

Name:

Date of Birth:

U7a

Dear Parents,

In addition to the overall development of your child, today's checkup will focus on language development. This will be assessed using a standardized questionnaire that I will ask you to fill out. I have supplemented this language test with the following questions, in order to be able to have a complete picture of your child. **Please circle the appropriate answer.**

Your child should also complete a few tasks today. Please don't help your child!

Are there eye diseases / ocular disorders (e.g. astigmatism, myopia) in the family?	No	Yes
Does your child hear quiet noises?	Yes	No
Do strangers also understand what your child says?	Yes	No
Do they understand requests? (e.g. "Please throw that away")	Yes	No
Does your child talk about themselves by saying "I"?	Yes	No
Does your child ask "why-questions"?	Yes	No
Does your child speak in plural? (Cars, Trees, Rocks...)	Yes	No
Can your child name a dog in a picture book (or similar)?	Yes	No
Does your child sing?	Yes	No
Can they take off individual pieces of clothing?	Yes	No
Do they play with other children?	Yes	No
Do they try to comfort others?	Yes	No
Can they be separated from their parents? (grandparents, playgroups, etc.)	Yes	No
Do they imitate household activities?	Yes	No
Can they ride a tricycle, balancing bike, or bobby car?	Yes	No
Can your child skip?	Yes	No
Can your child eat with a spoon on their own without spilling a lot?	Yes	No
How long do you read to your child daily? Minutes	
How long does your child watch television daily? Minutes	
Are you concerned about anything about your child's development?	No	Yes
If yes, what is it?		

	Links	Rechts
kooperativ: ja / nein		
ausweichen: ja / nein	Bär oder Ball	Katze oder Schirm
Stereo: ja / nein	Auto oder Fisch	Flugzeug oder Vogel
Katzen:	Baum oder Bananen	Haus oder Blumen