

PARENT QUESTIONNAIRE
INFANT - TODDLER

Child's Name: _____ DOB: _____ Date: _____

HELPING OTHERS KNOW YOUR CHILD:

With whom does the child spend most of his/her time? _____
How do you know when he/she is happy? sad? scared? mad? _____

Does he/she like to be held or rocked? Y or N
My child gets around the room by: _____

Please list any physicians, therapists, social workers, or other professionals that have worked or are working with your child.

Name/ Agency	Month/Year	Title	Phone	Fax

UNDERSTANDING LANGUAGE:

When you talk to your child, how much does he or she understand? check one:
 a few words many words and phrases
 simple directions almost everything I say
Comments/examples: _____

COMMUNICATING WITH YOU:

How does your child usually let you know what he or she wants? Check all that apply:
 Cries Points to what he/she wants Use gestures
 Make a few sounds Makes many different sounds Uses a few words
 Says many words, but only says one word at a time
 Says two or more word sentences
 Uses long sentences
Comments/examples: _____

Does your child:	Yes	No
- Answer when you talk to him or her?	Y	N
- Talk about what he or she is doing?	Y	N
- Ask for help?	Y	N
- Can the family understand your child's speech?	Y	N
- Can people outside of the family understand your child's speech?	Y	N

Comments/examples: _____

FINE MOTOR: Does your child:	Yes	No
Bring hands together in play?	Y	N
Reach for toys with one or both hands?	Y	N

Move toys from one hand to another?	Y	N
Hold crayons/pencils with fingers/hands?	Y	N
Turn pages of a cardboard book?	Y	N
Cut with scissors?	Y	N
Take objects out of containers?	Y	N
Put objects in containers?	Y	N

SOCIAL / EMOTIONAL:

Maintain eye contact when nursing / feeding?	Y	N
Smile at familiar people?	Y	N
Smile or laugh during physical play?	Y	N
Smile at image in mirror?	Y	N
Prefer to be with people?	Y	N
Participate in pat-a-cake & peek-a-boo?	Y	N
Gives toy to adult?	Y	N
Leave contact with familiar person repeatedly?	Y	N
Varies play with you?	Y	N
Plays near other children ?	Y	N
Independent chooses toys & begins to play?	Y	N
Separates from familiar person in unfamiliar environment for 5 minutes?	Y	N

SENSORY HISTORY: Tactile: Does it bother your child to:

have nails cut?	Y	N
have hair combed by someone else?	Y	N
get dirty?	Y	N
fingerpaint?	Y	N
when people approach from behind?	Y	N
have his/her face touched?	Y	N
to be unexpectedly touched?	Y	N
have someone stand close by?	Y	N

COGNITIVE:

Bring hand to mouth?	Y	N
Look at object he is holding?	Y	N
Track a rolling ball momentarily screened?	Y	N
Bang objects?	Y	N
Rotate a bottle inverted less than 180 degrees to drink?	Y	N
Attain a completely hidden object?	Y	N
Shows knowledge of a toy hidden behind a screen?	Y	N

GROSS MOTOR:

Reach when on stomach?	Y	N
Move in circles on stomach?	Y	N
Roll both ways (stomach to back & back to stomach)?	Y	N
Crawl on stomach?	Y	N
Crawl on hands / knees?	Y	N
Get to sitting independently?	Y	N
Sit independently?	Y	N
Move body in sitting?	Y	N
Pull to stand at furniture?	Y	N
Stand alone?	Y	N
Walk alone?	Y	N