



Boulder Community Hospital

DEVELOPMENTAL CHECKLIST School Age

Name of Child: _____

Date: _____

Check areas of difficulty. Star (*) items of particular concern to you.

Key: N = Never

S = Sometimes;

F = Frequently

Touch

N	S	F	Behavior
			Prefers certain clothing, complains that certain garments are too tight or itchy.
			Distressed by having hair or face washed.
			Avoids getting hands dirty in play, cleans hands immediately when dirty.
			Purposefully falls or runs into things.
			Constant touching.
			Avoids touching clothing of certain textures such as:
			Prefers deep touch rather than light touch, such as big hugs.
Comments:			

Eating and Sleeping Habits

N	S	F	Behavior
			Bedtime routine difficult to follow.
			Difficulty sleeping. Why?
			Difficulty using fork, spoon or knife.
			Picky eater. (Describe diet below)
			Very slow eater.
			Drooling.
			Stuffs mouth.
			Avoids certain food textures. What type?
Comments:			

Self Regulation

N	S	F	Behavior
			Easily upset with change in routine.
			Can't calm self effectively.
			Must be prepared in advance several times before change is introduced.
			Temper tantrums in excess.
			Poor persistence with tasks.
			Morning routine difficult.
Comments, overall disposition:			

Movement

N	S	F	Behavior
			Restless, unable to sit still for an activity compared to others of same age.
			Fear of movement: swings, slides, spinning.
			Craves swinging and moving upside down.
			Clumsy, bumps into things more than others of same age.
			Difficulty sitting for meals/table tasks.
			Gets car sick or nauseated with movement.
			Falls off chair.
			Refuses or is fearful of trying new activities.
Comments:			

Listening and Language Skills

N	S	F	Behavior
			Sensitive to common sounds, e.g. vacuum, blender, music, singing, raised voices, flushing toilet.
			Difficulty following 3-4 step directions. π Verbal π Written
			Says "huh?" or "what?" a lot.
			Distracted by sounds not normally noticed by average person (e.g. refrigerator, furnace clock ticking).
			Speech difficult to understand more than others of same age.
			Difficulty making certain sounds. Which sounds?
			Difficulty using speech in conversation.
			Doesn't understand age appropriate jokes.
			Difficulty engaging in cooperative activities with peers.
			Difficulty retelling stories.
			Difficulty completing timed tasks.
			When did babbling begin?
			Did they jargon (babbling that sounds like speech)? What age? _____
			Difficulty understanding/following game rules
Comments:			

Academic Skills

N	S	F	Behavior
			Difficulty learning to read.
			Difficulty learning math concepts.
			Difficulty with writing skills (spelling, organization, story).
			Difficulty getting work done on time.
			Difficulty keeping track of assignments.
			Difficulty completing homework.
			Easily frustrated with learning.
			Difficulty with problem solving.
			Difficulty in retrieving information previously learned.

Motor Skills

N	S	F	Behavior
			Difficulty manipulating small objects.
			Difficulty dressing, fastening clothes.
			Difficulty with mechanics of writing.
			Difficulty copying shapes.
			Difficulty playing ball.
			Difficulty distinguishing right/left.
			Difficulty using hands together.
			Difficulty putting puzzles together.
			Difficulty tracking objects with eyes.
			Which hand is dominant? [<input type="checkbox"/>] Right [<input type="checkbox"/>] Left
			Does hand dominance switch? With which activities?
Comments:			

Developmental Milestones

Age Met	Not Yet	Milestone	Age Met	Not Yet	Milestone
		Crawl.			Hop on one foot.
		Walking.			Skip.
		First word(s).			Dress self totally.
		Recite nursery rhymes.			Ride a bicycle without training wheels.
		Run well.			Tie shoes.
		Put two words together.			Speak in simple sentences.
		Used gestures – pointing, nodding.			
Comments:					

Person(s) filling out this form: _____

Date: _____

Intake attended by: _____

Date: _____