

# 15 Months (15 Months 0 days through 16 months 30 days)

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child point to, pat, or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. When your child wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. When you ask your child to, does he go into another room to find a familiar toy or object? <i>(You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? <i>(Mark "yes" even if her words are difficult to understand.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>COMMUNICATION TOTAL</b>				_____

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child stand up in the middle of the floor by himself and take several steps forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child climb onto furniture or other large objects, such as large climbing blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child move around by walking, rather than crawling on her hands and knees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child walk well and seldom fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>GROSS MOTOR TOTAL</b>				_____

## FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child help turn the pages of a book? <i>(You may lift a page for her to grasp.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child throw a small ball with a forward arm motion? <i>(If he simply drops the ball, mark "not yet" for this item.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Does your child stack a small block or toy on top of another one? <i>(You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child stack three small blocks or toys on top of each other by herself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Does your child turn the pages of a book by himself? <i>(He may turn more than one page at a time.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<b>FINE MOTOR TOTAL</b>				_____



# PEDS RESPONSE FORM

Provider \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.