

The Nipissing District Developmental Screen™ is a checklist designed to help monitor your child's development.

✓ ✓
Yes No

By Six Years of age, does your child...

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Understand some words about time and order (e.g. morning, afternoon, yesterday, next, last)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Recognize letters and the sounds they make? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Correctly say all sounds in words except th and v ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Speak clearly enough to be understood by everyone? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Recognize some familiar written words (e.g. own name, some store signs)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Tell about own experiences and ask about yours? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Skip across a room? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Walk on a beam without falling (e.g. curb)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Catch a small ball? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Hop on one foot for 3 metres (10 feet)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Copy shapes (e.g. circle, square, triangle)? (Picture A) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Cut out simple shapes following an outline (e.g. circle, square)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Know right from left on own body? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. In a group, pay attention and follow simple instructions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Play cooperatively with 2-3 children for 20 minutes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Complete washroom routines without help?* |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Apologize for actions he/she didn't mean to do?* |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Listen while others are speaking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Show an understanding of right and wrong? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Help others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Explain rules of a game or activity to others? |



Note: It is recommended that all children by this age have a vision, hearing and dental checkup. Ask your family doctor or public health unit where these services are available in your community.

* item may not be common to all cultures

Filled Out By:
 Relationship To Child:
 Doctor's Comments:

6 YEARS
 Always talk to your health care or child care professional if you have any questions about your child's development or well being. See reverse side for instructions, limitation of liability, and product license.