## **Bright Futures 9 month Visit**

| 1.  | Has your infant developed apprehension with (scared of) strangers?                                  |
|-----|---|
|     | Yes No No   |
| 2.  | Does your infant seek you out for play and comfort and as a resource?                               |
|     | Yes No No   |
| 3.  | Does your infant use a wide variety of repetitive consonants and vowel sounds?                      |
|     | Yes No No   |
| 4.  | Has your infant started to point out objects?   |
|     | Yes No No   |
| 5.  | Does your infant seem to understand that a hidden object is still really there (object permanence)? |
|     | Yes No No   |
| 6.  | Has your infant learned any interactive games like "peek-a-boo" and "so big"?                       |
|     | Yes No No   |
| 7.  | Does your infant look at books and explore his environment physically and visually?                 |
|     | Yes No No   |
| 8.  | Does your infant crawl forward and backward, get to a sitting position, and begin pulling to stand? |
|     | Yes No No   |
| 9.  | Do you have any other specific concerns about your child's development, learning, or behavior?      |
|     | Yes No No   |
| 10. | If so, what are those concerns?   |
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