

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

### Screening for Child Age 5 - 10 years

Age \_\_\_ Years

<b>Nutrition</b>	How many ounces of milk per day	None	4	8	16	24	>25
	What type of milk	Whole	2%	1%	Skim	Soy	Rice Other
	How many ounces of juice per day	None	4	8	16	24	>25
	How many ounces of water per day	None	4	8	16	24	>25
	How many caffeinated drinks per day	None	1	2	3	4	5
	Eats regular meals including fruits/vegetables	Yes			No		
	Protein Source	Red Meat	Chicken	Turkey	Fish		

<b>Education</b>	School Grade	Pre-K	Kinder	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
	Special Education	No			Yes			
	School Performance	A	B	C	D	F	other	
	Parent/teacher concerns	No			Yes			
	Behavior concerns	No			Yes			
	Attention	Normal			Abnormal			
	Homework Social Interaction	Normal			Abnormal			

<b>Well Child</b>	Sleeping Concerns	No	Yes	
	Behavior/Attention	Normal	Abnormal	
	Has friends	Yes	No	
	At least 1 hour of physical activity per day	Yes	No	
	Less than 2 hours screen time 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
		Back Seat		Front Seat
Brushes teeth	Twice/day		Once/day	

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

# 60 Month Questionnaire

Child's name: \_\_\_\_\_

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







Child's date of birth: \_\_\_\_\_

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |
|---|-----------------------|-----------------------|-----------------------|
| 1. Without your giving 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, "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"/> |
| 2. Does your child use four- and five-word sentences? For example, does your child say "I want the car"? Please write an example.<br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When talking about something that already happened, does your child use words that end in "-ed" such as "walked", "jumped" or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played"). Please write an example.<br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 _____" (smaller) "A cat is heavy, but a man is _____" (heavier); A TV is small, but a book is _____" (smaller). Please write an example.<br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child answer the following question? (Mark "sometimes" if your child answers only one question.)<br><br>"What do you do when you are hungry?" (Acceptable answers include: "get food", "eat", "ask for something to eat,"get a snack". Please write your child's response:<br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div><br>"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.<br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. 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 any mistakes".)<br><br>Jane hides her shoes for Maria to find.<br>Al read a blue book under his bed.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |


Total: \_\_\_\_\_

## GROSS MOTOR

- |  |   |                       |                       |                       |
|--|---|-----------------------|-----------------------|-----------------------|
| 1. While standing, does your child throw a 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 or throwing the ball underhand should be scored as "Not yet".) |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 before you mark the answer).   |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Without holding onto anything, does your child stand on one foot for a 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"/> |
| 4. Does your child walk on his toptoes for 15 feet (about the length of a large car)? (you may have to show him how to do this)  |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child hop forward on one foot for a distance of 4-6 feet without putting down the other foot? (You may give her two tries on each foot. Mark "sometimes" if your child goes off the line three times.)  |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child skip using alternating feet? (You may show him how to do this.)   |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: \_\_\_\_\_

## FINE MOTOR

- |  | YES   | SOMETIMES             | NOT YET               |
|--|---|-----------------------|-----------------------|
| 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.)  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| _____  |   |                       |                       |
| 2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with a 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 include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| 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.)   |  | <input type="radio"/> | <input type="radio"/> |
| 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 copies all three shapes; mark "sometimes" if your child copies two shapes.  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |



space for child's shapes

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

V H T C A

space for child's shapes

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

Total: \_\_\_\_\_

### PERSONAL-SOCIAL

YES                      SOMETIMES                      NOT YET

1. Can your child serve himself, 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?
 

YES     SOMETIMES     NOT YET
  
2. Does your child wash her hands and face using soap and water and dry off with a towel without help?
 

YES     SOMETIMES     NOT YET
  
3. Does your child tell you at least four of the following? Please mark the items your child knows.
 

a. First name

d. Last name

b. Age

e. Boy or girl

c. City she lives in

f. Telephone number
  
4. Does your child dress and undress himself, including buttoning medium size buttons and zipping front zippers?
 

YES     SOMETIMES     NOT YET
  
5. Does your child use the toilet by herself? (She goes to the bathroom, sits on the toilet, wipes and flushes.) Mark "yes" even if she does this after you remind her.
 

YES     SOMETIMES     NOT YET
  
6. Does your child usually take turns and share with other children?
 

YES     SOMETIMES     NOT YET

Total: \_\_\_\_\_