

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## 5 YEAR CHECK UP

If you ask your child to write numbers (1, 2, 3, 4, and so on), how many can he or she write?

None ☐  
1 number ☐  
2 numbers ☐  
3 or more numbers ☐

Tell your child, "**Put your hands above your head,**" and then, "**Put your fingers below your eyes.**" Now point to a page in this book and say, "**Point to the center of this page,**" and then, "**Point to the corner.**" How many did he or she get right?

None ☐  
Some ☐  
All ☐

Point to the pictures of the mice, teeth, and feet. Ask your child, "**What are those?**" Does your child use the words most grown-ups use?

No ☐  
Some ☐  
Yes ☐

Point to the logs and then to the number 5. Say, "**Show me this many.**" Do this again by pointing to 6 and then to 7. How many did your child get right?

None ☐  
Some ☐  
All ☐

Point to the letters of the alphabet and ask, "**What's this?**" How many can your child name?

None ☐  
1 - 7 ☐  
8 or more ☐

Keep Going!



How long does your child play alone (without the TV or video games on)?

Less than 5 minutes ☐  
About 10 minutes ☐  
15 or more minutes ☐

Can your child play games with rules, like board or card games, kickball, or hopscotch?

No ☐  
Not very well ☐  
Yes ☐