

Bright Futures 30 month Visit

1. Does your child engage in increasing imaginary play with dolls and toys?
Yes _____ No
2. Does your child increasingly include other children in his play (tea parties, chase games)?
Yes _____ No
3. Does your child have fears about unexplained changes/unexpected events?
Yes _____ No
4. Does your child use short phrases of 3-4 words?
Yes _____ No
5. Is your child understandable to others at least 50% of the time?
Yes _____ No
6. Does your child know the correct actions for animals/people (dog barks, bird files, etc.)?
Yes _____ No
7. Does your child have friends?
Yes _____ No
8. Can your child point to at least 6 body parts?
Yes _____ No
9. Can your child jump up and down in place?
Yes _____ No
10. Can your child throw a ball overhand?
Yes _____ No
11. Can your child wash and dry his hands?
Yes _____ No
12. Can your child brush his teeth with help?
Yes _____ No
13. Can your child put on clothes with help?
Yes _____ No
14. Can your child copy a vertical line?
Yes _____ No
15. Do you have any other specific concerns about your child's development, learning, or behavior?
Yes _____ No

16. If so, what are those concerns?