

Patient Name: _____

DOB: _____

2 YEAR CHECK UP

Does your child try to scribble with crayons or markers?

No/Never tried ☐Sometimes ☐Yes ☐

How many of these body parts can your child point to if you say,
"Where are your eyes?" ... "Where is your nose?" ... "feet?" ...
"hair?" ... "mouth?" ... "ears?"

None ☐1-2 ☐3 or more ☐

If you asked your child, "What's this?" and showed things like a
spoon, cup, doll, truck, box, crayon, cookie, chair, or light, how
many names for these or other things does he or she say?

None ☐1 - 2 ☐3 - 4 ☐5 or more ☐

Keep Going!



How does your child get up a set of stairs?

Walks up on own ☐Holds rail or needs **one** hand held ☐Crawls or needs two hands held ☐Not around stairs ☐

Does your child try to help when it is time to put things away?

No ☐Sometimes ☐Most of the time ☐

Does your child use two toys together such as taking a
doll for a ride in a toy car, having a truck carry things, or
having a doll take a pet for a walk?

No ☐Uses one toy at a time ☐Yes, uses two toys together ☐