

SWYC: 24 months

23 months, **0** days to **28** months, **31** days *V1.08*, *9/1/19*

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.

N	lot Yet	Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy · · · · ·	0	1	2
Climbs up a ladder at a playground · · · · · · · · · · · ·	• (0)	1	2
Uses words like "me" or "mine" · · · · · · · · · · · · ·	0	1	2
Jumps off the ground with two feet · · · · · · · · · · · · · · · · · ·	0	1	2
Puts 2 or more words together - like "more water" or "go outside" ·	• (0)	1	2
Uses words to ask for help · · · · · · · · · · · · · · ·	0	1	2
Names at least one color · · · · · · · · · · · · · · · · · · ·	0	1	2
Tries to get you to watch by saying "Look at me" · · · · · ·	0	1	2
Says his or her first name when asked · · · · · · · · · ·	0	1	2
Draws lines · · · · · · · · · · · · · · · · · · ·	0	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 a	ıt all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · · · ·)	1	2
	Seem sad or unhappy? · · · · · · · · · · · · · · · ·)	1	2
	Get upset if things are not done in a certain way? •)	1	2
	Have a hard time with change? · · · · · · · · · · · ·)	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · ·)	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? · · · · · · · @)	1	2
Is your child	Aggressive? · · · · · · · · · · · · · · · · · · ·)	1	2
	Fidgety or unable to sit still? · · · · · · · · · · · · · · · · · ·)	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·)	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · ·)	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · ·)	1	2
	Know what your child needs? · · · · · · · · · · · · · ·)	1	2
	Keep your child on a schedule or routine? · · · · · · @)	1	2
	Get your child to obey you? · · · · · · · · · · · · · · ·)	1	2



PARENT'S OBSERVATIONS OF SOC	JAL INTERAC	HONS (POSI				
Does your child bring things to	Many times			Less than	Never	
you to show them to you?	a day	a day	a week	once a week		
	0	0	O	O	0	
	Always	Usually	Sometimes	Rarely	Never	
Is your child interested in playing with other children?	0	0	0	0	0	
When you say a word or wave your hand, will your child try to copy you?	\circ	\circ	\circ	\circ	\circ	
Does your child look at you when you	call _					
his or her name?	0	O	O	O	O	
Does your child look if you point to something across the room?	0	0	0	0	0	
How does your child usually show you	Says a word	Points to it	Reaches	Pulls me over	Grunts, cries	s or
something he or she wants?	for what he	with one	for it	or puts my	screams	
	or she wants	finger		hand on it		
(please check all that apply)		Ш	Ш	Ш		
Most one very skildle favorite plant	Playing with	Reading	Climbing,	Lining up	Watching thi	_
What are your child's favorite play activities?	dolls or stuffed anima	lo.	_	toys or other	go round ar	
addivided.	Stuffed affillia	is you	being active	things	wheels	13 01
(please check all that apply)						
For acknowledgments, validation, and other informa-	tion concerning the P	OSI, please see wi	ww.theswyc.org/pos	i		
PARENT'S CONCERNS						
	1.21.01.1		Not At		hat Very Mu	ıch
Do you have any concerns about your	•	•	nt?	0	0	
Do you have any concerns about your	child's behavior	?	O	O	O	
FAMILY QUESTIONS	oig impost on w	مريد مامناطات طور	alanmant plac	and another a for	w guastiana ab	aut.
Because family members can have a ligour family below:	olg impact on yo	our child's dev	elopment, plea	ase answer a te	w questions ab	out
your fairing below.					Yes N	No
1 Does anyone who lives with your ch	nild smoke toba	cco?			(N
2 In the last year, have you ever drun	k alcohol or use	ed drugs more	than you mea	ant to?	(Y)	N
3 Have you felt you wanted or neede		•	•		\odot	N)
4 Has a family member's drinking or o			-	-	_	N)
Thus a family member 5 difficility of C	arag ase ever ii	aa a baa ciic	Never true	Sometimes t		_
5 Within the past 12 months, we worried	d whether our fo	od would	Never true			uc
run out before we got money to buy n			O	O	O	
Over the past two weeks, how often	have vou		Several	More than	Nearly every	day
been bothered by any of the followi		Not at	all days	half the days	recarry every	auy
6 Having little interest or pleasure in o	doing things?	①	1	2	3	
7 Feeling down, depressed, or hopele	ess?	•	1	2	3	
		: No	Some	A lot of	Not applica	ble
In general, how would you describe	your relationsh	tensio		tension		
with your spouse/partner?		\circ	\circ	\circ	\circ	
		No	Some	Great	Not applica	ble
9 Do you and your partner work out a	rguments with:	difficu	ty difficulty	difficulty		
		0	0	0	0	
10 During the past week, how many da or other family members read to you	•		(1) (1)	2) (3) (4)	(5) (6)	(7)
or outer family internibers read to you	oniu:					