

**Parents: Please complete this questionnaire and return to your provider for discussion.**

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