

DPTM-4

Developmental Profile 4

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Child's name		Year		Month
		Administration date		
Parent/Caregiver's name	Relationship to child (e.g., Mother)	Child's date of birth		
		Child's age		

Directions

Where to Start

First fill in the information requested on the upper portion of this page. Then read and answer all of the questions on the following pages by circling Yes if it describes your child or No if it does not.

When to Stop

Do not stop until you have answered all questions on the following pages, even if they ask about skills or behaviors typical of a child much older or younger than your child.

Scoring Tips

Most of the questions ask whether your child *does* perform a task. To score Yes, your child must not only be able to perform the task, he or she must actually perform it some of the time. However, some questions ask whether your child *can* perform a task. For these questions, a Yes means that your child has shown the ability to perform the task at least once.

Some questions ask about skills or behaviors that your child mastered long ago and does not do anymore; for example, "Does your child sometimes imitate spoken words, such as saying 'da-da' or 'ma-ma'?" Your child may have imitated words when younger and now uses more advanced speech. You would answer Yes to this question because your child successfully did so in the past.

Please answer Yes or No to the question exactly as it is written. For example, if your child cannot speak but uses sign language, you must still respond No to questions about speaking words, even if your child can sign them. However, you may respond Yes to questions that ask about communication and don't specify speaking.

If you are not sure whether to answer Yes or No, please make your best guess.

PHYSICAL SCALE

P1. When lying face down, does your child hold up his or her head for at least 1 minute without help?	Yes	No
P2. Can your child push his or her arms up to a push-up position and hold it for 5 seconds?	Yes	No
P3. Can your child roll from his or her stomach onto his or her back without help?	Yes	No
P4. Can your child roll from his or her back onto his or her stomach without help?	Yes	No
P5. Does your child sit without support for at least 30 seconds?	Yes	No
P6. Does your child move forward from one place to another by creeping (stomach touching floor), crawling (stomach off floor), or by any other means (except rolling)?	Yes	No
P7. While standing alone or holding onto something (such as furniture), does your child bend over and pick something up without falling down?	Yes	No
P8. Does your child pull up on anything (except people) to get from a sitting to a standing position?	Yes	No
P9. Does your child walk at least four steps independently, without holding onto anything (such as people or furniture) for support?	Yes	No
P10. Does your child walk well enough, without support, to go through a room without repeatedly falling or bumping into objects?	Yes	No
P11. Does your child make a stack of at least three small objects, such as blocks?	Yes	No
P12. Does your child walk (not crawl) upstairs using a wall, handrail, or person's hand for support? Putting both feet on a step is acceptable.	Yes	No
P13. Can your child pick up and carry a small chair (or something else of equivalent size and weight) across the room?	Yes	No
P14. Can your child use a twisting hand motion to accomplish something such as unscrewing a loose lid or winding up a toy?	Yes	No
P15. Can your child kick a ball at least 5 feet in the desired direction?	Yes	No
P16. Can your child carry a smartphone or tablet carefully enough to be trusted not to let it fall?	Yes	No
P17. Can your child throw a ball of any size to an adult who is standing 5 feet away? The adult must usually be able to catch the ball without having to move.	Yes	No
P18. Does your child make a circular arm and hand movement to copy a circle with a pencil, marker, or crayon?	Yes	No
P19. Can your child carry an open container of liquid (for example, a cup of water) without much spilling?	Yes	No
P20. Does your child usually walk upstairs and downstairs by putting only one foot on each stair? A wall or railing can be used for support.	Yes	No

Physical Scale continued on next page

P21. Can your child copy an up-and-down straight line, using a pencil, crayon, marker, or paintbrush? Your child must be able to show eye–hand coordination, not just scribble.	Yes	No
P22. Does your child build a bridge using three blocks? A bridge must have a top block resting on two bottom blocks, with space between the bottom blocks.	Yes	No
P23. Does your child copy two intersecting lines to make a cross or “X”?	Yes	No
P24. Does your child catch a ball (any size) thrown by an adult who is standing 5 feet away? Your child must catch the ball at least half of the time.	Yes	No
P25. Does your child use child-safe scissors with one hand to cut paper or cloth? The other hand can hold the material. He or she must be able to actually cut the material, not tear it.	Yes	No
P26. Can your child balance on one foot for at least 10 seconds?	Yes	No
P27. Does your child jump over at least three things in a row without stopping? The “things” should be at least 8 inches high.	Yes	No
P28. Does your child use a bat, racket, or paddle of any kind to hit a gently thrown ball? Your child must make contact with the ball at least once every four swings.	Yes	No
P29. Does your child use leg and body motion (“pumping”) to swing by himself or herself on a swing, without being pushed?	Yes	No
P30. Does your child draw or copy a square? The square must have right-angled corners, and the sides of the square should be of about equal length.	Yes	No
P31. Does your child cut out simple shapes like a circle or square, staying close to the lines (within 1/2 inch of the lines)?	Yes	No
P32. Can your child roller-skate, skateboard, ride a scooter, ski, snowboard, or ice-skate? There can be occasional falls, but most of the time the child can travel at least 10 feet without falling.	Yes	No
P33. Can your child use a key or open a padlock to unlock and open a typical door?	Yes	No
P34. Can your child tie shoelaces or any other string into a bow?	Yes	No
P35. Can your child catch a tennis-size ball with one hand when thrown gently from at least 6 feet away? (Your child must catch it at least half of the time.)	Yes	No
P36. Can your child ride a two-wheeled bike (without training wheels) without falling most of the time?	Yes	No
P37. Can your child type sentences or ideas on a computer?	Yes	No

ADAPTIVE BEHAVIOR SCALE

A1. Does your child intentionally swat away something that is in his or her way? For example, a blanket over the eyes or hair in the face.	Yes	No
A2. Does your child show he or she is hungry or thirsty? For example, opening his or her mouth or moving toward a bottle or breast.	Yes	No
A3. Does your child try to get things that are just out of reach?	Yes	No
A4. Does your child flinch at unexpected things, such as loud noises?	Yes	No
A5. Does your child pick up an object or toy that has dropped from his or her hands?	Yes	No
A6. Can your child drink from a cup, sippy cup, or straw?	Yes	No
A7. Does your child look for and find a toy that is at least 2 feet away and has been covered or hidden?	Yes	No
A8. Does your child help with putting on a shirt or jacket by holding out his or her arms for the sleeves?	Yes	No
A9. Does your child take off shoes or socks without help? This must be part of undressing, not just playing.	Yes	No
A10. Can your child use a fork for eating solid foods?	Yes	No
A11. Does your child use a spoon without help and with very little spilling?	Yes	No
A12. Does your child undo at least two of the following fasteners: large buttons, snaps, shoelaces, zippers, Velcro?	Yes	No
A13. Does your child drink from a child-sized cup or glass without help and usually without spilling?	Yes	No
A14. Does your child undo and take off his or her buttoned or zippered jackets?	Yes	No
A15. Does your child use a computer, tablet, phone, or other digital device to play a simple game or use basic educational software?	Yes	No
A16. Does your child put on shoes without help? (Shoes untied or on the wrong feet is acceptable.)	Yes	No
A17. Does your child ask permission appropriately? For example, "Can I please get a drink?" or "Can I get another marker?"	Yes	No
A18. Does your child use a mouse, touch pad, touch screen, or other digital device to point and click on objects on a screen?	Yes	No
A19. Does your child wipe his or her hands and face without help after eating, well enough to look clean?	Yes	No
A20. Does your child take off a shirt over his or her head without help?	Yes	No

Adaptive Behavior Scale continued on next page

A21. Does your child urinate in the toilet without help? This includes taking down and pulling up clothing, and flushing the toilet.	Yes	No
A22. Does your child dress himself or herself completely, except for shoelace tying?	Yes	No
A23. Can your child locate and play a TV program, movie, or video? This can be through a DVR or digital streaming.	Yes	No
A24. Can your child be trusted to carry scissors safely?	Yes	No
A25. Does your child independently choose what to eat at a restaurant, cafeteria, or at home?	Yes	No
A26. Does your child take care of his or her own bowel movements without help? This means undressing, wiping, dressing, and flushing the toilet.	Yes	No
A27. Does your child use coping skills appropriately at least some of the time when mad or upset? For example, taking deep breaths, walking away, or using other means to control himself or herself?	Yes	No
A28. Does your child choose the correct clothing to wear based on weather and destination? For example, a jacket when it's cold.	Yes	No
A29. Does your child use the Internet or application store to locate and play games?	Yes	No
A30. Can your child interact with strangers appropriately when necessary? For instance, asking where the bathroom is.	Yes	No
A31. Does your child wash himself or herself acceptably without help? This means getting the bath or shower ready and washing and drying completely.	Yes	No
A32. Does your child know how to interact with a cashier to buy something at a store?	Yes	No
A33. Does your child use a knife correctly for cutting ground meat, fruit, or similar foods? (Help may still be needed to cut tougher foods such as steak.)	Yes	No
A34. Can your child recite a parent's phone number and his or her home address for use in case of an emergency?	Yes	No
A35. Does your child care for a minor cut or scrape independently? This includes washing the injury and using antibiotic ointment and/or bandages.	Yes	No
A36. Has your child prepared at least two simple foods (for example, eggs, popcorn, pasta) using a microwave, stove, toaster, or oven?	Yes	No
A37. Does your child know how to look up something on the Internet successfully?	Yes	No
A38. Does your child complete homework independently without constant reminders?	Yes	No
A39. Does your child manage money (from savings or allowance) well enough to buy small items independently?	Yes	No
A40. Does your child manage and prioritize school assignments so that the most important are completed first?	Yes	No
A41. Does your child contact friends to make plans without parental assistance? Parental permission may still be needed.	Yes	No

SOCIAL-EMOTIONAL SCALE

S1. Does your child look at an adult who is talking, as if trying to follow what the adult is saying?	Yes	No
S2. When your child is upset, does human contact frequently have a positive, calming effect?	Yes	No
S3. Does your child react differently to different people? For example, smiling at a caregiver, or looking away from a stranger.	Yes	No
S4. Does your child show interest in other people? For instance, by moving toward them or gesturing to get their attention.	Yes	No
S5. Is your child interested in toys or games that other children are playing?	Yes	No
S6. Does your child show negative reactions (for example, anger, refusal, fear, withdrawal) to things he or she does not like, such as strangers or disliked food?	Yes	No
S7. Does your child express fondness for an adult who is seen less than weekly (such as a grandparent who lives elsewhere or a specialist teacher who only comes to school monthly)?	Yes	No
S8. Does your child wave <i>bye-bye</i> at the right times?	Yes	No
S9. Does your child usually like to play with other children instead of playing alone?	Yes	No
S10. Does your child respond more readily to the instructions of a familiar adult, as opposed to an unfamiliar adult?	Yes	No
S11. Does your child want to play (at least weekly) with classmates or other children?	Yes	No
S12. Does your child show he or she knows what <i>my</i> means? This means that your child understands when someone says “my truck” or “my mommy.”	Yes	No
S13. Does your child sometimes seek out other children to play with? For example, walk over to them, or ask “Will you play with me?”	Yes	No
S14. Does your child do one of the following things for at least 15 minutes without needing constant adult attention: coloring, writing, building, looking at pictures?	Yes	No
S15. Does your child show awareness of how others feel by correctly saying things like “He is mad,” “She is angry,” “He is afraid,” or “You are cranky”?	Yes	No
S16. Does your child change his or her behavior appropriately for the setting? For example, being quiet and calm at the library or classroom but active and loud at the park or playground?	Yes	No
S17. Does your child frequently say “I’m sorry” or try to make it up to a person that he or she has hurt or insulted?	Yes	No
S18. Does your child ask permission to play with a toy that belongs to someone else, rather than just taking it?	Yes	No
S19. Can your child carry on a conversation for at least 5 minutes with peers, taking turns in speaking?	Yes	No
S20. Is your child able to keep working for <i>at least 30 minutes</i> with a similar-aged child on a <i>single task</i> , such as block building; sand or mud play; or playing store, school, or house?	Yes	No

Social-Emotional Scale continued on next page

S21. Does your child cooperate with others for a group project by contributing to the group?	Yes	No
S22. Does your child consider the preferences and interests of friends when planning shared play activities?	Yes	No
S23. Can your child instruct or teach another child to play a board game or video game?	Yes	No
S24. Does your child become embarrassed when he or she makes a mistake in public?	Yes	No
S25. Does your child understand why one person would be a good friend and another wouldn't? For example, that a nice and caring person would make a good friend, but someone who calls people names might not be.	Yes	No
S26. Does your child understand that there are differences between families? For example, that families have different rules or traditions.	Yes	No
S27. Is your child usually a good sport? For example, not having a tantrum or a fit when losing a game.	Yes	No
S28. Does your child understand and pick up on nonverbal cues? For example, that it's not a good time to start talking if someone is occupied in a task.	Yes	No
S29. Does your child react to others' misbehavior? For example, anger when others cheat or shock about a crime reported on the news.	Yes	No
S30. Does your child enjoy being somewhere away from home and family in order to be with his or her own friends?	Yes	No
S31. Does your child seek out adult advice with friendship problems?	Yes	No
S32. Can your child do chores independently at home for at least 10 minutes without needing constant reminders?	Yes	No
S33. Does your child know that some adult jobs pay more money than other jobs?	Yes	No
S34. Does your child want to be part of a particular group of friends?	Yes	No
S35. Does your child talk to peers for at least 1 hour on most days? The conversation can be on the phone, via text, social media, or the Internet, or during nonschool "hang-out" times.	Yes	No
S36. Does your child indicate having romantic feelings toward another?	Yes	No

COGNITIVE SCALE

G1. Do your child's eyes follow something being moved in front of his or her face?	Yes	No
G2. Does your child usually look or turn toward the source of a new sound, such as a person who is beginning to talk?	Yes	No
G3. Will your child turn toward a noise and then change direction when the source of that noise is moved?	Yes	No
G4. Does your child laugh, clearly showing joy?	Yes	No
G5. When a toy is placed in your child's hands, does he or she seem clearly aware of the object for at least 5 seconds?	Yes	No
G6. Does your child usually look or turn his or her body toward the right person or thing when asked where that person or thing is?	Yes	No
G7. When a toy is moved out of sight, does your child look for it in the right place? For example, if a toy is moved from a table and hidden under a pillow, would your child search for it under the pillow and not just seem to forget it?	Yes	No
G8. When asked, does your child point to at least one body part on himself or herself or on a doll?	Yes	No
G9. Does your child ever give or take <i>one more</i> of something when asked to do so? For example, taking another bite of food.	Yes	No
G10. Does your child use pencils or crayons to make marks on any writing surface?	Yes	No
G11. When asked to identify or describe an object in a book or magazine, does your child point to, look at, or otherwise indicate recognition of the object?	Yes	No
G12. When playing with a doll or stuffed animal, does your child demonstrate understanding that it represents a living thing? This would include pretending to feed or dress it, or put it to bed.	Yes	No
G13. Does your child identify at least 20 things when they are named? For example, pointing to or describing images in a book.	Yes	No
G14. When asked, does your child correctly identify at least two colors? Your child does not need to name them.	Yes	No
G15. Does your child correctly classify things using size words (large or big, and little or small)?	Yes	No
G16. Can your child correctly count up to six objects?	Yes	No
G17. Does your child ever sort things by color, shape, or size?	Yes	No
G18. Does your child understand the concept of <i>three</i> ? For example, when asked to give three crayons, would your child do so?	Yes	No
G19. When asked, does your child correctly place an object <i>between</i> , <i>under</i> , and <i>over</i> other objects? Your child must do all three placements.	Yes	No
G20. Does your child know the difference between living and nonliving things? For example, does your child correctly name things that are living (such as dogs, bugs, horses) and things that are not living (such as chairs, blankets, toys)?	Yes	No

Cognitive Scale continued on next page

G21. Can your child count up to 15?	Yes	No
G22. Does your child recognize a printing of his or her first and last name?	Yes	No
G23. Does your child understand that cartoon characters or superheroes in television programs, books, or movies are not real?	Yes	No
G24. Does your child write recognizable numbers and letters? They can be reversed but must be readable.	Yes	No
G25. Does your child sometimes use logic about cause and effect? Words such as <i>because</i> or <i>since</i> may be used. For example, "I should be able to watch TV later tonight <i>because</i> there is no school tomorrow."	Yes	No
G26. Does your child understand the concepts of <i>yesterday</i> , <i>today</i> , and <i>tomorrow</i> ? For example, if you say "There will be a party tomorrow," would your child know it is on the following day?	Yes	No
G27. Can your child name at least three sets of rhyming words? For example, "red" and "head," "toes" and "nose," "house" and "mouse."	Yes	No
G28. Can your child print his or her first and last name?	Yes	No
G29. Can your child read at least five written words and understand what they mean? Your child must actually read the words, not just name something, such as recognizing a cereal box and naming the cereal.	Yes	No
G30. Can your child name the seven days of the week <i>and</i> answer which day comes before and after any given day? For example, your child must be able to tell you what day comes before and after Thursday.	Yes	No
G31. Does your child answer correctly when asked to subtract one single-digit number from another? For example, "What is 9 minus 4?" Counting on objects or fingers is acceptable.	Yes	No
G32. Does your child read a simple story aloud so that someone who is only listening can follow the story?	Yes	No
G33. Can your child relay accurate information learned about a historical figure or scientific principle (for example, George Washington or the water cycle) at least several hours after learning it? The information must contain at least two facts.	Yes	No
G34. Does your child write or print from memory at least 20 words with correct spelling?	Yes	No
G35. Can your child perform single-digit addition calculations in his or her head, without counting on anything?	Yes	No
G36. Does your child use a keyboard or touch screen to type at least one line of text (at least four words)?	Yes	No
G37. Does your child answer with the correct day, month, and year when asked for the date? All three must be correct.	Yes	No
G38. Can your child perform single-digit subtraction calculations in his or her head, without counting on anything?	Yes	No
G39. Does your child use a computer word-processing program or a tablet to complete assignments for school?	Yes	No
G40. Does your child know how to use the shift key to capitalize letters on a keyboard?	Yes	No
G41. Does your child answer correctly when asked to multiply single-digit numbers by two (such as 8 x 2)? Counting on objects or fingers is acceptable.	Yes	No
G42. Can your child do multiplication problems through the sixes with only a few errors? For example, your child will know the answers to 6 x 9, 5 x 8, and 4 x 3 from memory, without using counters or fingers.	Yes	No

COMMUNICATION SCALE

M1. Does your child use appropriate facial expressions to convey his or her mood? For example, smiling when happy and pouting or frowning when sad.	Yes	No
M2. Does your child show likes or dislikes for some people, places, or things (other than food)?	Yes	No
M3. Does your child imitate something that someone else does, such as a physical gesture or repeating a sound?	Yes	No
M4. Does your child raise his or her arms (or make a similar gesture) when about to be picked up?	Yes	No
M5. When an adult points to something, does your child usually look where the adult has pointed?	Yes	No
M6. Does your child answer an adult's words with gestures, such as waving <i>bye-bye</i> when an adult says "good-bye," or shaking his or her head up and down for <i>yes</i> and side to side for <i>no</i> when answering an adult's question?	Yes	No
M7. Does your child sometimes imitate spoken words, such as saying "da-da" or "ma-ma"?	Yes	No
M8. Does your child express wanting <i>more</i> or <i>another</i> by using specific words or by signing or gesturing?	Yes	No
M9. Does your child clearly understand the meaning of "no"?	Yes	No
M10. Does your child nod, smile, or use other nonverbal cues to show that he or she is listening when someone is talking?	Yes	No
M11. Does your child usually follow instructions of three or more words? Examples are "Find your shoe," "Bring the bottle," or "Put the book on the table."	Yes	No
M12. Does your child use words, word-like sounds, or sign language to express a want or need? For example, saying "wa-wa" for water.	Yes	No
M13. Does your child correctly follow two-step verbal instructions? Examples are "Take off your clothes and get into the tub" or "Pick up the washcloth and wash your face."	Yes	No
M14. Does your child imitate a sentence of two or more words? Examples are "Daddy goes," "Doggie drinks," or "Baby walks."	Yes	No
M15. Does your child repeat parts of familiar shows, books, or songs, or join in when others say them?	Yes	No
M16. Does your child understand at least two of the following three nonverbal gestures: 1) shoulder shrug to communicate <i>I don't know</i> or <i>I'm not sure</i> ; 2) touching index finger to lips to indicate <i>be quiet</i> ; 3) thumbs-up as an indication of <i>okay</i> ?	Yes	No
M17. Does your child name or otherwise communicate (not just repeat) at least 20 things seen in pictures?	Yes	No
M18. Does your child speak at least 50 different words?	Yes	No
M19. Can your child tell people (by speaking or holding up fingers) how old he or she is?	Yes	No
M20. Does your child show, by asking or gesturing, the need to go to the toilet? The gestures must be more than just acting jumpy.	Yes	No

Communication Scale continued on next page

M21. When asked, does your child sometimes give his or her first and last name?	Yes	No
M22. Can your child tell a story by looking at the pictures in a book? The story must match what is pictured, although parts of the story not shown by the pictures may be left out.	Yes	No
M23. Has your child sung a song of at least 30 words without help?	Yes	No
M24. Does your child understand four-step directions, such as “Please put the book away, clean up your mess, wash your hands, and come to the table for dinner”?	Yes	No
M25. Can your child use negotiation and compromise to solve a conflict? For example, agreeing to trade for a toy that another child wants.	Yes	No
M26. If your child were told a short story of approximately 10 sentences, could he or she answer simple questions about the story, such as the names of the main characters and the general sequence of events?	Yes	No
M27. Can your child retell (in about 5 minutes) the plot of a story, play, video, or TV show? Your child must be able to tell the whole story.	Yes	No
M28. Can your child make up a story that has a beginning, middle, and end, and at least six to eight sentences or complete thoughts? The story can be spoken or written.	Yes	No
M29. Can your child carry on a back-and-forth conversation about a current event or issue for at least 5 minutes?	Yes	No
M30. Does your child change his or her communication style depending on the situation? For example, using slang and informal speech with friends, but speaking more formally with teachers.	Yes	No
M31. Can your child give a presentation that lasts at least 5 minutes?	Yes	No
M32. When sending texts or other digital messages, does your child use shorthand? For example, <i>LOL</i> instead of <i>laugh out loud</i> .	Yes	No
M33. Does your child gather and/or share information on the Internet? For example, on social media, discussion boards, etc.	Yes	No
M34. Does your child use social media?	Yes	No