

Childs Name: _____

Date: _____

Please answer the following questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? Yes
No
(FOR EXAMPLE: If you point at a toy or an animal, does your child look at the toy or animal)
2. Have you ever wondered if your child might be deaf? Yes No
3. Does your child play pretend or make-believe? (FOR EXAMPLE: Pretend to drink from an empty cup, pretend to talk on the phone, or pretend to feed a doll) Yes
No
4. Does your child like climbing on things? (FOR EXAMPLE: Climb on furniture, play equipment, or stairs) Yes
No
5. Does your child make unusual finger movements near his or her eyes? Yes
No
(FOR EXAMPLE: Does your child wiggle his or her fingers close to his or her eyes)
6. Does your child point with one finger to ask someone for help? Yes
No
(FOR EXAMPLE: Pointing to a snack or toy that is out of reach)
7. Does your child point with one finger to show you something or to get help? Yes
No
(FOR EXAMPLE: Pointing to an airplane in the sky or a big truck in the road)
8. Is your child interested in other children? (FOR 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? (FOR 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? (FOR 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? (FOR EXAMPLE: Does your child scream or cry to noise, such as a vacuum cleaner or loud music) Yes No
13. Does your child walk? Yes No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? Yes
No
15. Does your child try to copy what you do? (FOR EXAMPLE: Wave bye-bye, clap, Yes No

or make a funny noise when you do)

16. If you turn your head to look at something, does your child look around to see Yes

No

what you are looking at?

17. Does your child try to get you to watch him or her? (FOR EXAMPLE: Does your child Yes

No

look at you for praise, or say “look” or “watch me”)

18. Does your child understand when you tell him or her to do something? Yes

No

(FOR EXAMPLE: If you don't point, can your child understand “put the book on the chair” or “bring me the blanket”)

19. If something new happens, does your child look at your face to see how you feel Yes

No

about it? (FOR EXAMPLE: If he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face)

20. Does your child like movement activities? Yes

No

(FOR EXAMPLE: Being swung or bounced on your knee)