

**Name:**

**Date of Birth:**

**U9**

Dear Parents,

Before beginning school, the stage of development of your child will today again be assessed. We are therefore planning a comprehensive checkup and have again prepared some questions, 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 their 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
Can your child dress and undress themselves on their own?	Yes	No
Does your child play with other children?	Yes	No
Does your child ask for playdates with other children?	Yes	No
Does your child attend pre-school?	Yes	No
Can your child ride a bike without training wheels?	Yes	No
Do your child's pants stay clean and dry?	Yes	No
If not, when do they soil their pants?	day and night	only at night
Can your child name colors correctly?	Yes	No
Do they recognize differences? For example, <i>warm</i> and <i>cold</i> / <i>high</i> and <i>low</i> ?	Yes	No
Can your child write their own first name?	Yes	No
Does your child have a sense of time, do they use <i>today</i> / <i>tomorrow</i> / <i>yesterday</i> correctly?	Yes	No
Do they know what <i>in</i> / <i>on</i> / <i>under</i> / <i>behind</i> mean?	Yes	No
Can your child count a small number of things at a glance? (e.g. 6 Apples)	Yes	No
Do you observe that your child comforts others, gets excited, that they share?	Yes	No
How long do you read to your child daily?	.....	Minutes
How long does your child watch television daily?	.....	Minutes
How long does your child play daily on the computer/ phone/ game console?	.....	Minutes
Are you concerned about anything about your child's development? If yes, what is it?	No	Yes