

3 year check

Child's Name _____

(please circle all that apply)

My child can:

pedal tell people name, gender, age climb steps one foot on each step

When my child talks, people outside of the family understand:

none 50% 75% everything

My child can:

count to three takes turns enjoys other children

My child has ongoing problems with:

sleep constipation diarrhea

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 potty - trained:

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

My child rides in:

carseat booster seat

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

My child's behavior problems:

are minimal are OK with time-outs and limit setting are a problem

My child is in preschool or daycare:

yes no

I think our family's stress level right now:

is low is pretty average is high

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

yes no

Draw a circle on the back of this page and have your child copy the circle.

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