

## 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 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: \_\_\_\_\_