THE 18 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 use some 1-2 word questions: (“Where kitty?” “Go bye-bye”)?
____ 2. Does your child imitate simple sounds and words?
____ 3. Does your child put 2 words together (“more cookie”, “no juice”, “mommy book”)?
____ 4. Does your child point to at least three different body parts upon request?
____ 5. Does your child follow one step directions accurately: “Give dolly a drink”, “Bring the ball to daddy”, etc.?
____ 6. Does your child point to pictures in a book as they are named: “Find the ball”, etc.?
____ 7. Does your child understand location words: “in”, “on”, “under”, etc.?
____ 8. Does your child answer “yes” or “no” either verbally or by shaking his/her head?
____ 9. Does your child say the name of the object in response to “What is this?” or at least vocalize as he/she is answering?
____ 10. Does your child use many different consonant sounds of the beginning of words?
____ 11. Does your child do simple pretend play like: feeding a doll or combing doll’s hair?

Child’s name:___________________________ Age:__________ Date of Visit:______________