

SWYC: 30 months

V1.08, 9/1/19

29 months, 0 days to 34 months, 31 days

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

Not Yet	Somewhat	Very Much
Names at least one color \cdot	1	2
Tries to get you to watch by saying "Look at me" \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot	1	2
Says his or her first name when asked $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\circ\circ\circ\circ\circ\circ$	1	2
Draws lines · · · · · · · · · · · · · · · · · · 0	1	2
Talks so other people can understand him or her most of the time \cdot . (i)	1	2
Washes and dries hands without help (even if you turn on the water) $~\cdot~$ $_{\odot}$	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?" \cdot $_{\odot}$	1	2
Explains the reasons for things, like needing a sweater when it's cold $~\cdot$ $_{\odot}$	1	2
Compares things - using words like "bigger" or "shorter" \cdot \cdot \cdot \cdot \odot	1	2
Answers questions like "What do you do when you are cold?"	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? • • • • • • • • • • • •	1	2
	Seem sad or unhappy? · · · · · · · · · · · 0	1	2
	Get upset if things are not done in a certain way? \cdot ()	1	2
	Have a hard time with change? \cdot \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot	1	2
	Have trouble playing with other children? \cdot \cdot \cdot \cdot \odot	1	2
	Break things on purpose? • • • • • • • • • •	1	2
	Fight with other children? • • • • • • • • • • •	1	2
	Have trouble paying attention? • • • • • • • • •	1	2
	Have a hard time calming down? • • • • • • • •	1	2
	Have trouble staying with one activity? \cdot \cdot \cdot \cdot \cdot \circ \odot	1	2
Is your child	Aggressive? · · · · · · · · · · · · 0	1	2
	Fidgety or unable to sit still? \cdot · · · · · · · · \circ	1	2
	Angry? · · · · · · · · · · · · · ③	1	2
Is it hard to	Take your child out in public? • • • • • • • • • 💿	1	2
	Comfort your child? · · · · · · · · · · · · · · · 0	1	2
	Know what your child needs? \cdot · · · · · · \circ 0	1	2
	Keep your child on a schedule or routine? \cdot \cdot \cdot \cdot \odot	1	2
	Get your child to obey you? \cdot \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot	1	2

Tufts Children's Hospital

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PARENT'S OBSERVATIONS OF SOC	CIAL INTERAC	TIONS (POSI)			
Does your child bring things to	Many times a day	A few times a day	A few times a week	Less than once a week	Never	
you to show them to you?					\bigcirc	
	Always	Usually	Sometimes	Rarely	Never	
Is your child interested in playing with	Aiways	oscany				
other children?	0	0	0	0	0	
When you say a word or wave your hand, will your child try to copy you?	\bigcirc	\bigcirc	\bigcirc	\circ	0	
Does your child look at you when you		0		~	0	
his or her name?	0	\bigcirc	0	0	0	
Does your child look if you point to	0	\bigcirc	0	0	0	
something across the room?	0	0	0	<u> </u>	J	
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams	
(please check all that apply)						
What are your child's favorite play activities?	Playing with dolls or stuffed anima	books with	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels	
(please check all that apply)						
For acknowledgments, validation, and other informa	tion concerning the P	OSI, please see w	ww.theswyc.org/pos	i		
PARENT'S CONCERNS						
	1.9.0.1		Not At	All Somew	hat Very Much	
Do you have any concerns about your	•	-		0	0	
Do you have any concerns about your	child's benavior	?	0	0	0	
FAMILY QUESTIONS Because family members can have a big impact on your child's development, please answer a few questions about						
your family below:	ng impact on ye				Yes No	
1 Does anyone who lives with your ch	uld smoke toba	cco2			No No	
			then you made	ant to 2		
2 In the last year, have you ever drun		•	-			
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?						
4 Has a family member's drinking or drug use ever had a bad effect on your child?						
5 Within the past 12 months, we warried	whathar our fa	od would	Never true	Sometimes t	rue Often true	
5 Within the past 12 months, we worried run out before we got money to buy n			0	0	0	
Over the past two weeks, how often been bothered by any of the followi		Not at	all Several days	More than half the days	Nearly every day	
6 Having little interest or pleasure in c	loing things?	0	1	2	3	
7 Feeling down, depressed, or hopele	ess?	0	1	2	3	
8 In general, how would you describe with your spouse/partner?	your relationsh	ip No tensio	Some n tension	A lot of tension	Not applicable	
9 Do you and your partner work out a	rguments with:	No difficul 〇	Some ty difficulty	Great difficulty 〇	Not applicable	
10 During the past week, how many da or other family members read to you	• •		$\bigcirc 1 ($	2 3 4	5 6 7	