

# Survey: Bright Futures 15 Month Developmental Surveillance

**Description:** Bright Futures parental surveillance for 15 month visit

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

**Privacy level:** Any staff member

Does your child imitate scribbling?	yes   no
Can your child drink from a cup with little spilling?	yes   no
Does your child point to ask for something or to get help?	yes   no
Does your child look around when you say things such as "Where's your ball?" and "Where's your blanket?"	yes   no
Does your child use 3 words other than names?	yes   no
Does your child speak in sounds that seem like an unknown language?	yes   no
Does your child follow directions that do not include a gesture?	yes   no
Can your child squat to pick up objects?	yes   no
Can your child crawl up a few steps?	yes   no
Can your child run?	yes   no
Can your child make marks with a crayon?	yes   no
Can your child drop an object into and take the object out of a container?	yes   no
Do you have specific concerns about your child's development, learning, or behavior?	yes   no
If yes, please describe your concerns:	