



2-Year-Old Program Child Development Form

(Use Back Side of Form for Additional Comments)

Child's Name _____ M/F Birth Date: ___/___/___

Address: _____

Parent's Name and Address (or same): _____

Siblings:

NAME	AGE

Child's Birth Weight: _____ Length _____ Full Term: Yes/No

Birth Complications: Yes/No If yes, explain: _____

Tell us more about your child: (PLEASE NOTE: We are not suggesting that 2-yr. olds should be doing these already.)

Toilet Trained?		Running?	
Talking/Complete Phrases?		English Second Language?	
Shy/Social?		Separation Anxiety?	
Counting/How High?		Can Pedal a Tricycle?	
Alphabet?		Anything else we need to know?	

Given His/Her Choice, which four activities would your child prefer: (check boxes)

Playing Alone		Play with other Children	
Being Read To		Playing with puzzles, blocks	
Drawing		Playing on outdoor equipment	
Sing Songs/Musical Activities		Using Ride-on toys	
Watch TV		Playing with trucks/cars	

Have you ever had any questions or concerns about your child's: (check box)

Vision		Muscular Coordination	
Hearing		Social Behavior	
Speech		Emotional Behavior	
Physical Development		Other:	

Has your child participated in a playgroup church nursery, Sunday school class or nursery school situation? Yes/No

List: _____

What did they gain? _____

What problems, if any, did your child encounter? _____

What do you hope your child will gain from the Step By Step Program? _____

Parent Signature: X _____ Date: _____