



Communication in Infants and Social Screener (CISS)

Child's name: _____ Child's date of birth: _____ Date filled out: _____

Was birth premature? _____ If yes, how many weeks? _____ Does your child have an identified disability? _____ If yes, please describe: _____

Filled out by: _____ Relationship of respondent to child: _____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> More than one race
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Instructions for caregivers: This screener is designed to identify different aspects of communication and social development in infants. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This screener should be completed by a caregiver when the child is between **2 and 12 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who cares for the child daily. Please check the best answer among the options to describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Infants at your child's age are not necessarily expected to show all the behaviors listed.**

Data from this form will be shared with UNL researchers in Communication Disorders (led by Dr. Cynthia Cress at ccress1@unl.edu) to help us use patterns of infant communication to predict communication skills and concerns in older children. No names or identifying information will be shared with UNL researchers for you or your child. If you wish to know about more specific research activities to predict communication skills for your child, you may choose to fill in your contact information at the end of this form. No contact information is expected for your pediatrician's use of this form, and your decision will not affect your child's care here at your pediatrician's office. If you do not wish your child's data to be a part of this research, you can contact the Infant Communication Lab Manager, Teresa Parrill, to withdraw your child's information from the data analysis (tparrill2@unl.edu, 402-472-4431).

SOCIAL	Early Communication			
	1. When you are not watching your child, does he or she try to get your attention?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	2. Does your child clearly let you know when he or she wants an object that is out of reach?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	3. Does your child make a particular movement or sound when you come in or leave?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	4. Does your child try to get you to notice interesting objects, not to get you to do anything with them, but just to get you to look at them? (For example, does your child make a sound or look or lean toward something interesting and then back at you?)	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	Attention			
	5. When playing with something, does your child "check in" with you with a look or action to make sure you are paying attention?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	6. When playing with toys, does your child look at the toy, then look at you, then look back at the toy again?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	Social Response/Anticipation			
	7. Does your child seem to get "stuck" paying attention to certain kinds of activities?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	8. Does it seem like your child does not hear you when you talk to him or her?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	9. When playing, does your child pay more attention to toys than to people?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	Social Connection			
	10. When playing social games like peek-a-boo or bouncing, does your child easily make and hold eye contact with you?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
11. When playing social games, does your child let you know he or she wants to keep it going? (For example, does your child smile back, look, or reach for you?)	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	
12. Is it easy to get your child to play social games with you?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	
13. Does your child smile back at you easily just because you are smiling at him or her?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	
14. When your child does something and you laugh, does he or she do it again?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	
SCORE: <input type="text" value=""/>				
SPEECH	Speech			
	15a. Does your child make sounds while you are doing things together that make it seem like he or she is trying to "talk" to you?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	15b. Which of these sounds does your child make? Check all that apply.	<input type="checkbox"/> Squeals <input type="checkbox"/> Growls <input type="checkbox"/> "Raspberries" or "Bronx cheer" <input type="checkbox"/> Question tone ("aahhh?") <input type="checkbox"/> Sing-song tone (voice goes up and down)		
	16a. Does your child make sounds with a clear consonant and vowel like "ba" or "nana"?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	16b. How many of these sounds does your child make? Check all that apply.	<input type="checkbox"/> ma <input type="checkbox"/> na <input type="checkbox"/> ba <input type="checkbox"/> da <input type="checkbox"/> ga <input type="checkbox"/> wa <input type="checkbox"/> la <input type="checkbox"/> ya		
	17. Does your child make sounds to get your attention or start a game of back-and-forth sounds with you?	<input type="checkbox"/> Not yet	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	18. Does your child make most of his or her sounds toward objects or when playing alone (not toward people)?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	19. Does your child use his or her sounds in ways that strike you as strange or unusual? (For example, does your child make odd uses of voice or sound rhythms?)	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
	VARIETY: <input type="text" value=""/> SCORE: <input type="text" value=""/>			



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PLAY	Play	
	20. Which ways does your child play with toys or objects? Check all that apply.	
	<input type="checkbox"/> Looks or leans intently toward toys <input type="checkbox"/> Puts toys in mouth or shakes toys <input type="checkbox"/> Bangs toys together or pushes or pulls toys on floor <input type="checkbox"/> Turns toys over to explore them, or looks intently at different parts <input type="checkbox"/> Puts toys in or out of containers or stacks toys	
	21. Does your child try to imitate a play action that you show him or her? (For example, does your child bang toys together or shake toys right after you show this action?)	<input type="checkbox"/> Not yet <input type="checkbox"/> Sometimes <input type="checkbox"/> Often
	22. Does your child use a toy for its main purpose, like rolling or throwing a ball, turning the pages in a book, or pushing a car?	<input type="checkbox"/> Not yet <input type="checkbox"/> Sometimes <input type="checkbox"/> Often
23. Does your child show the beginnings of pretend play, like feeding a doll with a bottle or spoon, or kissing a doll?	<input type="checkbox"/> Not yet <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	
24. Does your child play in ways that seem strange or unusual (for example, moving hands in unusual ways, spinning, flapping, or flicking toys that aren't usually played with in those ways)?	<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	
VARIETY: <input type="text" value="/5"/> SCORE: <input type="text" value="/8"/>		

Do you have any concerns about your child's development? Yes No If yes, please describe below.

PARENT SATISFACTION RATING SCALE

Please circle the best response for each question.

1. How many of these items were easy to fill out about your child?

1 All were easy	2 Most were easy	3 Some were easy; some were hard	4 Most were hard	5 All were hard
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2. Overall, my responses give a good picture of my child's communication, play, and social skills.

1 Strongly agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree
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I might be interested in participating in a research study on infant communication and want to learn more. My contact information is:

Name: _____

Telephone: _____

E-mail: _____

See CISS parent informational letter on your doctor's website for more information.