Identifying Family Activities and Routines
Conversation Starters

Consider using some of these comments or questions to open a dialog about the child’s and family’s activities, environments, and routines.

★ We’d like to learn about some of your child’s daily routines and activities for teaching and learning. By sharing your daily activities and routines, you are identifying potential times and places for your child’s intervention.

★ Tell me about your day. What are the routines/activities or places that you go that most often occur for you and your child?

★ What types of things happen on most:
Mornings? Afternoons? Nights? Weekends?

★ Life with children usually makes us be pretty flexible. Can you give me some ideas about what usually happens before or after _______? (Use some event the careprovider mentions—“One Life to Live.” Systematically identify events, and then proceed.)

★ If the careprovider is having difficulty identifying activities or routines, ask some specific questions about some of the following: dressing, breakfast, watching TV, car travel, preparing meals, household chores, nap, lunch and evening meals, yard work, bath, bedtime stories, or hanging out.

Possible follow-up questions to consider:

★ Are there any activities or places that you go (e.g., shopping, doctor’s appointments) that occur on a less than regular basis (e.g., once a week, every few days)?

★ Are there other events that occur fairly regularly or during the weekend (e.g., sport events for siblings)?

★ Who are the important people who participate in your child’s life? Who are helpful in your child’s care, and who may also have activities and routines for teaching and learning (e.g., grandparents, big brother, neighbor, friend)?
Therapists as Collaborative Team members for Infant/Toddler Community Services

★ What routines/activities does ______(child’s name)______ enjoy doing?
  • What makes this routine(s) enjoyable to ____________?
  • What does______________usually do during the routine/activity?
  • What do you (or the other careproviders) do during the routine/activity?
  • How long does it take?

★ Are there opportunities for your child to interact with other children?
  • How many other children participate in this routine/activity?

★ What routine/activity(s) does _______________not like?
  • What makes this routine/activity difficult or uncomfortable for ____________?
  • What does___________usually do during the routine/activity?

★ What are your (family’s) expectations of the children during the routine/activity?
  • What do you do during the routine/activity?
  • How do you let the child know what is expected in this routine/activity?

★ Are there better times for you during the day or locations that are more comfortable for intervention routines?

SUMMARY INFORMATION

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(Adapted from Woods Cripe; Woods Cripe & Venn)