

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (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"/> |
| 3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up <i>four</i> objects in a row? (You can also use spools of thread, small boxes, or other toys.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" Your child must repeat just one series of two numbers for you to answer "yes" to this question. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. If you do any of the following gestures, does your child copy at least one of them? | | | |
| <input type="radio"/> a. Open and close your mouth. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> b. Blink your eyes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> c. Pull on your earlobe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> d. Pat your cheek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child use a spoon to feed himself with little spilling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child put on a coat, jacket, or shirt by himself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PERSONAL-SOCIAL TOTAL _____

OVERALL

- | | | |
|---|---------------------------|--------------------------|
| 1. Do you think your child hears well? If no, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. Do you think your child talks like other toddlers her age? If no, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. Can you understand most of what your child says? If no, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 4. Can other people understand most of what your child says? If no, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 5. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 7. Do you have any concerns about your child's vision? If yes, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 8. Has your child had any medical problems in the last several months? If yes, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 9. Do you have any concerns about your child's behavior? If yes, explain: | <input type="radio"/> YES | <input type="radio"/> NO |
| 10. Does anything about your child worry you? If yes, explain: | <input type="radio"/> YES | <input type="radio"/> NO |