

MD/NP _____
Reviewed (initials)
Date ____-____-____

Developmental Screen - 15 Months

- | | Yes | No |
|--|--------------------------|--------------------------|
| — Did your child know their name by one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child make gestures?
Wave- clap- shake head – point with INDEX finger | <input type="checkbox"/> | <input type="checkbox"/> |
| — What type of toys does your child play with? | | |
| — Does your child make eye contact? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Is your child huggable and make eye contact when
hugged? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child go WITH OUTSTRETCHED HANDS when
someone unfamiliar to them enters the room? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child take your hand and point at things (not
using their own hand to point)? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child line up objects in an orderly fashion?
(i.e. Put cars in a straight line) | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child like to spin around frequently especially
to calm themselves? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Can your child mimic large complex words?
Please give an example_____. | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child raise their arms for you to pick them up? | <input type="checkbox"/> | <input type="checkbox"/> |
| — Does your child play with an object and pretend it is
something?
(i.e. Teddy bear, tea party) | <input type="checkbox"/> | <input type="checkbox"/> |

Name _____ Date _____