

BF 24-Month Developmental Surveillance

Who took this survey: ____ Mother ____ Father ____ Both Parents ____ Patient

		Yes	No
1	Does your child imitate adults?		
2	Does your child engage in pretend play (rocking, feeding, putt doll/stuffed animal to bed)?		
3	Does your child play alongside other children (parallel play)?		
4	Does your child refer to himself as "I" or "me"?		
5	Does your child have a special attachment to any transitional objects?		
6	Does your child have a vocabulary of at least 50 words?		
7	Does your child use 2-word phrases?		
8	Does your child ask you to read a book?		
9	Can your child follow 2-step commands?		
10	Can your child name the object in 1 picture (cat, horse, bird, dog, man, etc)?		
11	Does your child complete sentences/rhymes in his favorite books?		
12	Does your child correct you if you change a word in a book he/she knows?		
13	If you ask, "Where is ___?", can your child point to an object or animal in a book?		
14	Can your child stack at least 5 or 6 books?		
15	Does your child make or imitate horizontal/circular strokes with a crayon?		
16	Does your child turn book pages one at a time?		
17	Does your child imitate food preparation (scrubs, stirs, beats an egg, etc)?		
18	Can your child throw a ball overhand?		
19	Can your child go up and down stairs one at a time?		
20	Can your child kick a ball?		
21	Can your child jump up?		
22	Do you have any other specific concerns about your child's development, learning, or behavior?		
23	If so, what are those concerns?		