Telepractice Family Routines Form

Use the form below to help us understand your family’s daily routines or activities. This information will be very helpful for planning our telepractice sessions. Please check those that apply and add any other routines.

**Daily Routines**

- Putting hearing devices on
- Getting out of bed
- Dressing
- Breakfast
- Morning play time
- Helping siblings get ready for school
- Chores (laundry, cleaning, etc.)
- Going in the car
- Lunch
- Nap
- Reading books
- Going to the store
- Putting groceries away
- Making dinner
- Cleaning
- Bedtime routine
- Other:

Choose several routines and consider the following when answering the questions for each routine below:

- Feel comfortable describing challenges (my baby does not like diaper changes) or things that go well (my child loves looking at books) during the routine.
- Think about how your child listens and understands what you are saying or tells/shows you what they want.
- What objects, toys or household items is your child most interested in during the routine?

*Note: It is helpful if you send a photo or short video of you and your child interacting in the routine.*
Routine 1

What are some examples of what your child does/says during the routine?

What are some examples of what you /other family members do/say during the routine?

What toys or household objects are associated with the routine?

Routine 2

What are some examples of what your child does/says during the routine?

What are some examples of what you /other family members do/say during the routine?

What toys or household objects are associated with the routine?