THE 12 MONTH CHECK-UP

Please respond to the following items by marking a “+” if your child exhibits the behavior and a “-” if your child does not exhibit the behavior. This information will assist your child’s pediatrician in performing a comprehensive evaluation of his/her language development.

___ 1. Does your child make sounds like “ma, ba, na, da, ga”?

___ 2. Does your child use “mama” or “dada” (may not associate these with the parent)?

___ 3. Does your child use a few gestures, one after another, to get needs met such as giving, showing, waving or pointing?

___ 4. Does your child understand and respond to “no-no”, “bye-bye”, “bottle”, etc.?

___ 5. Does your child look at pictures in books?

___ 6. Does your child look in correct place for toys which roll out of sight?

___ 7. Does your child follow simple commands associated with gestures: mother points to object and then to herself saying “Give it to me”?

___ 8. Does your child’s babbling have both long and short groups of sounds such as “tata, upup, bibibibi”?

___ 9. Does your child use speech or non-crying sounds to get and keep your attention?

___ 10. Does your child have 1 or 2 words (bye-bye, dada, mama) although they may not be clear?

___ 11. Is your child beginning to use some objects appropriately: stirs with spoon, drinks from cup, motions to hair with a comb, etc.?

___ 12. Does your child understand several words used in usual context, including family names and familiar objects: cookie, cracker, eat, mommy, daddy?

Child’s name: ___________________________________________ Age: _________ Date of Visit: ______________