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

PEDIATRIC AND ADOLESCENT MEDICINE

Alexius M. Bishop, M.D.

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THE 6 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 startle or blink eyes in response to sudden loud noises?

______ 2. Does your child smile or stop crying when he hears a familiar voice?

______ 3. Does your child make gurgling or babbling noises when left alone and when playing with you?

______ 4. Does your child watch your face when you speak to him/her?

______ 5. Does your child your turn his/her eyes and head in search of sounds that come from behind or the side?

______ 6. Does your child respond to his/her name by looking at the speaker?

______ 7. Does your child react positively to the sight of favorite toys: increased kicking, waving arms, facial expressions, etc?

______ 8. Does your child vocalize pleasure & displeasure sounds (laughs, giggles, cries, fusses)?

______ 9. Are your child's babbling sounds more speech-like with many different sounds, including *p*, *b* and *m*?

Is there any family history of hearing or speech disorders? _____YES _____ NO. If so, please describe briefly:____

Child's name: ________________________Age:____________Date of Visit________________

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