

# Child Profile: Concept Development

## Objects Exist:

Does your child know that there are things and people around him/her?	Yes	No	?
Does your child search for objects?	Yes	No	?
Does your child demonstrate preferences for specific objects?	Yes	No	?
Does your child recognize objects as being familiar?	Yes	No	?

What senses does your child use to alert and attend to objects and people?

<input type="checkbox"/>	Residual vision
<input type="checkbox"/>	Residual hearing
<input type="checkbox"/>	Touch
<input type="checkbox"/>	Taste
<input type="checkbox"/>	Smell

If applicable, give an example of how your child shows that he/she knows that objects exist.

## Objects Have Permanence:

Does your child search for objects that are out of immediate reach?	Yes	No	?
Does your child return to an area where a favorite object is usually kept?	Yes	No	?
Does your child remove something that has been placed over an object (i.e., a blanket over a toy)?	Yes	No	?
If your child drops or throws an object, does he/she try to retrieve it?	Yes	No	?

If applicable, give an example of how your child shows that he/she knows that objects have permanence.

**Objects Differ:**

Does your child demonstrate a preference for a specific object?	Yes	No	?
Does your child display a dislike for a specific object?	Yes	No	?
Does your child protest when a preferred object is taken away or removed?	Yes	No	?

What senses does your child use to explore the differences in objects?

- Residual vision
- Residual hearing
- Touch
- Taste
- Smell

If applicable, give an example of how your child shows that he/she knows that objects differ.

**Objects Have Names:**

Does your child demonstrate the ability to anticipate the introduction of an object when the name or label is provided?	Yes	No	?
Does your child use names or labels expressively and purposefully to request an object?	Yes	No	?

What forms of communication does your child use to identify names/labels?

<input type="checkbox"/>	Sign language
<input type="checkbox"/>	Tactile sign
<input type="checkbox"/>	Braille
<input type="checkbox"/>	Picture cues
<input type="checkbox"/>	Tactile cues
<input type="checkbox"/>	Verbal cues

If applicable, give an example of how your child shows that he/she knows that objects have names.

**Objects Have Characteristics:**

Does your child pay attention to the different characteristics of objects?	Yes	No	?
Can your child identify objects by characteristics such as size, texture, weight, etc.?	Yes	No	?

What senses does your child use to explore the characteristics of objects?

<input type="checkbox"/>	Residual vision
<input type="checkbox"/>	Residual hearing
<input type="checkbox"/>	Touch
<input type="checkbox"/>	Taste
<input type="checkbox"/>	Smell

If applicable, give an example of how your child shows that he/she knows that objects have characteristics.

## Objects have Functions:

Does your child use an object to correctly do a specific task?	Yes	No	?
Does your child use an object in a similar way on different occasions?	Yes	No	?

If applicable, give an example of how your child shows that he/she knows that objects have functions.