

McLaren Medical Group
WELL CHILD EXAM-EARLY CHILDHOOD: 15 Months

DATE	PATIENT NAME	DOB
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Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Please tell me any concerns about the way your toddler is behaving or developing: |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler likes to be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler is interested in people, places and things. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler shows different feelings. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler feeds self with fingers/spoon and drinks from a cup. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can stack 2 – 3 blocks. |

Ask the parent to respond to the following statements:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time for myself, partner and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental and autism screening tool should be administered at the 18 month visit (Medicaid required-Tool Used _____). If the child is unlikely to return for an 18 month visit, the standardized screens should be completed at the 15 month visit. In addition, the following should be observed:

Toddler Development			Parent Development		
Understands simple commands	Yes	No	Appropriately disciplines toddler	Yes	No
Walks without support	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Says at least 3 – 5 words	Yes	No			
Indicates wants by pointing or gestures.	Yes	No	Parent is loving toward toddler	Yes	No
Is able to transition from one activity to another throughout the day	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Appears to have a secure and attached relationship with parent	Yes	No			

Please note: Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. In addition, screening tests should be administered regularly at the 9-, 18-, and 24- or 30- month visits (AAP, 2006, *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*)

Additional Notes from pages 1 and 2:

Staff Signature: _____
 Provider Signature: _____
 Date: _____ Time: _____

Patient Name: _____

Date of Birth: _____