



Parent Input into Screening: Child Development and Social Emotional Development

Child's Name _____

Date _____

SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Can your child:

- | | | |
|--|-----|----|
| feed him or herself using a spoon and/or a fork? | Yes | No |
| wash and dry his or her own hands? | Yes | No |
| help with dressing or dress with little assistance? | Yes | No |
| stay with someone other than family? | Yes | No |
| speak so that he or she can be understood by others? | Yes | No |
| express his or her thoughts and needs easily? | Yes | No |

CHILD DEVELOPMENT

Is your child:

- | | | |
|----------------|-----|----|
| highly active? | Yes | No |
| very quiet? | Yes | No |

Is your child:

- | | | |
|---------------------------------|-----|----|
| toilet trained during the day? | Yes | No |
| in need of help with toileting? | Yes | No |

Does your child:

- | | | |
|---|-----|----|
| play with blocks, boxes, cups, or other building toys without help? | Yes | No |
| use crayons and/or markers to scribble or draw? | Yes | No |
| listen to stories being read? | Yes | No |
| turn pages of a book and look at pictures? | Yes | No |
| recall stories or events? | Yes | No |
| enjoy playing alone or with imaginary friends? | Yes | No |
| talk with your friends/relatives who come to visit? | Yes | No |
| follow simple, age-appropriate directions? | Yes | No |

Does your child have opportunities to play with other children? Yes No

Are there other things you would like to tell us about your child?
