1. The assessment should take place in the natural contexts of life of the child and family (T)
2. The instruments, styles and materials must be only accepted by professionals (F)
3. In the assessment process the family must adopt the role defined by the professional (F)
4. The Assessment process should focus only on the child's needs (F)
5. An integrated development model (T)
6. Multiple sources of information (T)
7. Relations and interactions only between professionals (F)
8. “Atypical” development as a reference for the interpretation of differences (F)
9. Ages & Stages Questionnaires is an assessment instrument that should not be used in screening. The higher the score in the ASQ and the lower in the ASQ-SE the more likely it is the need for professional support (F)
10. The language used in the ASQ is mainly understood by professionals, therefor parents should not try to complete it by themselves (F)
11. For each routine the RBI gathers information about the following domains: engagement, independence, social relationships and satisfaction with routines (T)
12. One of the advantages of the RBI is that it guides intervention towards meaningful goals for the child and family. It is the competence of the professional to prioritize which outcomes and goals should be approached first (F)
13. The SATIRE Provides deep understanding of the child functional behavior (engagement, independence, and social relationships) outside the school settings. In the SATIRE is it important to gather the teacher’s perception of the goodness of fit between the routine and the child’s functioning (F)
14. In the Ecomap the connections between the family and the other agents are represented by a line in which a continuous line represents a strong and generally positive bond, a dotted line represents a conflicting or stress between the family and the other person/service (T)
15. The Carolina Curriculum is an assessment and intervention program designed only for young children with atypical development and it assesses the child in 5 different domains: cognition communication, personal-social, fine motor and gross motor (F)
16. During the assessment, on Carolina Curriculum, the professional should observe the child in different routines and in natural environments. After all the items been analyzed, the Developmental Progress Chart helps professionals to summarize the level of child´s skills (T)
17. Alberta Infant Motor Scale (AIMS) is an assessment for all the infants aged from 0 to 18 months, but it is also an important instrument to identify babies “at risk” (T)
18. In the 58 items of AIMS, the examiner should not intervene directly in spontaneous movement, on the baby, to analyze weight support, postural alignment and anti-gravity movement (T)
19. GMFM (88 and 66 items) is a standardized and valid tool designed to evaluate changes in gross motor function, not only in children with Cerebral Palsy, but also in syndromes or other motor disorders (F)
20. Motor development curves for Cerebral Palsy emphasize the importance of early intervention in the first 3 years of the child's life and can provide data for families and professionals to plan the intervention and measure progress over time (T)