


## Parent's Observations of Social Interactions (POSI)

### Scoring Directions, 12/14/15

1. Score each of the seven questions. Each question is assigned either a "1" or a "0". If the parent selects one or more responses that fall in the last three columns, the question is scored as "1"; otherwise, it is scored as "0" (see image below).
2. For items where parents have selected multiple responses for a single question (i.e., multiple responses in each row):
  - a. Choose the more concerning answer (i.e., lower-functioning behavior) farthest to the right.
  - b. If the parent has selected multiple answers in the last three columns for one item, assign only one point for the item.
  - c. Missing items count as zero.
3. Since there are seven questions total, there is a maximum of seven potential points.
4. A result of three or more points in the last three columns indicates that a child is "at risk" and needs further evaluation or investigation.<sup>1</sup>



**SWYC:**  
18 months, 0 days to 34 months, 31 days

**3 or more responses (from different items) in these 3 columns**


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	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child interested in playing with other children?	<input type="radio"/>	<input type="radio"/>	Sometimes	Rarely	Never
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does your child <u>usually</u> show you something he or she wants? <i>(please check all that apply)</i>	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What are your child's favorite play activities? <i>(please check all that apply)</i>	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<sup>1</sup> Based on recent data, we are actively working to revise the POSI scoring system. Our goal is to maintain sensitivity while increasing positive predictive value.

## Example of a Positive POSI



**SWYC:**  
18 months, 0 days to 34 months, 31 days

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_


PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)						
Does your child bring things to you to show them to you?	Many times a day	A few times a day	A few times a week	Less than once a week	Never	0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Always	Usually	Sometimes	Rarely	Never	
Is your child interested in playing with other children?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
Does your child look at you when you call his or her name?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams	
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels	
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
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Note: Omitted questions receive a score of 0.

Note: Each question has a maximum score of 1. Even though these two "check all that apply" questions have two checks in the three right columns, they only count for one point each.

**Total Score: 3**

## Example of a Negative POSI



**SWYC:**  
18 months, 0 days to 34 months, 31 days

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)						
Does your child bring things to you to show them to you?	Many times a day	A few times a day	A few times a week	Less than once a week	Never	0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Always	Usually	Sometimes	Rarely	Never	
Is your child interested in playing with other children?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
Does your child look at you when you call his or her name?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
Does your child look if you point to something across the room?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams	
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels	
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
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Note: Omitted questions receive a score of 0.

Note: Each question has a maximum score of 1. Even though these two "check all that apply" questions have two checks in the three right columns, they only count for one point each.

**Total Score: 2**