

Chart # _____

Date: _____

Developmental Screening for Age 6 - 7 years

Child is to complete form as best as possible.

I really want to see how your child is writing and spelling. Also, please circle if he/she is RIGHT or LEFT handed and is this their usual printing? Dr. Loeffler

Name: _____ Age: _____

Grade and Name of School: _____

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

2. What games do you like best? _____

3. What house chores do you do? _____

4. How do you feel about school? _____

5. What makes you get upset? _____

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

7. Has anyone said anything to you that made you feel bad? YES or NO

8. If yes to either 6 or 7, have you talked to an adult about it? _____

9. Circle how much your parent helped you with the spelling and/or reading:

A LOT A LITTLE NONE

Reviewer comments: _____

