

Children's Ability Index

For each question, please select the option that represents your answer. It is important to remember that children do not develop and learn at the same speed, for example, some children learn to walk sooner than others, and this is normal. It is not expected that children are able to perform all the activities asked in this questionnaire. The most important thing is that your answers are sincere.

Child's name: _____ Child's birthday (day/month/year): _____

Code: _____ Child's sex: () Male () Female

Maternal education level:

- () Illiterate
- () Primary School Complete / Incomplete
- () High School Complete / Incomplete
- () University/Undergraduate Complete / Incomplete
- () Post-graduate study Complete / Incomplete

General verbal communication

		Currently able	Not yet able
1	Can this child communicate what he/she wants with gestures (e.g. crying or pointing)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does this child understand the language spoken?	<input type="checkbox"/>	<input type="checkbox"/>
3	Can this child use words to get what he/she wants?	<input type="checkbox"/>	<input type="checkbox"/>
4	Can this child use a word or simple phrase to tell about his/her day?	<input type="checkbox"/>	<input type="checkbox"/>
5	Can this child use multiple phrases to tell about his/her day?	<input type="checkbox"/>	<input type="checkbox"/>
6	Can this child talk and listen to another in a conversation (maintain a dialogue)?	<input type="checkbox"/>	<input type="checkbox"/>

Approaches to learning

		Yes	No
7	Does this child show more curiosity with something new than with something familiar?	<input type="checkbox"/>	<input type="checkbox"/>
8	Does this child investigate / explore a new toy, game, puzzle or object?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does this child use objects in fantasy play / in using his/her own imagination?	<input type="checkbox"/>	<input type="checkbox"/>

10	Is this child interested in sports and games?	<input type="checkbox"/>	<input type="checkbox"/>
11	Does this child feel free to explore the school environment even without the presence of the teacher?	<input type="checkbox"/>	<input type="checkbox"/>
12	Does this child show interest or curiosity when dealing with a new task or activity?	<input type="checkbox"/>	<input type="checkbox"/>

Numbering and concepts

		Currently able	Not yet able
13	Does this child recognize geometric shapes (e.g. triangle, circle, square)?	<input type="checkbox"/>	<input type="checkbox"/>
14	Can this child name and identify at least 3 colors?	<input type="checkbox"/>	<input type="checkbox"/>
15	Can this child sort and classify objects with common characteristics (e.g. shape, color, size)?	<input type="checkbox"/>	<input type="checkbox"/>
16	Can this child name and recognize the symbols of all the numbers from 1 to 10?	<input type="checkbox"/>	<input type="checkbox"/>
17	Can this child count to 20?	<input type="checkbox"/>	<input type="checkbox"/>
18	Can this child identify differences in height / size (e.g. a horse is taller than a dog)?	<input type="checkbox"/>	<input type="checkbox"/>
19	Does this child know the sequence of events in a day (e.g. breakfast, lunch, dinner and bedtime)?	<input type="checkbox"/>	<input type="checkbox"/>
20	Does this child understand the concepts of yesterday, today and tomorrow?	<input type="checkbox"/>	<input type="checkbox"/>
21	Does this child have notions of weight (e.g. an elephant weighs more than a mouse)?	<input type="checkbox"/>	<input type="checkbox"/>
22	Can this child compare amounts (e.g. the number 8 is larger than the number 2)?	<input type="checkbox"/>	<input type="checkbox"/>

Formal reading literacy

		Currently able	Not yet able
23	Can this child follow directional reading (e.g. from left to right, top to bottom)?	<input type="checkbox"/>	<input type="checkbox"/>
24	Can this child identify at least 3 letters of the alphabet?	<input type="checkbox"/>	<input type="checkbox"/>
25	Can this child identify at least 10 letters of the alphabet?	<input type="checkbox"/>	<input type="checkbox"/>
26	Can this child recognize / identify at least 4 simple and usual words?	<input type="checkbox"/>	<input type="checkbox"/>
27	Can this child identify or read complex words?	<input type="checkbox"/>	<input type="checkbox"/>
28	Can this child read simple sentences?	<input type="checkbox"/>	<input type="checkbox"/>

Formal writing literacy

	Currently able	Not yet able
29 Can this child scribble on paper using a pen / pencil / crayon?	<input type="checkbox"/>	<input type="checkbox"/>
30 Can this child draw something identifiable (e.g. a stick figure)?	<input type="checkbox"/>	<input type="checkbox"/>
31 Can this child write at least 3 letters (e.g. A, B, C)	<input type="checkbox"/>	<input type="checkbox"/>
32 Can this child write his/her name?	<input type="checkbox"/>	<input type="checkbox"/>
33 Can this child write (or copy) simple words?	<input type="checkbox"/>	<input type="checkbox"/>
34 Can this child write simple sentences?	<input type="checkbox"/>	<input type="checkbox"/>

Cultural knowledge

	Currently able	Not yet able
35 Can this child identify two animals?	<input type="checkbox"/>	<input type="checkbox"/>
36 Can this child identify two important types of food?	<input type="checkbox"/>	<input type="checkbox"/>
37 Can this child identify two plants that provide food / fruit?	<input type="checkbox"/>	<input type="checkbox"/>
38 Can this child sing familiar children's songs (e.g. Happy Birthday)?	<input type="checkbox"/>	<input type="checkbox"/>
39 Can this child sing a holiday song (e.g. Christmas, or other dates or cultural events)?	<input type="checkbox"/>	<input type="checkbox"/>

Socio-emotional skills

	Yes	No
40 Does this child share his/her toys and belongings?	<input type="checkbox"/>	<input type="checkbox"/>
41 Does this child take care of his/her own belongings?	<input type="checkbox"/>	<input type="checkbox"/>
42 Does this child show respect for adults?	<input type="checkbox"/>	<input type="checkbox"/>
43 Does this child show respect for other children?	<input type="checkbox"/>	<input type="checkbox"/>
44 Does this child accept responsibility for his/her actions?	<input type="checkbox"/>	<input type="checkbox"/>
45 Does this child have regard for the feelings of others?	<input type="checkbox"/>	<input type="checkbox"/>

46	Is this child collaborative?	<input type="checkbox"/>	<input type="checkbox"/>
47	Is this child friendly with other children?	<input type="checkbox"/>	<input type="checkbox"/>
48	Does this child kick, bite or hit adults or other children?	<input type="checkbox"/>	<input type="checkbox"/>
49	Does this child have difficulty waiting for his/her turn?	<input type="checkbox"/>	<input type="checkbox"/>
50	Does this child understand the difference between right and wrong?	<input type="checkbox"/>	<input type="checkbox"/>
51	Can this child follow simple instructions on how to do something?	<input type="checkbox"/>	<input type="checkbox"/>

Perseverance

		Yes	No
52	Does this child perform tasks autonomously?	<input type="checkbox"/>	<input type="checkbox"/>
53	Does this child stick with a task until completion?	<input type="checkbox"/>	<input type="checkbox"/>
54	Does this child need to be constantly reminded to finish something?	<input type="checkbox"/>	<input type="checkbox"/>
55	Is this child easily distracted in a task?	<input type="checkbox"/>	<input type="checkbox"/>

Physical health

		Yes	No
56	Is this child often sick?	<input type="checkbox"/>	<input type="checkbox"/>
57	Does this child have basic knowledge of hygiene (e.g. comes to school clean, washes hands, has a clean backpack and toothbrush)?	<input type="checkbox"/>	<input type="checkbox"/>
58	Does this child have any special needs?	<input type="checkbox"/>	<input type="checkbox"/>
59	Child's height	_____ cm	
60	Child's weight	_____ kg	



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