



ECI Score Sheet

Child Name or #: _____

Assessment Date _____
(MM/DD/YYYY)

Scoring Method: Live Video

Assessment Duration: ____ (Min.) ____ (Sec.)

Toy Set: House Barn

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: _____

	Gestures	Vocalizations	Single Words	Multiple Words
ECI (make tally marks for each key skill observed) 				
Total				

Assessment Notes: