

**NACOGDOCHES SURGERY CENTER
DEVELOPMENTAL TASKS SCREEN**

DATE: _____

<p>2-5 MONTHS Is baby able to hold head steady in sitting position? <input type="checkbox"/> YES <input type="checkbox"/> NO Does baby follow moving objects with its eyes? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby make any sounds besides crying or cooing? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby watch its own hands? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>12-18 MONTHS Does your child play patty-cake? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child hold an object in each hand and bang them together? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child say mama/dada to appropriate person? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to stand alone for at least 2 seconds? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>3-4 YEARS Is your child able to wash and dry his/her hands? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to name at least 4 different items in a picture book? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child comprehend verb? (A dog barks) <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to throw a ball over-hand? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>6-7 YEARS Can your child copy a square? <input type="checkbox"/> YES <input type="checkbox"/> NO Can your child repeat 5 numbers in proper sequence? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to able to define words (a banana is a fruit)? <input type="checkbox"/> YES <input type="checkbox"/> NO Can your child skip? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5-8 MONTHS Does baby reach for objects out of its reach? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby see small objects such as raisins? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby respond to sound by turning its head in that direction? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby imitate speech sounds? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>18-24 MONTHS Does your child drink from a regular cup without spilling? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child scribble when given crayons and paper? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child say three words? <input type="checkbox"/> YES <input type="checkbox"/> NO Can your child walk all the way across a large room without falling? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>4-5 YEARS Does your child dress without help? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to draw a circle by copying? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child use at least 4 different action words (verbs)? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child hop on one foot? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>7-11 YEARS Is your child in the appropriate grade for his age? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child have a friend he/she plays with on a regular basis outside of school? <input type="checkbox"/> YES <input type="checkbox"/> NO 11-14 YEARS Is your child in the appropriate grade? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child initiate and complete tasks? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child have a group of peers with whom he spends his free time? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8-12 MONTHS Does your baby wave bye-bye? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby transfer items from hand to hand? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby make dada and mama sounds? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your baby stand up holding onto something or someone? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>24-36 MONTHS Is your child able to stack 4 objects such as blocks on top of each other? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child combine words? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to kick a ball forward? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to remove all his clothes? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5-6 YEARS Does your child play board games with you ? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to draw the head and two other parts of a person? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your child able to name 4 different colors? <input type="checkbox"/> YES <input type="checkbox"/> NO Can your child broad jump? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>14-16 YEARS Is your child in the appropriate grade for his age? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child discuss his/her future plans? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child have a group of peers both sexes with whom she spends her time? <input type="checkbox"/> YES <input type="checkbox"/> NO 16-17 YEARS Has your child discussed his plans for the future with you? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child have a special friend that he spends much of his time with? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>