

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: _____