

ALEXIUS M. BISHOP, M.D., P.S.C.

PEDIATRIC AND ADOLESCENT MEDICINE

Alexius M. Bishop, M.D.

Peter J. Adams, M.D.

Richard J Berger, M.D.

Doug P. Poon, M.D.

Kelley Burchell-Young, M.D.

THE 3 YEAR 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 speak in simple 2 to 4 word sentences using nouns and verbs?
- _____ 2. Does your child use pronouns "I, you, me, we, they"?
- _____ 3. Does your child know use "is + ing", verb structures: "Mommy is going shopping"?
- _____ 4. Does your child follow 2-3 step directions "Pick up the big doll, and give it to me"?
- _____ 5. Does your child pronounce the /m, p, b, w, h, (yuh) sound correctly (mom, pop, bob, water, house, yes)?
- _____ 6. Does your child talk about interests or feelings about the past and future?
- _____ 7. Is your child beginning to use past tense verbs, such as "I played with my toys"?
- _____ 8. Does your child ask questions which require a "yes" or "no" answer?
- _____ 9. Can your child be understood at least 75% of the time by adults?
- _____ 10. Does your child's speech have proper rhythm and inflection?
- _____ 11. Does your child use the words "the" and "a" in his/her sentences?
- _____ 12. Does your child use the words "he" and "she" correctly?
- _____ 13. Does your child refer to himself/herself as "I"?

Child's name: _____ Age: _____ Date of Visit: _____

45 CAVALIER BOULEVARD* FLORENCE, KY 41012* PHONE 859-371-7400* FAX 859-371-8472