## 2 yrs. 6 mo. Child Exam Questionnaire

Reception No. (number card)

Fu	ull name:	School district : (	)
Da	ate of birth:yearmoday	у	
Р	Please write any concerns/questions you may h	have about your child's health	below.
<u></u>			
<b>\</b>			
1.	. Can your child jump with their legs together?	? ( yes / no )	
2.	. Does your child draw a circle or shape and cal	I it something? (car, person, etc	c.) ( yes / no )
3.	. Can your child eat on their own with a spoon	or fork? ( yes / n	o )
4.	. At what age could your child name things in a	picture book? (trains, birds, etc	.) ( yrs. mos.)
5.	. At what age did your child begin putting tw	o or more words together? ("	go outside", "dog is
	sleeping" etc. ( yrs.	mos. )	
	Please write several words that your child h	nas been saying lately.	
6.	. Do you have any concerns about your child's	language development? ( r	no / yes )
7.	. Is your child interested in new words and ask	king you what things are? (	yes / no )
8.	. Does your child enjoy playing make believe w	vith dolls as if they were real?	
		( yes / no )	
9.	. Can your child differentiate between large and	d small, asking for the larger op	tion? (yes / no)
10.	0. Does your child insist on doing things by his/	herself? ( yes / no )	
11.	1. Will your child pick out his/her own clothes/s	shoes if asked? ( yes	s / no )
12.	2. Will your child agreeably move on when told	"just one more time"? ( ye	s / no )
13.	3. Circle all of the following that apply to you.		
th	throws tantrums / won't calm down / unusual h	abits / plays the same thing al	one all the time
	/ cries at night / extremely afraid of some the	nings / overly fussy / won't pla	y with friends
14.	4. Is it a burden to go out with your child?	( no / yes )	
15.	5. Do you often feel irritated or frustrated with i	raising your child?	
	( no	o / neither / yes )	
16.	6. Do you have any concerns about yourself?	( no / yes )	
	health, family, etc.		

17.	Do you	have	any co	ncern	s abo	ut yc	our chile	d's ey	es/ears	?	( n	o /	ye	S					)
18.	Has you	ır chi	ld ever	had 1	feverl	ess s	seizures	s or s	several f	ebrile	e sei	zure	s?	(	nc	) /	yes	)	
19.	Has you	ır chil	d ever	had a	ny sei	rious	illness	es or	injuries	? (	no	/ >	es/						)
20.	Which o	does	your ch	ild us	se?		(	ur	derwea	r /	dia	oer	)						
21.	Does yo	our cl	nild see	what	t you	are o	doing a	ınd tı	y to hel	p?		(	y	es	/ n	o )			
22.	Please o	circle	the me	als y	our cl	hild e	eats.		( brea	kfast	/	lunc	h /	di	inneı	r )			
23.	Do you	eat c	linner a	ıs a fa	amily?	?						(	y	es	/ n	o )			
24.	Does yo	our cl	nild hav	e opp	ortur	nities	to pla	y wit	h friend	s?			( у	es	/ n	10	)		
25.	Is your	child	interes	ted in	n play	ing v	with fri	ends	?			(	ye	es /	/ no	o )			
26.	How do	es yo	our chile	d usu	ally p	lay?	(		cl	nildca	are c	ente	r/kir	nder	gart	en)			
	At home	e:																	
Ĺ	Outside	the	home:														J		
27.	How oft	ten d	oes you	ır chil	d wal	lk/pla	ay outs	ide?	(	times	s per	wee	k)						
28.	Sleep rh	nythn	n (plea:	se fill	in the	e hou	ırs you	r chi	ld sleeps	5)									
)				5				1	2				1	8					24
29.	When d	lo you	u most	enjoy	raisi	ng y	our chi	ld?											
				enjoy	/ raisi	ng ye	our chi	ld?											
	th and r	noutl	n care						s ( parei	nt fin	ishe	s? ve	s / n	o )	( 50	met	imes	/ ev	erv
	th and r	noutl our ch	n care nild brus	sh the	eir tee	eth?	no /	yes	s ( parei	nt fin	ishes	s? ye	s/n	o )	( so	met	imes	/ ev	ery
	th and r Does yo morning	moutl our ch g / ev	n care nild brus very nig	sh the	eir tee after (	eth?	no / y meal	yes )	·			s? ye	s/n	o )	( so	met	imes	/ ev	ery
	th and r Does yo morning Does yo	moutl our ch g / ev	n care nild brus very nig nild suc	sh the ght / k	eir tee after ( ir thu	eth? ever mb/	no / y meal pacifier	yes ) -? (	no /		)						imes	/ ev	ery
	th and r Does you morning Does you	moutl our ch g / ev our ch use a	n care nild brus very nig nild suc bottle	sh the ght / k k the	eir tee after ( ir thu	eth? every mb/  yes	no / y meal pacifier conter	yes ) -? ( nts (	no /		)				( so		imes	/ ev	ery
	th and r Does yo morning Does yo	moutl our ch g / ev our ch use a	n care nild brus very nig nild suc bottle	sh the ght / k k the	eir tee after ( ir thu / )	eth? every mb/  yes no	no / y meal pacifier conter / yes	yes ) -? ( nts (	no /	yes	) c (	:)					imes	/ ev	ery )
	th and r Does you Does you Do you Are you Snacks	moutl our ch g / ev our cl use a	n care nild brus very nig nild suc bottle	sh the ght / k k the	eir tee after ( ir thu / )	eth? every mb/  yes no	no / y meal pacifier conter / yes	yes ) -? ( nts (	no /	yes	) c (	:)					imes	/ ev	ery )
	th and r Does you morning Does you Do you Are you	moutl our ch g / ev our ch use a ur bre	n care nild brus very nig nild suc bottle astfeed	sh the ght / w k the no ling?	eir tee after ir thu / y regu	eth? every mb/  yes no llarly	no / y meal pacifier conter / yes (ti	yes ) -? ( nts (	no /	yes / irre	) c (	:)		d wł			imes	/ ev	ery
	th and r Does you Does you Are you Snacks (conte	mouth our ch g / ev our cl use a ur bre ents drink	n care nild brus very nig nild suc bottle astfeed	sh the ght / k k the no ling?	eir tee after ir thu / y regu _cc)	eth? every mb/  yes no llarly	no / y meal pacifier conter / yes (ti	yes ) -? ( nts ( imes	no / /day) , cc	yes / irre	) c ( gula	r )	use	d wł	hen		imes	/ ev	ery
	th and r Does you Does you Are you Snacks (conte	mouth our ch g / ev our cl use a ur bre ents drink e/she	n care nild brus very nig nild suc bottle astfeed ing (m	sh the ght / k the no ling?	eir tee after of ir thu / y regu _cc) xtrem	eth? every mb/  yes no llarly oth	no / y meal pacifier conter / yes (ti	yes ) -? ( ints ( imes	no / /day) ,	yes / irre ) ( no	) c ( gula / y	r)	use	d wł	hen		imes	/ ev	ery )