

Child welfare clinics

PARENT'S FORM FOR 18-MONTH INSPECTION Date: / 20

Child's name		Date of birth	
Daycare centre		Child welfare clinic	

Choose the alternative that best describes your child:

MOTOR AND FINE MOTOR SKILLS	
Walks independently	<input type="checkbox"/>
Climbs	<input type="checkbox"/>
Runs	<input type="checkbox"/>
Squats to pick up items from the floor without tripping	<input type="checkbox"/>
Kicks a ball	<input type="checkbox"/>
Throws a ball in the direction of his/her choice	<input type="checkbox"/>
Builds a tower of 2-3 bricks	<input type="checkbox"/>
Picks up small items with their fingers	<input type="checkbox"/>
Moves carefully	<input type="checkbox"/>
Prone to accidents	<input type="checkbox"/>
Other things to notice:	

SPEECH	
Reacts to speech e.g., his/her own name	<input type="checkbox"/>
Understands speech e.g., fetches a toy when requested	<input type="checkbox"/>
Produces "own" speech	<input type="checkbox"/>
A few recognizable words	<input type="checkbox"/>
Over 10 words	<input type="checkbox"/>
Other things to notice:	

HEARING AND EYESIGHT	
The child hears	<input type="checkbox"/>
The child sees	<input type="checkbox"/>
Other things to notice:	

INTERACTION AND EMOTIONS	
Do you play with your child?	<input type="checkbox"/>
Do you read together?	<input type="checkbox"/>
Do you study books together?	<input type="checkbox"/>
Do you allow your child to help with domestic chores?	<input type="checkbox"/>
Does the child seek comfort in his/her parents or guardians?	<input type="checkbox"/>
Separation from parents/guardians is easy	<input type="checkbox"/>
Separation from parents/guardians is slightly difficult	<input type="checkbox"/>
Separation from parents/guardians is very difficult; cries, won't let go	<input type="checkbox"/>
Other things to notice:	

EATING	
Eats independently	<input type="checkbox"/>
Chews his/her food	<input type="checkbox"/>
Drinks from a mug at mealtimes	<input type="checkbox"/>
Has a feeding bottle	<input type="checkbox"/>
Other things to notice:	

SLEEPING	
Takes an afternoon nap	<input type="checkbox"/>
Falls asleep easily after bedtime routines	<input type="checkbox"/>
Falls asleep in his/her own bed	<input type="checkbox"/>
Difficulties falling asleep	<input type="checkbox"/>
Sleeps well through the night	<input type="checkbox"/>
Wakes up often during the night	<input type="checkbox"/>
Other things to notice:	

DRESSING AND UNDRRESSING	
Is practising dressing and undressing	<input type="checkbox"/>
Other things to notice:	

What do you do together with your child at home?

How do you solve situations where he/she wants to do things himself/herself?

Describe your child e.g., his/her personality, temperament

Does something about your child worry you?

What are you especially pleased about regarding your child?

Is there anything in particular that you want to discuss? For example important changes in the family, the child's difficult behaviour, experiencing parenthood

Signatures and names of parents/guardians in block letters

Welcome to the child welfare clinic!