



30 Month Questionnaire

COMMUNICATION

1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?

YES SOMETIMES NOT YET

2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?

YES SOMETIMES NOT YET

- A) "Put the toy on the table."
- B) "Close the door."
- C) "Bring me a towel."
- D) "Find your coat."
- E) "Take my hand."
- F) "Get your book."

3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)

YES SOMETIMES NOT YET

4. Does your child make sentences that are three or four words long? Please give an example:

YES SOMETIMES NOT YET

5. Without giving your child help by pointing or using gestures, ask him to “put the book on the table” and “put the shoe under the chair.” Does your child carry out both of these directions correctly? **YES** **SOMETIMES** **NOT YET**
6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, “barking,” “running,” “eating,” or “crying”)? You may ask, “What is the dog (or boy) doing?”
- YES** **SOMETIMES** **NOT YET**

GROSS MOTOR

1. Does your child run fairly well, stopping herself without bumping into things or falling?
- YES** **SOMETIMES** **NOT YET**
2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)
- YES** **SOMETIMES** **NOT YET**
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? **YES** **SOMETIMES** **NOT YET**
4. Does your child jump with both feet leaving the floor at the same time?
- YES** **SOMETIMES** **NOT YET**
5. Does your child walk upstairs, using only one foot on each stair?
- YES** **SOMETIMES** **NOT YET**
6. Does your child stand on one foot for about 1 second without holding onto anything?
- YES** **SOMETIMES** **NOT YET**

FINE MOTOR

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?
- YES** **SOMETIES** **NOT YET**
2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a like yours. Do not let your child trace your line. Does your child copy you by drawing a single line vertical direction?
- YES** **SOMETIMES** **NOT YET**

3. Can your child string small items such as beads, macaroni, or pasta “wagon wheels” onto a string or shoelace? **YES** **SOMETIMES** **NOT YET**

4. After your child watches you draw a line from one side to the paper to the other side, ask her to make a like yours. Do not let your child trace your line. Does your child copy you by drawing a single line a horizontal direction?

YES **SOMETIMES** **NOT YET**

5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

YES **SOMETIMES** **NOT YET**

6. Does your child turn pages in a book, one page at a time?

YES **SOMETIMES** **NOT YET**

PROBLEM SOLVING

1. When looking in the mirror, ask, “Where is _____?” (Use your child’s name). Does your child point to her image in the mirror?

YES **SOMETIMES** **NOT YET**

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to “help” you in the kitchen)?

YES **SOMETIMES** **NOT YET**

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.) **YES** **SOMETIMES** **NOT YET**

4. When you point to the figure and ask you child, “What is this?” does your child say a word that means a person or something similar? (Mark “yes” for reponses like “snowman,” “boy,” “man,” “girl,” “Daddy,” “spaceman,” and “monkey.”) please write your child’s response here:

5. When you say, “Say ‘seven three,’” does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, “Say ‘eight

two.” Your child must repeat just one series of two numbers for you to answer “yes” to this question. **YES** **SOMETIMES** **NOT YET**

6. After your child draws a “picture,” even simple scribble, does she tell you what she drew? (You may say, “Tell me about your picture,” or ask, “What is this?” to prompt her.)

YES **SOMETIMES** **NOT YET**

PERSONAL-SOCIAL

1. If you see any of the following gestures, does your child copy at least one of them/.

- a) Open and close your mouth.
- b) Blink your eyes.
- c) Pull on your earlobe.
- d) Pat your cheek.

2. Does your child use a spoon to feed himself with little spilling?

YES **SOMETIMES** **NOT YET**

3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

YES **SOMETIMES** **NOT YET**

4. Does your child put on a coat, jacket, or shirt by himself?

YES **SOMETIMES** **NOT YET**

5. After you put on loose-fitting pants around her feet does your child pull them completely up to her waist? **YES** **SOMETIES** **NOT YET**

6. When your child is looking in a mirror and you ask, “Who is in the mirror?” does he say either “me” or his own name?

YES **SOMETIMES** **NOT YET**

OVERALL

1. Do you think your child hears well? If no, explain:

2. Do you think your child talks like other toddlers her age? If no, explain:

3. Can you understand most of what your child says? If no, explain:

4. Can other people understand most of what your child says? If no, explain:

5. Do you think your child walks, run and climbs like other toddlers his age?

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

7. Do you have any concerns about your child's vision? If yes, explain:

8. Has your child had any medical problems in the last several months? If yes, explain:

9. Do you have any concerns about your child's behavior? If yes, explain:

10. Does anything about your child worry you? If yes, explain:
