



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 (A, B, C, D, E) Cups Gumball/Pound A Ball | | | | |
| Total | | | | |

| Duration: _____ (min) _____ (sec) | Looks | Explore | Function | Solution |
|---|-------|---------|----------|----------|
| Toy: Pop-Up (A, B, C, D, E) Cups Gumball/Pound A Ball | | | | |
| Total | | | | |

| Duration: _____ (min) _____ (sec) | Looks | Explore | Function | Solution |
|---|-------|---------|----------|----------|
| Toy: Pop-Up (A, B, C, D, E) Cups Gumball/Pound A Ball | | | | |
| Total | | | | |
| | | | | |

Assessment Notes: