

### 30 month check

Child's Name \_\_\_\_\_

(please circle all that apply)

My child can:

balance on one foot for a second      help clean up      participate in "pretend play"

My child speaks:

in short sentences      calling him/herself "I"

My child enjoys watching/interacting with other children:

not much      loves it      not sure

My child eats/drinks:

whole milk      other milk      same foods as family      special foods      bottle

We brush my child's teeth:

rarely      daily      2x daily      toothpaste

My child has seen the dentist:

yes      no

My child is having problems with:

sleep      constipation      diarrhea      behavior

My child is potty - trained:

not at all      daytime only      for #1 or #2      completely

My child rides in:

carseat      booster seat

My child sleeps in:

our bed      a crib      own bed

My child has seen the following specialists since our last visit: \_\_\_\_\_

I think our family's stress level right now:

is low      is pretty average      is high

The insurance I have is through:

work      the state      other \_\_\_\_\_

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes      no

Do you have any questions or concerns? (if yes, please list on the back)