

QUESTIONNAIRE FOR DEVELOPMENTAL SCREENING 6 YEAR OLD

DATE _____

NAME	AGE	GRADE IN SCHOOL
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ADDRESS (Have child provide this if they know it)

1. Listens well and follows simple instructions Yes or NO
2. **Draws a person with 6 body parts** Yes or NO
3. Can tell a story with full sentences Yes or NO
4. **Hops, skips, climbs** Yes or NO
5. Names at least 4 colors Yes or NO
6. **Counts to 10** Yes or NO
7. Writes some letters and numbers Yes or NO
8. **Ties a knot** Yes or NO
9. Balances on 1 foot Yes or NO
10. **Copies squares, triangles** Yes or NO