

SWYC:

18 months, 0 days to 34 months, 31 days

Child's Name:

Birth Date:

Today's Date:

PARENT'S OBSERVATIONS OF SOU Does your child bring things to you to show them to you?	Many times	A few	A few times	Less than	Never
	a day	times a day	a week	once a week	Never
	0	0	0	0	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	0	\bigcirc	\bigcirc	\bigcirc	0
When you say a word or wave your hand, will your child try to copy you?	0	\bigcirc	\bigcirc	\bigcirc	0
Does your child look at you when you call his or her name?	0	0	0	0	0
Does your child look if you point to something across the room?	0	0	0	\bigcirc	0
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants	with one	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)					
What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)					
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