

Survey: Bright Futures 5 Year Developmental Surveillance

Description: Bright Futures parental surveillance for 5 year visit

Instructions: Please answer these questions about your growing and developing child.

Privacy level: Any staff member

Is your child beginning to skip?	yes no
Can your child walk on tiptoes when asked?	yes no
Can your child catch a bounced ball with 2 hands?	yes no
Can your child copy a triangle?	yes no
Can your child draw a 6-part person?	yes no
Can your child copy his/her first name?	yes no
Can your child cut well with scissors?	yes no
Can your child spread with a knife?	yes no
Does your child dress and undress without help?	yes no
Does your child urinate and have a bowel movement on his/her own?	yes no
Is your child dry throughout the day?	yes no
Can your child tell a story of 2 sentences or more?	yes no
Can your child follow directions for 4 individual prepositions, such as on, under, behind, and in front of?	yes no
Does your child play and interact with peers?	yes no
Does your child answer "why" questions?	yes no
Can your child count 5 objects?	yes no
Can your child name 3 or more single numbers?	yes no
Can your child name 4 or more letters out of alphabetic order?	yes no
Can your child write 2 or more letters?	yes no
Do you have specific concerns about your child's development, learning, or behavior?	yes no
If yes, please describe your concerns:	