



# Blackstone Valley Pediatrics

## 24 Month Developmental Questionnaire

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

### COMMUNICATION

	YES	SOMETIMES	NOT YET
1. Without showing them, does your child point to the correct photo when you say "Show me the dog?" or "Where is the kitty"?	_____	_____	_____
2. If you point to a picture of a ball (kitty, hat, cup...) and ask your child, "What is this?" does your child correctly name at least one picture?	_____	_____	_____
3. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	_____	_____	_____
4. Does your child say two or three words that represent different ideas together, such as "Mommy come home," "See kitty," or Doggy gone"	_____	_____	_____
5. Without giving your child clues by pointing or using gestures, can your child carry out at least three of these kinds of instructions? _ "Find your coat"                   _ "Put the toy down" _ "Hold my hand"                   _ "Close the door" _ "Bring me a towel"               _ "Get your book"	_____	_____	_____
6. Does your child repeat a two-word sentence back to you? ("Mama play," "Daddy Eat, "Go home")	_____	_____	_____

COMMUNICATION TOTAL: \_\_\_\_\_

### GROSS MOTOR

	YES	SOMETIMES	NOT YET
1. When you show your child how to kick a large ball, do they try to kick the ball by moving their leg forward or by walking into it?	_____	_____	_____
2. Does your child walk up or down at least two steps by themselves? (They may use the railing or wall)	_____	_____	_____
3. Without holding onto anything for support does your child kick a ball by swinging their leg forward?	_____	_____	_____
4. Does your child run fairly well, stopping themselves without bumping into things or falling?	_____	_____	_____
5. Does your child walk down stairs if you hold onto their hand? (They may also use the railing or wall)	_____	_____	_____
6. Does your child jump with both feet leaving the ground at the same time?	_____	_____	_____

GROSS MOTOR TOTAL: \_\_\_\_\_

FINE MOTOR

	YES	SOMETIMES	NOT YET
1. Does your child flip light switches on and off?	_____	_____	_____
2. Does your child stack seven small blocks or toys on top of each other by themselves?	_____	_____	_____
3. Can your child string small items such as pasta “wagon wheels,” beads, or macaroni onto a string or shoelace?	_____	_____	_____
4. Does your child get a spoon into their mouth right side up so that the food doesn’t usually spill?	_____	_____	_____
5. Does your child use a turning motion with their hands while trying to turn doorknobs, wind up toys or twist tops?	_____	_____	_____
6. Does your child turn the pages of a book by themselves? (They may turn more than one page at a time)	_____	_____	_____

FINE MOTOR TOTAL: \_\_\_\_\_

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET
1. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle up side down to dump the contents out? (Do not show them how)	_____	_____	_____
2. After watching you draw a line from the top of the page to the bottom, does your child copy you by drawing a single line on the paper in any direction? (Mark “not yet” if they scribble back and forth)	_____	_____	_____
3. Does your child pretend objects are something else? (EX: Do they hold a cup to their ear pretending it’s a phone? Do they put something on their head pretending it’s a hat?)	_____	_____	_____
4. While your child watches, line up 4 objects like blocks in a row. Does your child copy you and line the objects up as well?	_____	_____	_____
5. Does your child put things away where they belong? (EX: Toys on the toy shelf. Bring dishes into the kitchen?)	_____	_____	_____
6. If your child wants something they cannot reach, do they find a chair or stool to stand on to reach it?	_____	_____	_____

PROBLEM SOLVING TOTAL: \_\_\_\_\_

PERSONAL-SOCIAL

YES

SOMETIMES

NOT YET

- |   |       |       |       |
|---|-------|-------|-------|
| 1. Does your child eat with a fork?   | _____ | _____ | _____ |
| 2. Does your child push a toy stroller, wagon or other toys on wheels, steering it around objects and backing out of corners if they cannot turn? | _____ | _____ | _____ |
| 3. Does your child copy the activities you do, such as combing your hair, sweeping, or wiping a spill?  | _____ | _____ | _____ |
| 4. Does your child call themselves "I" or "me" more often than their own name? (EX: "I do it" more often than "Sally do it")                      | _____ | _____ | _____ |
| 5. When playing with a stuffed animal or doll, does your child pretend to feed it, change its diaper, rock it, put it to bed, etc.?               | _____ | _____ | _____ |
| 6. Does your child drink from a cup or glass, putting it down again with little spilling?   | _____ | _____ | _____ |

PERSONAL-SOCIAL TOTAL: \_\_\_\_\_



# Blackstone Valley Pediatrics

24 Month Toddler Social Developmental Questionnaire

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fill out the following questions about how your child usually is. If the behavior is rare (only once or twice) please circle NO for that question.

1. Does your child like to climb on things such as stairs? YES/NO
2. Does your child ever use their index finger to point to ask for something? YES/NO
3. Does your child walk? YES/NO
4. Does your child enjoy being swung or bounced on your knee? YES/NO
5. Does your child enjoy playing peek-a-boo and/or hide and seek? YES/NO
6. Does your child imitate you? YES/NO
7. Does your child ever use their index finger to point and ask for something? YES/NO
8. Does your child ever pretend to talk on the phone, take care of a doll or pretend other things? YES/NO
9. Does your child look at you in the eye for more than a second or two? YES/NO
10. If you point at a toy across the room, does your child look at it? YES/NO
11. Does your child ever seem oversensitive to noise? YES/NO
12. Does your child take an interest in other children? YES/NO
13. Does your child ever bring objects to you to show you something? YES/NO
14. Does your child understand what people say? YES/NO
15. Does your child smile in response to your face or your smile? YES/NO
16. Can your child play properly with small toys without mouthing, fiddling or dropping them? YES/NO
17. Does your child respond to their name when you call? YES/NO
18. Does your child make unusual finger movements near their face? YES/NO
19. Does your child look at things you are looking at? YES/NO
20. Have you ever wondered if your child is deaf? YES/NO
21. Does your child try to attract your attention to their own activity? YES/NO
22. Does your child sometimes stare at nothing or wander with no response? YES/NO
23. Does your child look at your face to check your reaction when faced with something unfamiliar? YES/NO