



Name:

Geburtsdatum:

Dear Parents,

In addition to the overall development of your child, today's checkup will focus on language development. This will be assessed using a standardized questionnaire that I will ask you to fill out. I have supplemented this language test with the following questions, in order to be able to have a complete picture of your child. **Please circle the appropriate answer.**

**Your child should also complete a few tasks today. Please don't help your child!**

- |   |       |         |
|---|-------|---------|
| Are there eye diseases / ocular disorders (e.g. astigmatism, myopia) in the family? | No    | Yes     |
| Does your child hear quiet noises?  | Yes   | No      |
| Do strangers also understand what your child says?                                  | Yes   | No      |
| Do they understand requests? (e.g. "Please throw that away")                        | Yes   | No      |
| Does your child talk about themselves by saying "I"?                                | Yes   | No      |
| Does your child ask "why-questions"?  | Yes   | No      |
| Does your child speak in plural? (Cars, Trees, Rocks...)                            | Yes   | No      |
| Can your child name a dog in a picture book (or similar?)                           | Yes   | No      |
| Does your child sing?   | Yes   | No      |
| Can they take off individual pieces of clothing?                                    | Yes   | No      |
| Do they play with other children?   | Yes   | No      |
| Do they try to comfort others?  | Yes   | No      |
| Can they be separated from their parents? (grandparents, playgroups, etc.)          | Yes   | No      |
| Do they imitate household activities?   | Yes   | No      |
| Can they ride a tricycle, balancing bike, or bobby car?                             | Yes   | No      |
| Can your child skip?  | Yes   | No      |
| Can your child eat with a spoon on their own without spilling a lot?                | Yes   | No      |
| How long do you read to your child daily?   | ..... | Minutes |
| How long does your child watch television daily?                                    | ..... | Minutes |
| Are you concerned about anything about your child's development?                    | No    | Yes     |

Filled out by the staff:

kooperativ: ja / nein	<b>Links</b>	<b>Rechts</b>
ausweichen: ja / nein	Bär oder Ball	Katze oder Schirm
Stereo: ja / nein	Auto oder Fisch	Flugzeug oder Vogel
Katzen:	Baum oder Bananen	Haus oder Blumen