

## QUESTIONNAIRE FOR DEVELOPMENTAL SCREENING 7-8 YEAR OLD

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

- |                                             |                  |
|---------------------------------------------|------------------|
| 1. Eats healthy meals and snacks            | YES or NO        |
| 2. <b>Is doing well in school</b>           | <b>YES or NO</b> |
| 3. Is vigorously active for 1 hour a day    | YES or NO        |
| 4. <b>Has friends</b>                       | <b>YES or NO</b> |
| 5. Participates in an after-school activity | YES or NO        |
| 6. <b>Does chores when asked</b>            | <b>YES or NO</b> |
| 7. Gets along with family/friends           | YES or NO        |