

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

Screening for Child Age 4 years

Nutrition	How many ounces of milk per day	None	8	16	24	>25		
	What type of milk	Whole	2%	1%	Skim	Soy	Rice	Other
	How many ounces of juice per day	None	8	16	24	>25		
	How many ounces of water per day	4	8	16	24	>25		
	Eats regular meals including fruits/vegetables	Yes		No				
	Protein source	Red Meat	Chicken	Turkey	Fish			

Well Child	Sleeping Concerns	No	Yes	
	Behavior Concerns	No	Yes	
	Play time more than 1 hour per day	Yes	No	
	Screen time less than 2 hours per day	Yes	No	
	Does your child wear a helmet with riding a bicycle, skateboard, etc.	Yes	No	
	Do you have a swimming pool	No	Yes	
	Car Safety	Car Seat	Booster Seat	Seat Belt
	Brushes teeth	Twice/day	Once/day	

Education	School	Preschool	Daycare	Home
	Parent/teacher concerns	No	Yes	
	Behavior concerns	No	Yes	
	Social Interaction	Normal	Abnormal	

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

48 Month Questionnaire

Child's name: _____

Today's Date: _____




Child's date of birth: _____

COMMUNICATION

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog and elephant"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child answer the following questions? (Mark "sometimes" if you child answers only one question.)
"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:
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
"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:
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does she say something like, "It's round. I throw it. It's big"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child use endings of words, such as "-s" "-ed" and "-ing"? For example, does your child say things like, "I see two cats", "I am playing" or "I kicked the ball"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Without your giving help by pointing or repeating, 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, "Clap your hands, walk to the door and sit down" or "Give me the pen, open the book and stand up". | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child use all of the words in a sentence (for example, "a", "the", "is", and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

GROSS MOTOR

Total: _____

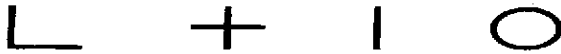
- | | | | | |
|---|--|-----------------------|-----------------------|-----------------------|
| 1. Does your child catch a large ball with both hands? (you should stand about 5 feet away and give your child two or three tries before you mark the answer.) |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child climb the rungs of a ladder of a playground slide and slide down without help? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? (Dropping the ball or throwing the ball underhand should be scored as "not yet"). |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. 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 before you mark the answer.) | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child jump forward a distance of 20 inches from standing position, starting with his feet together?. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. 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 make the answer.) |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

OVER

FINE MOTOR

- | | YES | SOMETIMES | NOT YET |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does your child put together a five - seven piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Using child-safe scissors, does your child cut a paper a paper in half on more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon or pen, without tracing? (Your child's drawing should look similar to the design of the shapes below, but they may be diferent in size.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs or feet? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child color mostly within the lines in a coloring book or within the lines of a 2 inch circle that you draw? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child tell you at least four of the following? Please mark the items your child knows. | | | |
| <input type="radio"/> a. First name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> b. Age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> c. City she lives in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> d. Last name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> e. Boy or girl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> f. Telephone number | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child wash his hands using soap and water and dry off with a towel without help?? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of friends.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child dress or undress himself without help (except for snaps, buttons and zippers?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____