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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Please answer these questions about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. If you point at something across the room, does your child look at it? (Example: If you point at a toy or an animal, does your child look at the toy or animal?) **Yes No**
2. Have you ever wondered if your child might be deaf? **Yes No**
3. Does your child play pretend or make-believe? (Example: Pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) **Yes No**
4. Does your child like climbing on things? (Such as furniture, playground equipment or stairs) **Yes No**
5. Does your child make unusual finger movements near his or her eyes? (Example: Does your child wiggle his/her fingers close to his/her eyes?) **Yes No**
6. Does your child point with one finger to ask for something or to get help? (Example: Pointing to a snack or toy that is out of reach?) **Yes No**
7. Does your child point with one finger to show you something interesting? (Example: Pointing to an airplane in the sky or a big truck in the road?) **Yes No**
8. Is your child interested in other children? (Example: Does your child watch other children, smile at them or go to them?) **Yes No**
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (Example: Showing you a flower, a stuffed animal, or a toy truck?) **Yes No**
10. Does your child respond when you call his or her name? (Example: Does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) **Yes No**
11. When you smile at your child, does he or she smile back at you? **Yes No**
12. Does your child get upset by everyday noises? (Example: Does your child scream or cry to noise such as vacuums or loud music?) **Yes No**
13. Does your child walk? **Yes No**
14. Does your child look at you when you are talking to, playing with or dressing him/her? **Yes No**
15. Does your child try to copy what you do? (Example: Wave bye-bye, clap or make noises?) **Yes No**
16. If you turn your head to look at something, does your child look around too? **Yes No**
17. Does your child try to get your attention? (Example: Saying "look" or "watch me"?) **Yes No**
18. Does your child understand when you tell him or her to do something? (Example: If you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) **Yes No**
19. If something new happens, does your child look at your face to see how you feel about it? (Example: If he/she hears a strange/funny noise or sees a new toy, will he/she look at your face?) **Yes No**
20. Does your child like movement activities? (Example: Being swung or bounced on your knee?) **Yes No**