

Survey: Bright Futures 6 Year Developmental Surveillance

Description: Bright Futures parental surveillance for 6 year visit

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

Privacy level: Any staff member

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| Can your child ride a standard bike? | yes no |
| Can your child hop on one foot 3 to 4 times? | yes no |
| Can your child catch a small ball with 2 hands? | yes no |
| Can your child draw a 12-part person? | yes no |
| Can your child write first and last names in uppercase or lowercase letters? | yes no |
| Can your child cut most foods with a knife? | yes no |
| Can your child tie shoes? | yes no |
| Is your child dry day and night? | yes no |
| Does your child tell a story with a beginning, a middle, and an end? | yes no |
| Does your child choose preferred foods at breakfast and lunch? | yes no |
| Does your child start and continue conversations with peers? | yes no |
| Has your child mastered all consonant sounds and combinations, such as "d" or "ch"? | yes no |
| Does your child play and interact with at least one "best friend"? | yes no |
| Can your child print 3 or more simple words without copying? | yes no |
| Can your child count 10 objects? | yes no |
| Can your child do simple addition and subtraction with objects? | yes no |
| Do you have specific concerns about your child's development, learning, or behavior? | yes no |
| If yes, please describe your concerns: | |