



THE
THERAPY
SPOT

5 & UNDER: DEVELOPMENTAL SCREENING QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

Note: this questionnaire does not include typical major milestones; if you have concerns about your child's development that are not listed in this checklist, please contact us to discuss with a therapist.

6 MONTHS- 1 YEAR

YES

- | | |
|---|--------------------------|
| 1. Has not achieved appropriate gross motor milestones | <input type="checkbox"/> |
| 2. Unable to follow object with eyes or turn towards sounds | <input type="checkbox"/> |
| 3. Does not respond (smile, eye contact) to adult interaction or shows limited interest in others | <input type="checkbox"/> |
| 4. Difficulty maintaining object in hand | <input type="checkbox"/> |
| 5. Does not use sounds to get your attention or vocalize when excited/upset | <input type="checkbox"/> |

1-2 YEARS

- | | |
|---|--------------------------|
| 6. Doesn't search for objects that are hidden | <input type="checkbox"/> |
| 7. Difficulty with walking | <input type="checkbox"/> |
| 8. Does not point to objects/pictures or use pincer grasp | <input type="checkbox"/> |
| 9. Difficulty using both hands together during play | <input type="checkbox"/> |
| 10. Doesn't repeat sounds/gestures when laughed at | <input type="checkbox"/> |

2-3 YEARS

- | | |
|--|--------------------------|
| 11. Difficulty matching objects to pictures or finding details in picture books | <input type="checkbox"/> |
| 12. Difficulty scribbling or drawing horizontal/vertical lines or stringing beads | <input type="checkbox"/> |
| 13. Difficulty participating in simple pretend play | <input type="checkbox"/> |
| 14. Difficulty separating from parents in familiar surroundings | <input type="checkbox"/> |
| 15. Unable to feed self with fingers, utensils or not eating most adult table foods | <input type="checkbox"/> |
| 16. Unable to run well, stand on 1 foot, jump with 2 feet together, or go up/down stairs alone | <input type="checkbox"/> |
| 17. Not using 2 word sentences, not speaking at least 50 words | <input type="checkbox"/> |
| 18. Does not know function of common household objects, unable to understand simple instructions | <input type="checkbox"/> |

4-5 YEARS

- | | |
|---|--------------------------|
| 19. Unable to throw a ball overhand or catch a ball with both hands | <input type="checkbox"/> |
| 20. Unable to stand on 1 leg, hop on 1 leg, or pump a swing | <input type="checkbox"/> |
| 21. Difficulty drawing a circle, cutting on a line, or folding paper | <input type="checkbox"/> |
| 22. Difficulty with complex pretend play, cooperating with peers, taking turns or sharing with others | <input type="checkbox"/> |
| 23. Difficulty attending to tasks, transitioning between tasks, or tolerating changes in routine | <input type="checkbox"/> |
| 24. Unable to dress self or manage fasteners (snaps, buttons, zipper) | <input type="checkbox"/> |
| 25. Not using sentences of more than 3 words or discussing daily activities and experiences | <input type="checkbox"/> |
| 26. Not using "me" and "you" correctly or understanding 2 part commands with prepositions | <input type="checkbox"/> |

Send completed forms to info@therapyspotmi.com or fax to (248) 457-5490 and a therapist will review your responses and contact you regarding the results within 3 business days. Typically, 2 or more "yes" responses in your child's age category would indicate need for further evaluation. Our therapists are available by phone to quickly determine what type of evaluation your child will benefit from, or if no further evaluation is needed. Currently receiving school therapy services? Your child could still benefit from one to one private therapy. Questions? Contact us at 248-893-6192 or info@therapyspotmi.com