COMMUNICATION

1. Does your baby make two similar sounds, such as "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)

2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")?

3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," without your using gestures?

4. Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)

5. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? (Make sure the object is present. Mark "yes" if she knows one object.)

6. When your baby wants something, does he tell you by pointing to it?

GROSS MOTOR

1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?

2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?

3. Does your baby walk beside furniture while holding on with only one hand?
**GROSS MOTOR**  
(continued)

4. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? *(If your baby already walks alone, mark “yes” for this item.)*

5. When you hold one hand just to balance your baby, does she take several steps forward? *(If your baby already walks alone, mark “yes” for this item.)*

6. Does your baby stand up in the middle of the floor by himself and take several steps forward?

**GROSS MOTOR TOTAL**

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**FINE MOTOR**

1. After one or two tries, does your baby pick up a piece of string with his first finger and thumb? *(The string may be attached to a toy.)*

2. Does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger? She may rest her arm or hand on the table while doing it.

3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy?

4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger?

5. Does your baby throw a small ball with a forward arm motion? *(If he simply drops the ball, mark “not yet” for this item.)*

6. Does your baby help turn the pages of a book? *(You may lift a page for him to grasp.)*

**FINE MOTOR TOTAL**

*If Fine Motor Item 4 is marked “yes” or “sometimes,” mark Fine Motor Item 2 “yes.”*
PROBLEM SOLVING

1. When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

3. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, mark "yes" for this item.)
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.)
   YES  SOMETIMES  NOT YET
   〇  〇  〇  *

6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item.)
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

   PROBLEM SOLVING TOTAL

   "If Problem Solving Item 5 is marked "yes" or "sometimes," mark Problem Solving Item 4 "yes."

PERSONAL-SOCIAL

1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? (If he already lets go of the toy into your hand, mark "yes" for this item.)
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

2. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

4. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

5. Does your baby roll or throw a ball back to you so that you can return it to him?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

6. Does your baby play with a doll or stuffed animal by hugging it?
   YES  SOMETIMES  NOT YET
   〇  〇  〇  

   PERSONAL-SOCIAL TOTAL
OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:
   ○ YES ☐ NO

2. Does your baby play with sounds or seem to make words? If no, explain:
   ○ YES ☐ NO

3. When your baby is standing, are her feet flat on the surface most of the time? If no, explain:
   ○ YES ☐ NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:
   ○ YES ☐ NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:
   ○ YES ☐ NO
6. Do you have concerns about your baby’s vision? If yes, explain:

☐ YES ☐ NO

7. Has your baby had any medical problems in the last several months? If yes, explain:

☐ YES ☐ NO

8. Do you have any concerns about your baby’s behavior? If yes, explain:

☐ YES ☐ NO

9. Does anything about your baby worry you? If yes, explain:

☐ YES ☐ NO
Risk Assessment 12 months to 6 years

**TB risk**
Was your child born in Africa/Asia/Latin America/Caribbean/Eastern Europe? YES NO

Has your child traveled to Africa/Asia/Latin America/Caribbean/Eastern Europe? YES NO

Has a family member or contact had tuberculosis or a positive tuberculin skin test? YES NO

Is your child infected with HIV? YES NO

Has your child spent time with anyone during the past year who has been in jail or a shelter, uses illegal drugs, or has HIV? YES NO

**Lead**
Does your child live in or frequently visit a house/building built before 1950? YES NO

Does your child live in or frequently visit a house/building built before 1978 with recent or ongoing renovations within the last 6 months? YES NO

Does your child have any siblings/housemates/playmates that are being treated for lead poisoning? YES NO

**Fluoride**
Do you have well water? YES NO

Does your family use bottled water exclusively? YES NO

**Anemia**
Does your child consume more than 24 ounces of milk per day? YES NO

Is your child on a vegetarian or vegan diet? YES NO

Has your child ever been treated for anemia? YES NO

If your child is 18 months of age or older, is his or her diet lacking in iron-rich foods such as meat, eggs, beans, leafy green vegetables, or iron-fortified cereals? YES NO

**Cholesterol**
Does your child have a parent or grandparent who had a stroke or heart problem before age 55? YES NO

Does your child have a parent with elevated blood cholesterol (240 or higher) or who is taking cholesterol medication? YES NO