

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

PEDIATRIC AND ADOLESCENT MEDICINE

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THE 4 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 sentences containing approximately 4 to 5 words?
- _____ 2. Is your child easily understood by adults (at least 80% of the time)?
- _____ 3. Does your child produce /p, b, m, n, f, w, h, k, g/ sounds correctly at the beginning of words (pop, ball, mom, fall, water, house, kitty, go)?
- _____ 4. Are your child's sentences well constructed (most of the words in proper order)?
- _____ 5. Does your child use "he" and "she" correctly?
- _____ 6. Does your child talk about activities at school or at friend's homes?
- _____ 7. Does your child talk easily without repeating syllables or words?
- _____ 8. Does your child say "the" and "a" in his/her sentences?
- _____ 9. Does your child look at the person he/she is talking to?
- _____ 10. Does your child answer questions accurately and correctly?
- _____ 11. Does your child enjoy playing with other children, enjoy social interaction?
- _____ 12. Does your child recognize the colors: red, blue, yellow, green, orange, purple?

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

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