "Frequently".
2. Enter the appropriate numerical score against each item for the child, depending on the severity/frequency of the problem behaviour in question, and in the appropriate box, i.e., baseline, first quarter assessment, second quarter assessment and/or third quarter assessment
3. Add the total problem behaviour raw score and enter it in the profile sheet of BASIC-MR, Part-B.

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

### Violent and Destructive Behaviour

1.	Kicks others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Pushes others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Pinches others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Pulls hair, ear, body parts of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Slaps others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Hits others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Spits on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Bangs objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Slams doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Bites others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Attacks or pokes others with weapon (blade, stick, pencil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Throws objects at others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
13.	Tears/pulls threads from own or others clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Tears up own or others books, papers, magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Breaks objects/glass/toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Damages furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Temper Tantrums</b>				
17.	Cries excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Screams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Stamps feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Rolls on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Misbehaves with others</b>				
21.	Pulls objects from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Interrupts in between when others are talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Makes loud noise when others are working or reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Makes face to tease others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Uses abusive/vulgar language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Takes others possession without their permission openly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Tells others what to do and wants his/her way (bossy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Self injurious behaviours</b>				
28.	Bangs head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Bites self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Cuts or mutilates self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Pulls own hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Scratches self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Hits self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Puts objects into eyes/nose/ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Eats inedible things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.
36.	Peels skin/wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Bites nail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Repetitive behaviours</b>				
38.	Rocks body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Nods head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Sucks thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Makes peculiar sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Bites ends of pen/pencil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Shakes parts of the body repeatedly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Grinds teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Swings round and round	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Odd behaviours</b>				
46.	Laughs to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Laughs inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	Talks to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Hoards unwanted objects (sticks, thread, pieces of old clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	Picks nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	Plays with unwanted objects like chappal, strings, faeces and dirt excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	Kisses, hugs, and licks people unnecessarily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Smells objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Hyperactivity</b>				
54.	Does not sit at one place for required time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	Does not pay attention to what is told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	Does not continue with the task at hand for required time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Rebellious behaviours</b>				
57.	Refuses to obey commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Does opposite of what is requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	DOMAINS/ITEMS	Assessments			
		Baseline	1st Qr.	2nd Qr.	3rd Qr.

- 59. Takes very long time intentionally to complete a task
- 60. Wanders outside school
- 61. Runs away from school
- 62. Argues without purpose

**Antisocial behaviours**

- 63. Lies or twists the truth to his own advantage or blames others
- 64. Cheats in games or no sense of fair play
- 65. Steals
- 66. Makes obscene gestures
- 67. Exposes body parts inappropriately
- 68. Makes sexual advances towards members of opposite sex
- 69. Touches own private parts in public
- 70. Touches others private parts in public
- 71. Gambles

**Fears**

- 72. Fear of objects
- 73. Fear of animals
- 74. Fear of places
- 75. Fear of persons
- Any others:

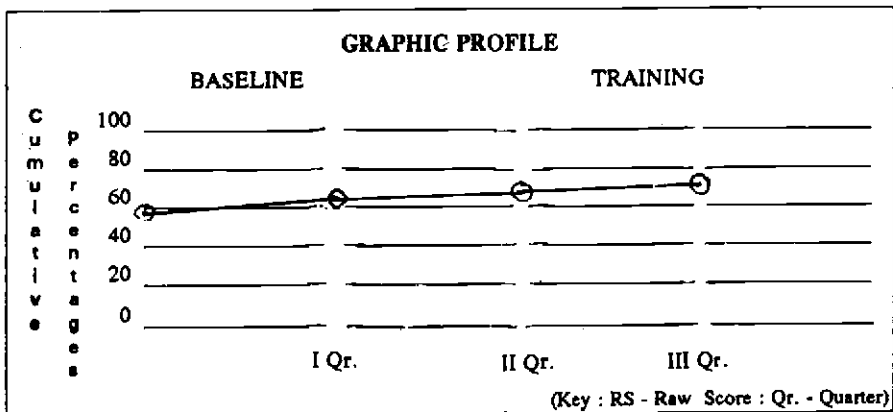
Total Raw Score	Baseline	Ist Quarter	IInd Quarter	IIrd Quarter
<b>Cumulative Score (All Domains)</b>				

**BEHAVIOURAL PROFILE ON BASIC-MR. PART - A**

Name of the student : V. S. RAVI Level/Class SECONDARY Date/s \_\_\_\_\_ Evaluated by \_\_\_\_\_ Date/s \_\_\_\_\_ Evaluated by \_\_\_\_\_  
 Age : 12 YEARS Baseline Assessment \_\_\_\_\_ Second Quarter Assessment \_\_\_\_\_  
 Sex : MALE First Quarter Assessment \_\_\_\_\_ Third Quarter Assessment 2.3.92 Mrs. ARUNA

Item No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Item No.	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Motor	5	5	5	5	5	5	5	5	5	5	5	5	3	3	3	2	5	1	1	1	Motor	3	3	3	3	3	3	5	4	3	4	5	2	3	3	3	3	5	5	1	1		
ADL	5	3	5	1	5	5	5	3	5	5	5	5	5	3	5	5	5	5	5	5	ADL	5	5	5	5	5	5	5	5	5	5	5	4	5	1	3	1	1	2	1	0		
Language : Receptive	5	5	5	5	5	5	5	5	5	5	5	5	3	3	5	3	5	1	1	1	Language : Expressive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3	3	5	
Reading	5	5	5	5	5	5	5	5	5	5	5	1	1	3	2	3	1	1	1	1	Writing	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	1	3	1	1	1	1	
Number	5	5	5	5	5	5	5	5	5	5	4	5	1	1	1	1	1	-	-	-	Time	5	5	5	5	5	3	3	5	1	1	1	3	3	1	1	1	1	1	-	-		
Domestic	3	3	3	5	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	Social	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	1	5	5	5	1	1	1
Pre-Vocational	5	5	3	2	2	1	1	1	3	2	2	2	2	1	1	1	1	1	-	-	Money	5	5	5	5	5	5	3	3	1	1	1	1	1	1	-	-	-	-	-	-	-	

Scoring Key : Independent:5 - Clueing:4 - Verbal prompting:3 - Physical prompting:2 - Totally dependent:1 - Not applicable:0



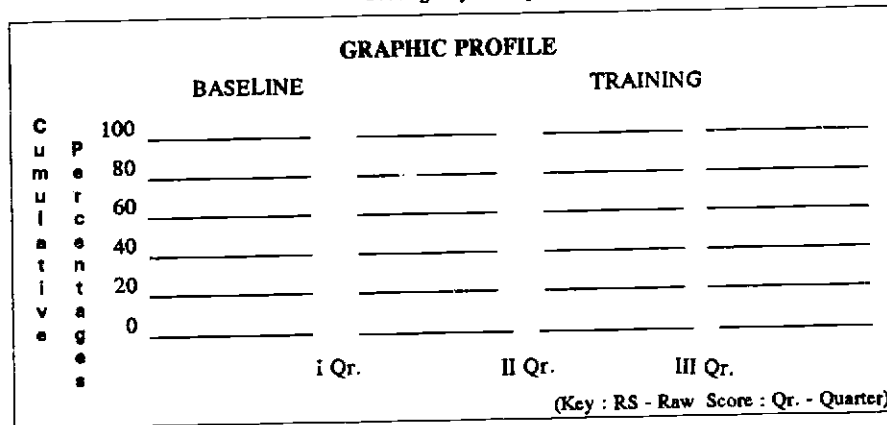
	Baseline		First Qr.		Second Qr.		Third Qr.	
	RS	%	RS	%	RS	%	RS	%
DOMIAN								
Motor	139	69.5	140	70	140	70	144	72
ADL	159	79.5	160	80	162	81	163	81.5
Language	170	85	172	86	175	87.5	178	89
Reading-Writing	130	65	132	66	137	68.5	143	71.5
Number-Time	98	49	105	52.5	109	54.5	114	57
Domestic-Social	79	39.5	90	45	92	46	99	49.5
Pre vocational-Money	54	27	62	31	65	32.5	77	38.5
<b>TOTAL</b>	<b>829</b>	<b>59.21</b>	<b>861</b>	<b>61.5</b>	<b>880</b>	<b>62.86</b>	<b>918</b>	<b>65.6</b>

**BEHAVIOURAL PROFILE ON BASIC-MR, PART - A**

Name of the student : \_\_\_\_\_ Level/Class \_\_\_\_\_ Date/s \_\_\_\_\_ Evaluated by \_\_\_\_\_  
 Age : \_\_\_\_\_ Baseline Assessment \_\_\_\_\_ Second Quarter Assessment \_\_\_\_\_  
 Sex : \_\_\_\_\_ First Quarter Assessment \_\_\_\_\_ Third Quarter Assessment \_\_\_\_\_

Item No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Item No.	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Motor																						Motor																			
ADL																						ADL																			
Language : Receptive																						Language : Expressive																			
Reading																						Writing																			
Time																						Time																			
Domestic																						Social																			
Pre-Vocational																						Money																			

Scoring Key : Independent:5 - Clueing:4 - Verbal prompting:3 - Physical prompting:2 - Totally dependent:1 - Not applicable:0



DOMIAN	Baseline		First Qr.		Second Qr.		Third Qr.	
	RS	%	RS	%	RS	%	RS	%
Motor								
ADL								
Language								
Reading-Writing								
Number-Time								
Domestic-Social								
Pre vocational-Money								
<b>TOTAL</b>								

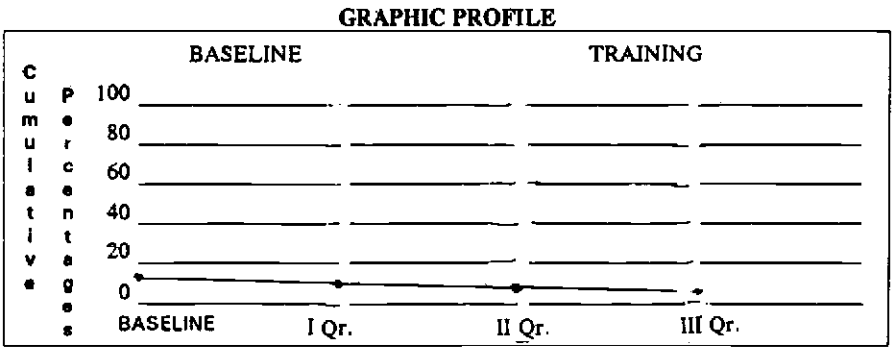
**BEHAVIOURAL PROFILE ON BASIC-MR, PART - B**

Name of the student : V. S. RAVI Level/Class SECONDARY Date/s \_\_\_\_\_ Evaluated by \_\_\_\_\_  
 Age : 12 years Baseline Assessment \_\_\_\_\_ Second Quarter Assessment \_\_\_\_\_  
 Sex : MALE First Quarter Assessment \_\_\_\_\_ Third Quarter Assessment 2.3.92 Evaluated by Mrs. ARUNA

Violent and Destructive Behaviours													Temper Tantrums						Misbehaves with others							Self injurious Behaviours							Repetitive Behaviours																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45								
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Odd Behaviours					Hyperactive			Rebellious Behaviours				Antisocial Behaviours					Fears												
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Scoring Key : Never (N) : 0; Occasionally (O) : 1; Frequently (F) : 2



**CUMULATIVE SCORES**

ASSESSMENT	RAW SCORES	CUMULATIVE PERCENTAGES
BASELINE	16	10.67
FIRST QUARTER	14	9.33
SECOND QUARTER	9	6.00
THIRD QUARTER	5	3.30

**BEHAVIOURAL PROFILE ON BASIC-MR, PART - B**

Name of the student : \_\_\_\_\_ Level/Class \_\_\_\_\_ Date/s \_\_\_\_\_ Evaluated by \_\_\_\_\_ Date/s \_\_\_\_\_ Evaluated by \_\_\_\_\_  
 Age : \_\_\_\_\_ Baseline Assessment: \_\_\_\_\_ Second Quarter Assessment \_\_\_\_\_  
 Sex : \_\_\_\_\_ First Quarter Assessment \_\_\_\_\_ Third Quarter Assessment \_\_\_\_\_

Violent and Destructive Behaviour													Temper Tantrums						Misbehaves with others						Self injurious Behaviours						Repetitive Behaviours																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45								

Odd Behaviours					Hyperactive & Rebellious Behaviours						Antisocial Behaviour						Fears												
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75

Scoring Key : Never (N) : 0 Occasionally (O) : 1 Frequently (F) : 2

**GRAPHIC PROFILE**

C u m u l a t i v e s	BASELINE		TRAINING	
	BASELINE	1 Qr.	II Qr.	III Qr.
100	_____	_____	_____	_____
80	_____	_____	_____	_____
60	_____	_____	_____	_____
40	_____	_____	_____	_____
20	_____	_____	_____	_____
0	_____	_____	_____	_____

**CUMULATIVE SCORES**

ASSESSMENT	RAW SCORES	CUMULATIVE PERCENTAGES
BASELINE		
FIRST QUARTER		
SECOND QUARTER		
THIRD QUARTER		