

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

PEDIATRIC AND ADOLESCENT MEDICINE

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THE 5 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 5 to 6 words?
- _____ 2. Is your child say all sounds correctly with the possible exception of /s, r, l, th/?
- _____ 3. Does your child use his/her imagination to create stories?
- _____ 4. Does your child understand time sequence (what happened first, second, third etc)?
- _____ 5. Does your child count to 10 from memory?
- _____ 6. Does your child carry on long involved conversations?
- _____ 7. Does your child ask what certain words mean?
- _____ 8. Does your child recognize most colors and shapes?
- _____ 9. Can your child say his name and address?
- _____ 10. Does your child understand rhyming words?

Child's name: _____ Age: _____

Date of Visit: _____

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