



Blackstone Valley Pediatrics

60 MONTH DEVELOPMENTAL QUESTIONNAIRE

CHILD'S NAME: _____ DOB: _____ DATE: _____

COMMUNICATION

	YES	SOMETIMES	NOT YET
1. Does your child use four- and five-word sentences?	_____	_____	_____
2. Does your child appropriately answer the following questions? (Mark "sometimes" if your child only answers one question.) ___ "What do you do if you are hungry?" ___ "What do you do when you are tired?"	_____	_____	_____
3. Does your child use comparison words, such as, "heavier," "stronger," or "shorter"?	_____	_____	_____
4. Without helping by pointing or repeating, does your child follow three directions that are unrelated to each other? (EX: "Give me the pen, open your book and stand up.")	_____	_____	_____
5. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"?	_____	_____	_____
6. Does your child repeat the sentences shown below back to you without any mistakes? (Read them one at a time. You may repeat them once. Mark "sometimes" if your child repeats one sentence without mistakes.)	_____	_____	_____
<ul style="list-style-type: none"> • Sally hides her shoes for Mark to find. • Allison read the blue book under the blanket. 			

COMMUNICATION TOTAL: _____

GROSS MOTOR

	YES	SOMETIMES	NOT YET
1. Does your child walk on their tiptoes for 15 feet?	_____	_____	_____
2. Does your child skip using alternating feet?	_____	_____	_____
3. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away?	_____	_____	_____
4. Without holding onto anything, does our child stand on one foot for at least 5 seconds without losing their balance and putting their foot down?	_____	_____	_____
5. Does your child hop forward on one foot for a distance of 4-6 feet without putting down their other foot?	_____	_____	_____
6. Does your child catch a large ball with both hands?	_____	_____	_____

GROSS MOTOR TOTAL: _____

FINE MOTOR

YES SOMETIMES NOT YET

1. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a boy or a girl." If they draw a person with a head, body, arms and legs, mark "yes."
2. Using the shapes below to look at, does your child copy the shapes without tracing? (Mark "yes" if they copy all three shapes. Mark "sometimes" if your child copies two shapes.)



3. Print your child's first name.

Can your child copy the letters?

4. Using the letters below to look at, does your child copy them without tracing?

V H T C

5. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down?
6. Ask your child to trace the line below. Do they trace on the line without going off more than two times?

FINE MOTOR TOTAL: _____

PROBLEM SOLVING

YES SOMETIMES NOT YET

1. Does your child count up to 15 without making mistakes?
2. When asked, "Which circle is the smallest?" does your child point to the correct circle?



3. When shown objects and asked, "What color is this?" Can your child properly identify 5 different colors?
4. Does your child finish the following sentences using a word that means the opposite of the word that is bold?

A cow is **big**, and a mouse is ____.

Ice is **cold**, and fire is ____.

When I throw the ball **up**, it comes ____.

We see stars at **night**, and we see the sun during the ____.

5. Does your child know at least four letters in their name? Point to the letters and ask, "What letter is this?"

6. Does your child know the names of the numbers below?

3 1 2

PROBLEM SOLVING TOTAL: _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

1. Does your child usually take turns and share with other children?

2. Does your child dress or undress themselves without help (except for snaps, buttons and zippers)?

3. Does your child tell you at least four of the following? Please mark the items your child knows.

- ___ First Name ___ Last Name
- ___ Age ___ Boy or Girl
- ___ City they live in ___ Phone Number

4. Does your child serve themselves, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?

5. Does your child use the toilet by themselves? (Goes to the bathroom, sits on the toilet, wipes and flushes.)

6. Does your child wash their hands, using soap and water and dry off with a towel without help?

PERSONAL-SOCIAL TOTAL: _____