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

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|--|----|-----|--|
| Yes  | No |     | By <b>Fifteen Months</b> of age, does your baby                      |
|  |    | 1.  | Usually have healthy ears (i.e. no serious ear infections)?          |
|  |    | 2.  | Attempt to say two or more words? (Words do not have to be clear.)   |
|  |    | 3.  | Look at pictures while you name them? (Picture A)*                   |
|  |    | 4.  | Try to get something by making sounds, while reaching or pointing?   |
|  |    | 5.  | Imitate a few animal sounds?   |
|  |    | 6.  | Use connected sounds that seem like little stories?                  |
|  |    | 7.  | Respond to own name when called?                                     |
|  |    | 8.  | Pick up and eat finger food?   |
|  |    | 9.  | Start to recognize body parts on self and dolls?                     |
|  |    | 10. | Crawl up stairs/steps?   |
|  |    | 11. | Walk sideways holding onto furniture?                                |
|  |    | 12. | Try to squat to pick up a toy from the floor?                        |
|  |    | 13. | Remove socks and try to undo shoes?                                  |
|  |    | 14. | Stack two blocks?  |
|  |    | 15. | Use two hands while playing with a toy?                              |
|  |    | 16. | Repeat an action that made you laugh?                                |
|  |    | 17. | Look at you to see how to react (e.g. after falling, when a stranger |
| enters the room)?  * item may not be common to all cultures  A |    |     |  |

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