



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?
