

Child's name _____ Date of birth _____ Today's Date _____
 (first last)

Screening for Child Age 1 year

Age _____ months

Milk/Juice	How many ounces of milk per day	None	4	8	16	24	>25
	What type of milk	Whole	2%	1%	Skim	Soy	Other
	How many ounces of juice per day	None	4	8	16	24	>25
	How many ounces of water	None	4	8	16	24	>25

Solid Food	Cereal	Yes	No	
	Fruits	Yes	No	
	Vegetables	Yes	No	
	Protein Source	Red meat	chicken	turkey

Well Child	Sleeping concerns	No	Yes							
	Longest stretch of sleep at night (hours)	1	2	3	4	5	6	8	9	10
	Potty trained	Yes	No	In Progress						
	Stools per day	1-2	3-4	5-6	7-8					
	Wet diapers per day	1-2	3-4	5-6	7-8					
	Behavior Concerns	No	Yes							
	Car Seat	Rear Facing	Forward Facing							
	Childcare	Home	Relative	Babysitter	Daycare					
	Brushes teeth	Twice/day	Once/day							

Has your child been diagnosed with Asthma?	No	Yes
When was your child's last Influenza Vaccine?	Date:	

Child's name: _____ Date of Birth: _____ Today's date: _____
 Filled out by: _____ Relationship to child: _____

Developmental Screen (M-CHAT)

Please fill out the following about how your child usually behaves. If you have seen your child do the behavior a few times, but he/she does not usually do it, then please answer **NO**. Please circle **YES** or **NO** for every question.

1.	Does your child like movement activities? (EXAMPLE: being swung or bounced on your knee)	YES	NO
2.	Does your child take an interest in other children? (EXAMPLE: does your child watch other Children, smile at them, or go to them?)	YES	NO
3.	Does your child like climbing on things? (EXAMPLE: furniture, playground equipment, stairs)	YES	NO
4.	Does your child play pretend or make-believe? (EXAMPLE: pretend to drink from an empty cup, pretend to talk on the phone, or pretend to feed a doll or stuffed animal?)	YES	NO
5.	Does your child point with one finger to ask for something or to get help? (EXAMPLE: pointing to a snack or toy that is out of reach)	YES	NO
6.	Does your child point with one finger to show you something interesting? (EXAMPLE: pointing to an airplane in the sky or a big truck on the road?)	YES	NO
7.	Does your child show you things by bringing them to you or holding them up for you to see – not to get help, just to share? (EXAMPLE: showing you a flower, stuffed animal or toy?)	YES	NO
8.	Does your child look you in the eye when you are talking, dressing, or playing with him/her?	YES	NO
9.	Does your child get upset by everyday noises? (EXAMPLE: does your child scream or cry to noise such as a vacuum cleaner or loud music)	YES	NO
10.	When you smile at your child, does he/she smile back at you?	YES	NO
11.	Does your child try to copy what you do? (EXAMPLE: wave bye-bye, clap or make a funny noise when you do?)	YES	NO
12.	Does your child respond to his/her name when you call? (EXAMPLE: does he/she look up, talk or babble, or stop what he is doing when you call his/her name?)	YES	NO
13.	If you point at something across the room, does your child look at it? (EXAMPLE: if you point at a toy or animal, does your child look at that toy or animal?)	YES	NO
14.	Does your child walk?	YES	NO
15.	If you turn your head to look at something, does your child turn to look too?	YES	NO
16.	Does your child make <u>unusual</u> finger movements near his/her face? (EXAMPLE: wiggle his/her fingers close to his/her eyes)	YES	NO
17.	Does your child try to get you to watch him or her? (EXAMPLE: does your child look to you for praise, or say 'look' or 'watch me'?)	YES	NO
18.	Have you ever wondered if your child is deaf?	YES	NO
19.	Does your child understand when you tell him/her to do something? (EXAMPLE: if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	YES	NO
20.	If something new happens, does your child look at your face to see how to react? (EXAMPLE: if he/she hears a strange or funny noise, or sees a new toy, will he/she look at your face?)	YES	NO

18 Month Questionnaire

Child's name: _____

Today's Date: _____

Child's date of birth: _____

COMMUNICATION

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. When your child wants something, does she tell you by pointing to it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, "where is your ball?" or say, "Bring me your coat" or "Go get your blanket".) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child say eight or more words in addition to 'mama' and 'dada'? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "mama eat", "daddy play", "go home" or "what's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Without your showing him, does your child point to the correct picture when you say, "show me the kitty" or ask "where is the dog?" (he needs to identify only one picture correctly) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child say two or three words that represent different ideas together, such as "see dog", "Mommy come home", or "kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye", "all gone", "all right" and "What's that?".) Please give an example of your child's word combinations: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

GROSS MOTOR

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child move around by walking, rather than by crawling on her hands and knees? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child walk well and seldom fall? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground or at home.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark 'yes' for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Total: _____

continued on back side

FINE MOTOR

YES SOMETIMES NOT YET

1. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)



2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes or toys that are about 1 inch in size.)

3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?



4. Does your child stack three small blocks or toys on top of each other by himself?

5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

Total: _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

1. While looking at herself in the mirror, does your child offer a toy to her own image?

2. Does your child play with a doll or stuffed animal by hugging it?

3. Does your child get your attention or try to show you something by pulling on your hand or clothes?

4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?

5. Does your child drink from a cup or glass, putting it down again with little spilling?

6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave or comb hair?

Total: _____