

Infant Toddler Activity Card Sort (ITACS)

Activity		Yes, I have concerns related to	No, I do not have concerns related to	Therapist Notes
1	Reading Books			
2	Going to School			
3	Listening to Music or Singing Along			
4	Watching Television			
5	Pretend Play			
6	Social Interaction			
7	Playing with a tablet			
8	Coloring/drawing			
9	Playing with Puzzles			
10	Playing			
11	Playing with blocks			
12	Tummy time			
13	Crawling			

	Activity	Yes, I have concerns related to	No, I do not have concerns related to	Therapist Notes
14	Swinging			
15	Walking			
16	Climbing on playground equipment			
17	Running			
18	Taking a bath			
19	Using the potty			
20	Getting dressed			
21	Sleeping			
22	Diaper changing			
23	Breastfeeding			
24	Bottle feeding			
25	Spoon feeding			
26	Finger feeding			
27	Using a cup			

	Activity	Yes, I have concerns related to	No, I do not have concerns related to	Therapist Notes
28	Brushing teeth			
29	Riding in a car or other transportation			
30	Attending religious services			
31	Running errands with you			
32	Going for walks			
33	Playing outside			
34	Playing with adults			
35	Interacting with pets			
36	Playing with siblings			
37	Helping with cooking and meals			
38	Eating with others at restaurants			
39	Crying and communicating			
40	Smiling			

Of the activities you indicated “**yes, I have concerns**” please choose the 5 activities that are most important to you and write them down below.

Of those 5 activities, rank them in terms of importance from **1 to 5** using the scale on the right (**1= Most important; 5= Least important**). Please select each number (1-5) **ONCE** so that each activity is marked with a different rating.

List the <u>TOP 5</u> activities you indicated “Yes, I have concerns”	Rank Importance				
	Most important				Least important
1.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

