	YES	SOMETIMES	NOT YET	
COMMUNICATION *Be sure to try each activity with your child.*				
1. Without giving your child help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child to "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	❑	❑	❑	___
2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example: _____ _____	❑	❑	❑	___
3. When talking about something that already happened, does your child use words that end in "ed," such as walk*ed,* jump*ed,* or play*ed?* Ask your child questions, such as "How did you get to the store?" ("We walk*ed.*") "What did you do at your friend's house?" ("We play*ed.*") Please write an example: _____ _____	❑	❑	❑	___
4. Does your child use comparison words, such as *heavier, stronger,* or *shorter?* Ask your child questions, such as "A car is *big,* but a bus is _____" (bigger); "A cat is *heavy,* but a man is _____" (heavier); "A TV is *small,* but a book is _____" (smaller). Please write an example: _____ _____	❑	❑	❑	___
5. Does your child answer the following questions: "What do you do when you are hungry?" (Acceptable answers include: "Get food," "Eat," "Ask for something to eat," and "Have a snack.") Please write your child's response: _____ "What do you do when you are tired?" (Acceptable answers include: "Take a nap," "Rest," "Go to sleep," "Go to bed," "Lie down," and "Sit down.") Please write your child's response: _____ Mark "sometimes" if your child answers only one question.	❑	❑	❑	___
6. Does your child repeat the sentences shown below back to you, without any mistakes? You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes. Jane hides her shoes for Maria to find. Al read the blue book under his bed.	❑	❑	❑	___
			COMMUNICATION TOTAL	___

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	YES	SOMETIMES	NOT YET	

GROSS MOTOR *Be sure to try each activity with your child.*

1. While standing, does your child throw a small ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.")

❑ ❑ ❑ ___

2. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.

❑ ❑ ❑ ___

3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? You may give your child two or three tries before you mark the answer.

❑ ❑ ❑ ___

4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? You may show her how to do this. ❑ ❑ ❑ ___

5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? You can give him two tries on each foot. Mark "sometimes" if he can hop on one foot only. ❑ ❑ ❑ ___

6. Does your child skip using alternating feet? You may show her how to do this. ❑ ❑ ❑ ___

GROSS MOTOR TOTAL ___

FINE MOTOR *Be sure to try each activity with your child.*

1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? Mark "sometimes" if your child goes off the line three times. ❑ ❑ ❑ ___

2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child to "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, *and* legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to attach the sheet of paper with your child's drawing to this questionnaire. ❑ ❑ ❑ ___

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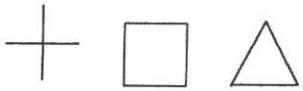
	YES	SOMETIMES	NOT YET	

FINE MOTOR *(continued)*

3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)

❑ ❑ ❑ ___

4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size. (Mark "yes" if she can copy all three shapes; mark "sometimes" if your child can copy two shapes.) ❑ ❑ ❑ ___



(Copy shapes here.)

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. Mark "yes" if your child can copy four of the letters, and you can read them. Mark "sometimes" if your child can copy two or three letters, and you can read them. ❑ ❑ ❑ ___

V H T C A

(Copy letters here.)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. Mark "sometimes" if your child copies about half of the letters. ❑ ❑ ❑ ___

(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL ___

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	YES	SOMETIMES	NOT YET	

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? Ask this question *without* providing help by pointing, gesturing, or looking at the smallest circle. ❑ ❑ ❑ ___

2. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors. ❑ ❑ ❑ ___

3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." ❑ ❑ ❑ ___

4. Is your child able to finish the following sentences using a word that means the opposite of the word that is italicized?
For example: "A rock is *hard,* and a pillow is *soft.*"

   Please write your child's responses below:

   A cow is *big,* and a mouse is _____.

   Ice is *cold,* and fire is _____.

   We see stars at *night,* and we see the sun during the _____.

   When I throw the ball *up,* it comes _____.

   Mark "yes" if she finishes three of four sentences correctly.
   Mark "sometimes" if she finishes two of four sentences correctly. ❑ ❑ ❑ ___

5. Does your child know the names of numbers? Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers. ❑ ❑ ❑ ___

   3 1 2

6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" *Point to the letters out of order.* ❑ ❑ ❑ ___

PROBLEM SOLVING TOTAL ___

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	YES	SOMETIMES	NOT YET	

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. Does your child serve himself, using a large spoon or fork? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? ❑ ❑ ❑ ___

2. Does your child wash her hands and face with soap and water and dry off with a towel without help? ❑ ❑ ❑ ___

3. Can your child tell you at least four of the following? ❑ ❑ ❑ ___
   a. First name
   b. Age
   c. City he lives in
   d. Last name
   e. Boy or girl
   f. Telephone number

   Please circle the items your child knows.

4. Does your child dress and undress herself, including buttoning medium-sized buttons and zipping front zippers? ❑ ❑ ❑ ___

5. Does your child use the toilet by himself? (He goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if he does this after you remind him. ❑ ❑ ❑ ___

6. Does your child usually take turns and share with other children? ❑ ❑ ❑ ___

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

1. Do you think your child hears well? YES ❑ NO ❑
   If no, explain: _____

2. Do you think your child talks like other children her age? YES ❑ NO ❑
   If no, explain: _____

3. Can you understand most of what your child says? YES ❑ NO ❑
   If no, explain: _____

4. Do you think your child walks, runs, and climbs like other children his age? YES ❑ NO ❑
   If no, explain: _____

5. Does either parent have a family history of childhood deafness or hearing impairment? YES ❑ NO ❑
   If yes, explain: _____

6. Do you have concerns about your child's vision? YES ❑ NO ❑
   If yes, explain: _____

7. Has your child had any medical problems in the last several months? YES ❑ NO ❑
   If yes, explain: _____

8. Does anything about your child worry you? YES ❑ NO ❑
   If yes, explain: _____

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