



EPSI Score Sheet

Child Name or #: _____

Assessment Date _____
(MM/DD/YYYY)

Scoring Method: Live Video

New Intervention: _____

Coder: _____


Play Partner: Parent Other Caregiver Staff

Location: Home Center Other

Primary Language of Administration: _____

Other Language(s) Spoken During Administration: _____

If Reliability, Reliability Coder's Name: _____

**Mark Observations of each key skill with tally marks:  **

Duration: _____ (min) _____ (sec)	Looks	Explore	Function	Solution
Toy: Pop-Up Cups Gumball/Pound A Ball				
Total				

Duration: _____ (min) _____ (sec)	Looks	Explore	Function	Solution
Toy: Pop-Up Cups Gumball/Pound A Ball				
Total				

Duration: _____ (min) _____ (sec)	Looks	Explore	Function	Solution
Toy: Pop-Up Cups Gumball/Pound A Ball				
Total				

Assessment Notes: