

Credential AREA: Infant-Toddler Credential (Level 5)
TOPIC: HGD, OA,CPD,FCR,PPD Custom Assessment Example
Child Observation/ Interview

I. Assessment Competency & Standards Alignment

| Gateways Competencies Assessed | Competency Alignment by citation Zero to Three (2016) |
|---|--|
| ITC HGD1: Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors | ----- |
| ITC HGD2: Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration) | ----- |
| ITC HGD3: Describes individual differences in infants and toddlers' interactions with and responses to the physical and social world | ----- |
| ITC HGD4: Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3 | ----- |
| ITC HGD5: Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being | ----- |
| ITC OA1: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts | SE-2b, C-4f |
| ITC OA2: Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership | ----- |
| ITC HGD6: Analyzes infant and toddler interactions with the physical and social world and implements responsive, supportive practices that nurture young children's development, learning, mental health, and well-being | SE-2c, SE-2d, SE-2e, SE-2f, SE-3a, SE-3f, SE-4a, SE-4h, C-3a |
| ITC OA3: Analyzes, complies and shares observation and documentation data with families and appropriate caregivers to support holistic knowledge of infant/toddler development and learning within the environmental context | ----- |
| ITC CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children's healthy development and learning | L&L-3i |
| ITC FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners in supporting the healthy development, learning, mental health and well-being of infants and toddlers | ----- |
| ITC PPD5: Designs and participates in collaborative systems and proactive visionary leadership that ensures the healthy functioning of the infant and toddler programming and the young children and families served | ----- |

II. Assessment Task Description/ Directions

This assessment requires that you observe the physical, cognitive, language, social and emotional development of a young child between birth and 36 months of age. The goal of this assessment is to assess your competency in (1) understanding the infant/toddler developmental trajectory, and how this relates to realistic expectations for knowledge, capabilities and behaviors; (2) describing ways attachment, trust, development, mental health, and well-being and learning are influenced by early environments, relationships (e.g., attachment and trust) and experiences; and (3) describing how infants and toddlers respond to and interact with the world in unique ways, and (4) identifying responsive, supportive practices that nurture young children's development, learning, mental health, and well-being.

Your assessment requires that you conduct an observation of a child between the ages of birth and 36 months in the context of an early childhood program/ setting, as well as an interview of a caregiver of the child you observed. This caregiver needs to have knowledge of the child and his or her context of development, such as a family member or a caregiver within an early childhood setting. Consult with your course faculty if you need assistance in identifying a child to observe.

Part 1: Observation Pre-Reflection

Prior to your observation, you will conduct a pre-reflection. In your pre-reflection, please address:

- An overview of developmental milestones associated with the age of the child you are observing
- An overview of behavioral indicators for the progression of play for children between the ages of birth and 36 months
- An overview of attachment theory and the progression of its stages for children between the ages of birth and 36 months
- A description of how early relationships between young children, birth to age 3, and their caregivers, influence healthy development and learning
- An overview of the role of attachment and trust in supporting the young child's sense of self, exploratory play, and social interactions

Part 2: Completing a Running Record

Plan to observe the child you have selected for approximately one hour. Use an anecdotal observational strategy (e.g., a literacy-based Running Record or time sampling) to take *accurate, concise, and objective* notes about that child's interactions and behaviors. Try to be unobtrusive and not directly interact with the child. Be sure that you are positioned where you can see and hear the child clearly. While completing your running record, be sure to capture descriptions of the child's physical, cognitive, language, social and emotional areas of development.

Technology Option:
- Collect videos, pictures,
and documentation of child

Part 3: Interview

Arrange to interview a caregiver of the child you observed. The caregiver can be a family member or infant and toddler professional. Use the example questions provided at the end of this document and record caregiver responses.

Part 4: Reflection

For this portion of your assessment you will be analyzing the data you collected in your Running Record and synthesizing with your knowledge of child growth and development. Your reflection needs to include each of the following:

Technology Option:
- Video or Audio record
interview for future reflection

- **Observation Summary:** Provide an overview of what you observed in terms of the child’s development in each domain, using examples—as applicable. Your overview should include each of the following:
 - A description of what you observed in each developmental area. In your description, be sure to include connections to specific developmental milestones and research/ theory that supports your understanding of the child’s unique development
 - Specific examples of how your observational data complemented or deviated from developmental milestones
 - Unique ways the infant/ toddler observed interacted with and responded to the physical and social world
 - Examples of communication used by the infant/ toddler during your observation
 - Your analysis of the effectiveness of caregiver response to infant/toddler cues
 - A summary of behavioral indicators that demonstrated a progression of play
- **Interview Summary:** Provide an overview of information gained during your interview. Your overview should include a description of child strategies for communication, interacting with the physical and social world, and the family profile.
- **Analysis:**
 - Identify 5-7 expectations in the areas of knowledge, capabilities, and behavior that you would have for the young child you observed, based on your observation, interview, and knowledge of the developmental trajectory
 - Provide a description of unique temperaments and preferred modalities of learning that would be essential to consider when designing responsive, supportive, evidence-based practices for the observed child
 - Provide three examples, based on your observation, of how each area of development and learning interrelates
 - Outline ongoing documentation needed to support a holistic understanding of the young child’s development and learning
 - Provide three suggested strategies for outlining how to establish partnerships with families and share information regarding the benefits of assessment and screening
 - Suggest 4-6 meaningful ways that you could share this information with families. Include in your suggestions the format and strategy you would use for family communication.

Technology Option:
- Video or Audio format

- Provide a rationale for how you would establish culturally- and linguistically-responsive assessment partnerships with families
- Describe 4-6 suggestions for meaningful ways that you could share this information with families. Include in your suggestions the format and strategy you would use for family communication.

Part 5: Program Review

For this portion of the assessment, focus on what you have observed/ learned about the observed child's program. Discuss the following:

- Review available policies and procedures related to inclusion of children with special needs
- Review daily or individualized plans. Is there evidence of parent involvement in curriculum development?
- Determine if processes are in place for the program to collaborate with other consultants involved with any children with special needs to ensure there is no health concern
- Determine if the program has access to resources supporting parent engagement and education (e.g., Parents as Teachers)
- Describe any signs of ecological approach to care: encouraging teacher-caregivers or programs to connect with the array of other consultants, families, or community programs that may be

Technology Option:
- Website or shared drive to communicate information

Part 6: Curriculum Review

Based on your observation of this program, address the following elements of curriculum. Provide examples of each. Does the curriculum:

- Focus on the relationship between child and caregiver?
- Promote the establishment of primary caregiving relationships?
- Address development across domains, acknowledging the integration of infant/toddler development across domains?
- Address the stages of infancy in some form, such as young infants, mobile infants, and toddlers?
- Promote individualization for each child, based on his or her unique culture, language, developmental profile, and needs (including children with special needs)?
- Promote feelings of safety, security and belonging?
- Focus on process over content?
- Focus on an environment that promotes engagement over planned activities?
- Actively involve families in planning for each child?
- Derive from theory and research?

III. Assessment Rubric

ITC HGD-OA Level 5 Child Observation/ Interview Custom Rubric

| Competency | Competent | | | | Unable to Assess |
|---|---|---|--|--|------------------|
| | Checklist Criteria | | | | |
| HGD1: Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors Possible Codes: N = names, D = describes Zero to Three: N/A | | developmental milestones, behavioral indicators for the progression of play, and patterns of development for young children, ages birth to three | | | |
| | | realistic expectations for infant toddler knowledge, capabilities, and behaviors based on young children’s developmental trajectories | | | |
| | | possible meanings that infants/toddlers communicate through their behavior about their preferences, needs, or agendas | | | |
| | | major findings of important current research in early development, prenatal-age 3 | | | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| HGD2: Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration) Zero to Three: N/A | Describes ways that early environments and experiences (e.g., adult/child interaction, opportunities for exploration) influence early brain development, prenatal-age 3 Defines, describes, and give examples of the term attachment using attachment theories. Current research and theory are integrated into description | Describes ways that early environments and experiences (e.g., adult/child interaction, opportunities for exploration) influence early brain development, prenatal-age 3 Defines, describes, and give examples of the term attachment using attachment theories | Defines the term attachment. Definition is not reflective of attachment theories Identifies ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration), but does not provide evidence from current research | Does not describe ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration), nor provide evidence from current research | |

| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
|--|---|---|---|--|------------------|
| <p>HGD3: Describes individual differences in infants' and toddlers' interactions with and responses to the physical and social world</p> <p>Zero to Three: N/A</p> | Describes individual differences in infants' and toddlers' interactions with the physical and social world. Description includes connections to research | Describes individual differences in infants' and toddlers' interactions with the physical and social world | Describes individual differences in infants' and toddlers' interactions with the physical or social world | Does not accurately describe individual differences in infants' and toddlers' interactions with the physical and social world | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>HGD4: Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3</p> <p>Zero to Three: N/A</p> | Identifies and provides comprehensive description, supported by research, of how early relationships with and among caregivers of young children, prenatal-age 3 influence healthy development and learning | Identifies and provides description supported by research, of how early relationships with and among caregivers of young children, prenatal-age 3 influence healthy development and learning | Describes the importance of relationships between young children, birth to age 3, and their caregivers | Provides inaccurate or incomplete description of the importance of relationships between young children, birth to age 3, and their caregivers | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>HGD5: Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being</p> <p>Zero to Three: N/A</p> | Identifies, explains, and give examples of how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social | Identifies and explains how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and | Identifies how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social interactions) and | Provides incomplete or inaccurate description of how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, | |

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| | interactions) and impacts overall growth and development Current research-base is integrated into description | development | impacts overall growth and development | exploratory play, social interactions) and impacts overall growth and development | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| OA1: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts Zero to Three: SE-2b, C-4f | <p>Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of infant's or toddler's interests, preferences, needs, and particular ways of responding to people and things</p> <p>Selects and uses legal and ethical assessment procedures to gain information about young children's families and social context</p> <p>Selects and uses appropriate assessment, screening, and observation organizational strategies</p> <p>Supports families and colleagues' knowledge of the importance of observation, assessment, and screening in supporting young</p> | <p>Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of infant's or toddler's interests, preferences, needs, and particular ways of responding to people and things</p> <p>Selects and uses legal and ethical assessment procedures to gain information about young children's families and social context</p> <p>Selects and uses appropriate assessment, screening, and observation organizational strategies</p> | <p>Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of young children's development and learning</p> <p>Selects and uses legal and ethical assessment procedures to gain information about young children's families</p> | <p>Observation, screening and assessment procedures selected and/or implemented not reflective of legal or ethical standards or implemented in a way that supports knowledge of young children, their families, and/or societal context</p> <p>Organizational strategies not utilized</p> | |

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| | children's healthy development and learning | | | | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>OA2: Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership</p> <p>Zero to Three: N/A</p> | <p>Identifies appropriate strategies for assisting families in understanding the purpose and benefits of early screening</p> <p>Articulates the importance of establishing culturally responsive assessment partnerships with families</p> | <p>Identifies appropriate strategies for assisting families in understanding the purpose and benefits of early screening</p> <p>Articulates the importance of establishing an assessment partnership with families</p> | <p>Identifies appropriate strategies to inform families of the benefits of early screening</p> | <p>Appropriate strategies supporting family knowledge of early screening not identified</p> <p>Rationale supporting the importance of families as partners in the assessment process not provided</p> | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>HGD6: Analyzes infant and toddler interactions with the physical and social world and implements responsive, supportive practices that nurture young children's development, learning, mental health, and well-being</p> <p>Zero to Three: SE-2c, SE-2d, SE-2e, SE-2f, SE-3a, SE-3f, SE-4a, SE-4h, C-3a</p> | <p>Examines and provides analysis of children, prenatal to age 3, interactions with the physical and social world (e.g. sense of self, unique temperaments, exploratory play, social interactions, and preferred learning styles)</p> <p>Implements responsive, supportive practices that nurture young children's development, learning, mental health, and well-being, based on current</p> | <p>Examines and provides analysis of children, prenatal to age 3, interactions with the physical and social world (e.g. sense of self, unique temperaments, exploratory play, social interactions, and preferred learning styles)</p> <p>Implements responsive, supportive practices that nurture young children's development, learning, mental health, and well-being</p> | <p>Examines analysis of children, prenatal to age 3, interactions with the physical and social world (e.g. sense of self, unique temperaments, exploratory play, social interactions, and preferred learning styles)</p> <p>Identifies responsive, supportive practices that nurture young children's development, learning, mental health, and well-being</p> | <p>Provides incomplete or inaccurate analysis of infant and toddler interactions with the physical and social world</p> <p>Implements practices that fail to nurture young children's development, learning, mental health, and well-being</p> | |

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| | research | being | | | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>OA3: Analyzes, compiles and shares observation and documentation data with families and appropriate caregivers to support holistic knowledge of infant/toddler development and learning within the environmental context</p> <p>Zero to Three: N/A</p> | <p>Analyzes and compiles ongoing observation and documentation of infants' and toddlers' development and learning in order to understand and support children's interactions with the social and physical world</p> <p>Reports ongoing, meaningful information using culturally and linguistically responsive strategies regarding infant /toddler development and learning to caregivers and families across different</p> | <p>Analyzes and compiles ongoing observation and documentation of infants' and toddlers' development and learning in order to understand and support children's interactions with the social and physical world</p> <p>Reports ongoing, meaningful information regarding infant/ toddler development and learning to caregivers and families across different developmental, learning and personality domains</p> | <p>Analyzes and compiles ongoing observation and documentation of infants' and toddlers' development and learning</p> <p>Reports ongoing, meaningful information regarding infant/ toddler development and learning to caregivers and families</p> | <p>Provides incomplete/inaccurate analysis and compilation of observational data and documentation of infant/toddler development and learning</p> <p>Inconsistently or inaccurately reports information regarding infant/ toddler development and learning to caregivers and families</p> | |

| | developmental, learning and personality domains | | | | |
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| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children’s healthy development and learning</p> <p>Zero to Three: L&L-3i</p> | <p>Justifies strategies that support infant/toddler communication, well-being, and positive interactions with their physical and social world</p> <p>Advocates for interactions and care environments that support and enhance the healthy development and learning of young children</p> <p>Supports families as partners in advocating for nurturing, responsive infant/toddler care environments</p> | <p>Justifies strategies that support infant/toddler communication, well-being, and positive interactions with their physical and social world</p> <p>Advocates for interactions and care environments that support and enhance the healthy development and learning of young children</p> | <p>Identifies strategies that support infant/toddler communication, well-being, and positive interactions with their physical and social world</p> <p>Identifies interactions and care environments that support and enhance the healthy development and learning of young children</p> | <p>Identifies inappropriate strategies related to infant/toddler communication, well-being, and positive interactions with the physical and social world</p> | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants</p> | <p>Utilizes the positive benefits of a collaborative team approach to working with families and colleagues when supporting the development and learning of infants and toddlers, including children from all cultural</p> | <p>Utilizes the positive benefits of a collaborative team approach to working with families and colleagues when supporting the development and learning of infants and toddlers, including children from all cultural backgrounds, who</p> | <p>Utilizes the positive benefits of a collaborative team approach to working with families and colleagues when supporting the development and learning of infants and toddlers</p> <p>Designs and supports</p> | <p>Engages in actions that are detrimental to developing and maintaining a collaborative team approach</p> <p>Designs and supports program practices and practitioner strategies</p> | |

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| <p>and toddlers</p> <p>Zero to Three: N/A</p> | <p>backgrounds, who have varying abilities as well as those who are multilingual</p> <p>Designs and supports program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles</p> <p>Advocates for program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles</p> <p>Supports families and colleagues as advocates and equal participants in supporting the healthy development, learning, mental health and well-being of infants and toddlers, identifying strategies that support</p> | <p>have varying abilities as well as those who are multilingual</p> <p>Designs and supports program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles</p> <p>Advocates for program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles</p> | <p>program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences</p> <p>Advocates for program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences</p> | <p>ignore or undermine family sharing of information about home care giving routines, practices, and preferences</p> <p>Engages in actions that undermine families' sharing of information about home care giving routines, practices, and preferences</p> | |
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| | essential knowledge and skills | | | | |
| Competency | Distinguished | Competent | Developing | Unsatisfactory | Unable to Assess |
| <p>PPD5: Designs and participates in collaborative systems and proactive, visionary leadership that ensures the healthy functioning of the infant and toddler programming and the young children and families served</p> <p>Zero to Three: N/A</p> | <p>Identifies and engages in system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources</p> <p>Supports families as advocates in system-wide collaboration among agencies and others serving infants/toddlers and their families</p> | <p>Identifies and engages in system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources</p> | <p>Identifies system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources</p> | <p>Inaccurate or incomplete identification of system-wide collaboration opportunities among agencies and others serving infants/toddlers and their families. Incomplete identification of procedures for referring children and for obtaining resources</p> | |

Yellow = Level 2 Green = Level 3 Orange = Level 4 Blue = Level 5

IV. Data Collection & Analysis Tool

| Competency & Standards Alignment | | Cumulative Assessment Data | | | | |
|---|----------------------|----------------------------|------------|-------------------|----------------|------------------|
| Competency | Zero to Three (2016) | Distinguished | Proficient | Needs Improvement | Unsatisfactory | Unable to Assess |
| ITC HGD1: Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors | ----- | | | | | |
| ITC HGD2: Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration) | ----- | | | | | |
| ITC HGD3: Describes individual differences in infants and toddlers' interactions with and responses to the physical and social world | ----- | | | | | |

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| ITC HGD4: Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3 | ----- | | | | | |
| ITC HGD5: Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being | ----- | | | | | |
| ITC OA1: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts | SE-2b, C-4f | | | | | |
| ITC OA2: Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership | ----- | | | | | |
| ITC HGD6: Analyzes infant and toddler interactions with the physical and social world and implements responsive, supportive practices that nurture young children’s development, learning, mental health, and well-being | SE-2c, SE-2d, SE-2e, SE-2f, SE-3a, SE-3f, SE-4a, SE-4h, C-3a | | | | | |
| ITC OA3: Analyzes, complies and shares observation and documentation data with families and appropriate caregivers to support holistic knowledge of infant/toddler development and learning within the environmental context | ----- | | | | | |
| ITC CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children’s healthy development and learning | L&L-3i | | | | | |
| ITC FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners in supporting the healthy development, learning, mental health and well-being of infants and toddlers | ----- | | | | | |
| ITC PPD5: Designs and participates in collaborative systems and proactive visionary leadership that ensures the healthy functioning of the infant and toddler programming and the young children and families served | ----- | | | | | |

Caregiver Interview Tool

Date:

Individual interviewed:

Relation to the child:

Age of the child:

Suggested interview questions:

1. How does the infant/toddler communicate his/her needs and wants to you? What strategies does the child use most effectively?
2. What is your preferred way of engaging with the child? What interactions does the child seem to respond to most?
3. How would you describe the child's temperament?
 - a. Does the child have a set routine?
 - b. What is the child's overall mood?
 - c. Do you feel that s/he adapts easily to new situations?
 - d. Is the child active in exploring the environment, or more observant?
 - e. Is the child open to new relationships, or cautious?
 - f. Does the child have a bond or attachment to you? Another caregiver in the room?