

Bright Futures 12 month Visit

1. Does your child play interactive games like “peek-a-boo” and “pat-a-cake”?
Yes _____ No
2. Does your child imitate activities while playing?
Yes _____ No
3. Does your child hand you a book when he wants to hear a story?
Yes _____ No
4. Can your child wave “bye-bye”?
Yes _____ No
5. Does your child have a strong attachment to you and is distressed on separation?
Yes _____ No
6. Does your child point to a desired object and watch to see whether you see it, too?
Yes _____ No
7. Does your child imitate vocalizations and sounds?
Yes _____ No
8. Can your child speak at least 1 or 2 words?
Yes _____ No
9. Does your child jabber with inflections of normal speech?
Yes _____ No
10. Can your child follow simple directions?
Yes _____ No
11. Can your child identify people upon request (“Where is ____”)?
Yes _____ No
12. Can your child bang 2 cubes held in his hands?
Yes _____ No
13. Can your child stand alone?
Yes _____ No
14. Do you have any other specific concerns about your child’s development, learning, or behavior?
Yes _____ No

15. If so, what are those concerns?