



# Blackstone Valley Pediatrics

## 18 Month Developmental Questionnaire

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

### COMMUNICATION

	YES	SOMETIMES	NOT YET
1. Does your child say eight or more words in addition to "Mama" and "Dada"?	_____	_____	_____
2. When your child wants something, do they tell you by pointing to it?	_____	_____	_____
3. Does your child imitate a two-word sentence? (EX: When you say a two-word phrase such as "Mama eat," does your child repeat both words back to you?)	_____	_____	_____
4. When you ask your child to, do they go into another room to find a familiar toy?	_____	_____	_____
5. Does your child say two or three words that represent different ideas together, such as "Kitty gone," "See dog," or Mommy come home"? (Don't count word combinations that express one idea such as "bye-bye" or "all gone")	_____	_____	_____
6. Without showing them, does your child <i>point</i> to the correct photo when you say, "Show me the kitty" or "Where is the dog"?	_____	_____	_____

COMMUNICATION TOTAL: \_\_\_\_\_

### GROSS MOTOR

	YES	SOMETIMES	NOT YET
1. Does your child move around by walking, rather than by crawling on their hands and knees?	_____	_____	_____
2. Does your child walk and seldom fall?	_____	_____	_____
3. Does your child bend over or squat to pick up an object from the floor then stand up again without support?	_____	_____	_____
4. Does your child climb on an object such as a chair to reach something they want?	_____	_____	_____
5. When you show your child how to kick a large ball, do they try to kick the ball by moving their leg forward or by walking into it?	_____	_____	_____
6. Does your child walk down stairs if you hold onto one of their hands? They may also hold onto a railing or a wall.	_____	_____	_____

GROSS MOTOR TOTAL: \_\_\_\_\_

### FINE MOTOR

	YES	SOMETIMES	NOT YET
1. Does your child stack a toy or a small block on top of one another?	_____	_____	_____
2. Does your child throw a small ball with a forward arm motion?	_____	_____	_____

- |   |       |       |       |
|---|-------|-------|-------|
| 3. Does your child stack three small blocks or toys on top of each other by themselves?                         | _____ | _____ | _____ |
| 4. Does your child get a spoon into their mouth right side up so that the food usually doesn't spill?           | _____ | _____ | _____ |
| 5. Does your child make a mark on the paper with the <i>tip</i> of a crayon, pen or pencil when trying to draw? | _____ | _____ | _____ |
| 6. Does your child turn the pages of a book by themselves? (They may turn more than one page at a time)         | _____ | _____ | _____ |

FINE MOTOR TOTAL: \_\_\_\_\_

PROBLEM SOLVING

- |   | YES   | SOMETIMES | NOT YET |
|---|-------|-----------|---------|
| 1. After you have shown your child how, do they try to get a small toy that is slightly out of reach by using a spoon, stick or similar tool?   | _____ | _____     | _____   |
| 2. Does your child drop several small toys, one after another, into a small container like a bowl or a box?   | _____ | _____     | _____   |
| 3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to try to dump it out? (You may show them how)  | _____ | _____     | _____   |
| 4. After watching you draw a line from the top of the paper to the bottom, does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth) | _____ | _____     | _____   |
| 5. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to try to dump it out? (Do NOT show them how)   | _____ | _____     | _____   |
| 6. Without you showing them how, does your child scribble back and forth when you give them a crayon, pen or pencil?  | _____ | _____     | _____   |

PROBLEM SOLVING TOTAL: \_\_\_\_\_

PERSONAL-SOCIAL

- |  | YES   | SOMETIMES | NOT YET |
|--|-------|-----------|---------|
| 1. While looking at herself in the mirror, does your child offer a toy to their own image?                   | _____ | _____     | _____   |
| 2. Does your child get your attention to try to show you something by pulling on your hand or clothes?       | _____ | _____     | _____   |
| 3. Does your child copy the activities you do, such as wipe up a spill, sweep, shave or comb hair?           | _____ | _____     | _____   |
| 4. Does your child drink from a cup or glass, putting it down again with little spilling?                    | _____ | _____     | _____   |
| 5. Does your child play with a doll or stuffed animal by hugging it?   | _____ | _____     | _____   |
| 6. Does your child come to you when they need help, such as winding up a toy or unscrewing a lid from a jar? | _____ | _____     | _____   |

PERSONAL-SOCIAL TOTAL: \_\_\_\_\_



# Blackstone Valley Pediatrics

## 18 Month Social Developmental Screening Tool

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fill out the following questions about how your child usually is. If the behavior is rare (only once or twice) please circle NO for that question.

1. Does your child like to climb on things such as stairs? YES/NO
2. Does your child ever use their index finger to point to ask for something? YES/NO
3. Does your child walk? YES/NO
4. Does your child enjoy being swung or bounced on your knee? YES/NO
5. Does your child enjoy playing peek-a-boo and/or hide and seek? YES/NO
6. Does your child imitate you? YES/NO
7. Does your child ever use their index to in YES/NO
8. Does your child ever pretend to talk on the phone, take care of a doll or pretend other things? YES/NO
9. Does your child look at you in the eye for more than a second or two? YES/NO
10. If you point at a toy across the room, does your child look at it? YES/NO
11. Does your child ever seem oversensitive to noise? YES/NO
12. Does your child take an interest in other children? YES/NO
13. Does your child ever bring objects to you to show you something? YES/NO
14. Does your child understand what people say? YES/NO
15. Does your child smile in response to your face or your smile? YES/NO
16. Can your child play properly with small toys without mouthing, fiddling or dropping them? YES/NO
17. Does your child respond to their name when you call? YES/NO
18. Does your child make unusual finger movements near their face? YES/NO
19. Does your child look at things you are looking at? YES/NO
20. Have you ever wondered if your child is deaf? YES/NO
21. Does your child try to attract your attention to their own activity? YES/NO
22. Does your child sometimes stare at nothing or wander with no response? YES/NO
23. Does your child look at your face to check your reaction when faced with something unfamiliar? YES/NO