

10. MILESTONES

Walking-

- Before 12 months 12 months to 18 months 18 months to 2 years

Talking

- Before 18 months 18 months to 2 ½ years 2 ½ to 3 years After 3 years

11. Has your child been immunized? Y/N

12. Does your child have a day time sleep? Y/N If yes how long? _____

13. Has your child had any support/intervention in any of the following areas:

- | | | | |
|-----------------------------|-----------------------------|--|--------------------|
| Eyes and Hearing Check | <input type="checkbox"/> No | <input type="checkbox"/> Yes : at what age _____ | for how long _____ |
| Speech Language Pathology | <input type="checkbox"/> No | <input type="checkbox"/> Yes : at what age _____ | for how long _____ |
| Occupational Therapy | <input type="checkbox"/> No | <input type="checkbox"/> Yes : at what age _____ | for how long _____ |
| Physiotherapy | <input type="checkbox"/> No | <input type="checkbox"/> Yes : at what age _____ | for how long _____ |
| Development Assessment Team | <input type="checkbox"/> No | <input type="checkbox"/> Yes : at what age _____ | or how long _____ |

Other: _____

What assistance has been provided for any of the above difficulties? _____

14. Social/Emotional Development

- | | | |
|--|------------------------------|-----------------------------|
| Ask for help when having difficulty | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Contributes to adult conversation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Repeats rhymes, songs or dances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is able to work alone at an activity for up to 10 minutes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will apologize without a reminder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will take turns in a game | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Co-operates with adult requests 75% of the time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Follows rules in an adult led activity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is able to answer the telephone and talk to a familiar person | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| May become angry but beginning to control feelings -
(less chance of temper tantrums) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Greets familiar adults without reminders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ask permission to use a toy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Increasingly says "please" and 'thank you' without reminders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Engages in socially acceptable behaviour in public | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stays in own garden/playground area | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Plays near and talks with other children | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Often prefers to play with others | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



