McLaren Medical Group

WELL CHILD EXAM-EARLY CHILDHOOD: 5 Years

DATE	PATIENT NAME	DOB

Developmental Questions and Observations

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

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing _____
☐	☐	My child does what I ask them to do most of the time.
☐	☐	My child says positive things about themselves.
☐	☐	My child shows an ability to understand the feelings of others.
☐	☐	My child can tell a story using full sentences.
☐	☐	My child follows simple directions.
☐	☐	My child can recognize most letters and is able to print some letters.
☐	☐	My child can balance on one foot.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people I can turn to when I have questions or need help.
☐	☐	I feel good about my child starting school.
☐	☐	I am sad more often than I am happy.
☐	☐	I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used_____).

Child Development			Parent Development		
Dresses without supervision	Yes	No	Appropriately disciplines child	Yes	No
Skips and hops	Yes	No	Parent is loving toward child	Yes	No
Draws a person with head, body, arms and legs	Yes	No	Positively talks, listens, and responds to child.	Yes	No
Appears unusually fearful, anxious or withdrawn	Yes	No	Parent uses words to tell child what is coming next	Yes	No
Aggressive or destructive behavior that threatens harms or damages people, animals or property	Yes	No	Parent encourages child to speak for him or her self, share ideas, wants and needs.	Yes	No
Displays negativity, low self-esteem, or extreme dependence	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____

Provider Signature: _____

Date: _____ **Time:** _____

Patient Name:

Date of Birth: