

**Name:**

**Date of Birth:**

**U8**

Dear Parents,

I have again prepared some questions for today, in order to have as complete a picture of your child as possible. **Please circle the appropriate answer.**

**Your child should also complete a few tasks today. Please give your child the chance to complete the tasks on its own and without reminders or being prompted from you!**

Are there eye diseases /ocular disorders (e.g. astigmatism, myopia) in the family?	No	Yes
In your opinion, can your child enunciate clearly?	Yes	No
Do others also understand your child?	Yes	No
Does your child take their own clothes off?	Yes	No
Can they undo buttons?	Yes	No
Does your child play with other children?	Yes	No
Does your child occasionally fight with other children when playing?	Yes	No
Do they then make up with the other children and/or get along?	Yes	No
Can your child name colors correctly?	Yes	No
Do they recognize differences? For example, <i>warm</i> and <i>cold</i> ?	Yes	No
Do they draw stick figures?	Yes	No
Does your child know their first and last names?	Yes	No
Do they know what "in", "on", "under" and "behind" mean?	Yes	No
Is your child dry during the day?	Yes	No
Does your child still wear a diaper at night?	No	Yes
Do they regularly brush their own teeth?	Yes	No
Can your child count a small number of things at a glance? (e.g. 3 Apples)	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? If yes, what is it?	No	Yes