

BF 3-Year Developmental Surveillance

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

		Yes	No
1	Does your child have self-care skills (can feed and dress himself)?		
2	Has your child's imaginative play become more elaborate and detailed?		
3	Does your child enjoy interactive play (with other children)?		
4	Can your child carry on a conversation with 2 or 3 sentences spoken together?		
5	Is your child understandable to others at least 75% of the time?		
6	Can your child name a friend?		
7	Does your child know the name and use of a cup, ball, spoon, and crayon?		
8	Can your child identify self as a girl or a boy?		
9	Can your child build a tower of at least 6 to 8 cubes?		
10	Can your child throw a ball overhand?		
11	Can your child ride a tricycle?		
12	Can your child walk up stairs alternating feet?		
13	Can your child balance on 1 foot for at least 1 second?		
14	Can your child copy a circle?		
15	Can your child draw a person with 2 body parts (head plus 1 other)?		
16	Is your child toilet trained during the day (bowel and bladder)?		
17	Do you have any other specific concerns about your child's development, learning, or behavior?		
18	If so, what are those concerns?		