



Developmental Questionnaire for 3-4 year olds; Parent Version

Name of Child: _____ Gender: _____
Date of Birth: _____ Current Age: _____ yrs, _____ mths
Name of Parent completing questionnaire: _____
Phone/email: _____
Program attending or registered in: _____
Days attending: _____; Session times: _____
Teacher: (if known) _____

Children typically develop in a predictable sequence but at their own rate. Please check off all that apply:

Does your child:

- ☐ Use words to tell you what they want?
- ☐ Say words clearly enough for unfamiliar adults to understand? (some sounds may not be clear yet)
- ☐ Engage in imaginary play? (not necessarily with other children yet)
- ☐ Begin to understand sharing?
- ☐ Feel comfortable leaving you for short periods?
- ☐ Recognize other people's feelings?
- ☐ Express their likes and dislikes?
- ☐ Take turns?
- ☐ Follow simple 2 step verbal directions?
- ☐ Put some clothes on by him/herself?
- ☐ Use the washroom (with help)?
- ☐ Walk up/downstairs unaided?
- ☐ Walk, run, climb?
- ☐ Recognize/name colors?

- ☐ Understand that 2 is more than 1?
- ☐ Tell stories about recent events?
- ☐ Feed him/herself? (with some spilling)
- ☐ Hold a crayon or marker?
- ☐ Snip with scissors?
- ☐ Enjoy stories and books?
- ☐ Have any medical issues or diagnoses? Please explain:

Please tell us if you have any concerns about your child's development – speech/language (following directions, not speaking, unable to communicate their wants/needs etc); fine motor skills (like picking things up, holding a pencil etc); large motor skills (like jumping, running, balancing etc); concerning behaviour; big emotions; anxiety; play skills; sensory challenges (do they have trouble calming when upset, do they avoid messy play? etc)

Please tell us about your child's strengths, interests – what excites them?
