

QUESTIONNAIRE FOR DEVELOPMENTAL SCREENING 9-10 YEAR OLD

NAME _____ DATE _____

AGE _____ GRADE IN SCHOOL _____

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|---|-----------|
| 1. Feels good about himself | YES or NO |
| 2. Getting chances to make own decisions | YES or NO |
| 3. Eats healthy meals and snacks | YES or NO |
| 4. Participates in an after-school activity | YES or NO |
| 5. Has friends | YES or NO |
| 6. Is vigorously active for 1 hour a day | YES or NO |
| 7. Is doing well in school | YES or NO |
| 8. Does chores when asked | YES or NO |
| 9. Gets along with family | YES or NO |
| 10. Does an activity really well; describe: _____ | |
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