

Chart # _____

Date: _____

Developmental Screening for Age 8 – 10 years

Child is to complete form.

I really want to see how your child is writing and spelling. Please circle if Right or Left Handed and is this their usual printing? Dr. Loeffler

Name: _____ Age: _____

1. Grade and Name of School: _____

2. Have you repeated a grade and if yes what? YES or NO _____

3. Do you like school and how was your last report card? _____

4. What fun things do you like to do after school? _____

5. What is your best friend's name? _____

6. What games do you like to play that you have to take turns (cards, video or board games)?

7. Do you stay by yourself? YES or NO _____

8. Are you unhappy at home? YES or NO _____

9. What are your daily/weekly chores? _____

10. Have you ever tried:

Alcohol or Beer? YES / NO Illegal Drugs? YES / NO Smoking? YES / NO

11. Has anyone ever touched your body in a way that made you feel bad or unhappy **in the past one year**? YES or NO

12. Are you being bullied? YES / NO _____

13. Have you bullied someone else? YES /NO _____

If yes to either 12 or 13, have you have talked to an adult about it? _____

Reviewer's Comments:

Modified May 10, 2017