

PARENT'S FORM FOR 4-YEAR INSPECTION Date: / 20

Child's name		Date of birth	
Daycare centre		Child welfare clinic	
Own adult		Nurse	

MOVEMENT SKILLS

Select the option that best describes your child (points 1-10)

1. Walks smoothly	<input type="checkbox"/>	clumsily	<input type="checkbox"/>
2. Runs smoothly	<input type="checkbox"/>	stumbles	<input type="checkbox"/>
3. Climbs	<input type="checkbox"/>	prone to accidents	<input type="checkbox"/>
4. Is keen to move	<input type="checkbox"/>	is reluctant to move	<input type="checkbox"/>
5. Is used to water	<input type="checkbox"/>	is afraid of water	<input type="checkbox"/>
6. Swims with or without the help of auxiliary equipment			<input type="checkbox"/>
7. Skis in even terrain			<input type="checkbox"/>
8. Skates a little			<input type="checkbox"/>
9. Cycles with stabilizer wheels			<input type="checkbox"/>
10. Cycles without stabilizer wheels			<input type="checkbox"/>
Other, please specify			

HAND SKILLS

Right-handed	<input type="checkbox"/>	Left-handed	<input type="checkbox"/>	Handedness varies	<input type="checkbox"/>
Interested in drawing	<input type="checkbox"/>	Not interested in drawing	<input type="checkbox"/>	Likes to colour pictures	<input type="checkbox"/>
Likes puzzles	<input type="checkbox"/>	Not interested in puzzles	<input type="checkbox"/>	Likes to build (e.g., Legos)	<input type="checkbox"/>
Cuts with scissors	<input type="checkbox"/>	Not interested in cutting with scissors			<input type="checkbox"/>
Other, please specify					

SOCIAL/INTERACTION SKILLS

In new situations	scared	<input type="checkbox"/>	clingy	<input type="checkbox"/>	observant	<input type="checkbox"/>	brave	<input type="checkbox"/>
Plays with other children		<input type="checkbox"/>		<input type="checkbox"/>	Prefers to play alone			<input type="checkbox"/>
					Generally		Rarely	
Trusts adults		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Finds things to do independently		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Seeks the company of other children on his/her own initiative		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Has compassion for other children		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Is able to cope with disappointments		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Follows agreed rules		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Fights with other children or bullies others		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
New things have to be prepared properly		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Other, please specify								

LINGUISTIC SKILLS	Generally	Rarely
Is able to tell about the day's events	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians are able to understand what the child is saying	<input type="checkbox"/>	<input type="checkbox"/>
Other people are able to understand what the child is saying	<input type="checkbox"/>	<input type="checkbox"/>
Understands normal instructions and requests	<input type="checkbox"/>	<input type="checkbox"/>
Stutters	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify		

QUALITIES OF THE CHILD, TEMPERAMENT			
Select the qualities that best describe your child			
<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Pensive
<input type="checkbox"/>	Talkative	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Lively	<input type="checkbox"/>	Careful
<input type="checkbox"/>	Shy	<input type="checkbox"/>	Apprehensive
<input type="checkbox"/>	Timid	<input type="checkbox"/>	Slow
<input type="checkbox"/>	Restless	<input type="checkbox"/>	Kind
<input type="checkbox"/>	Active	<input type="checkbox"/>	Emphatic
<input type="checkbox"/>	Laughing	<input type="checkbox"/>	Aggressive
<input type="checkbox"/>	Tearful	<input type="checkbox"/>	Short-tempered
<input type="checkbox"/>	Sad	<input type="checkbox"/>	Even-tempered, patient
<input type="checkbox"/>	Happy	<input type="checkbox"/>	Slow to warm to people and situations
<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	Expresses displeasure/pleasure strongly
<input type="checkbox"/>	Easily irritated	<input type="checkbox"/>	Expresses displeasure/pleasure weakly
<input type="checkbox"/>	Calm	<input type="checkbox"/>	Assesses the situation before acting
<input type="checkbox"/>	Boisterous	<input type="checkbox"/>	Able to concentrate for a while e.g., to listen to a story
<input type="checkbox"/>	Intelligent	<input type="checkbox"/>	Concentration is easily broken by other goings-on
<input type="checkbox"/>	Vivid imagination		
Other, please specify			

What are you especially pleased about regarding your child?

Does something about your child worry you?

Does the child have fears, if so what?

How many hours a day does your child spend watching TV, using computer, or playing video games?

Is there something in particular you would like to talk about, e.g., changes in the family, your child's demanding behaviour, experiences of parenthood?

Information was provided by: