



Bright Futures Parent Handout

18 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION/HEARING

Talking and Hearing

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

FAMILY SUPPORT

Your Child and Family

- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

SAFETY

Safety

- Use a car safety seat in the back seat of all vehicles.

SAFETY

- Read the instructions about your car safety seat to check on the weight and height requirements.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher.
- Move furniture away from windows.
- Watch your child closely when she is on the stairs.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

TOILET-TRAINING READINESS

Toilet Training

- Signs of being ready for toilet training include
 - Dry for 2 hours
 - Knows if he is wet or dry
 - Can pull pants down and up
 - Wants to learn
 - Can tell you if he is going to have a bowel movement
- Read books about toilet training with your child.

TOILET-TRAINING READINESS

- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

CHILD DEVELOPMENT AND BEHAVIOR

Your Child's Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child's focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

What to Expect at Your Child's 2 Year Visit

We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Bright Futures Tool and Resource Kit. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

Thumbs, Fingers, and Pacifiers



Does your baby suck his thumb or use a pacifier? Don't worry, these habits are very common and have a soothing and calming effect. All babies are born with the need to suck. Some infants even suck their thumbs before they are born, and some will do it soon after. Read on to learn more about thumb and finger sucking, and the use of pacifiers.

Thumb and finger sucking

Most children suck their thumbs or fingers at some time in their early life. The only time it might be a concern is if it goes on past 6 to 8 years of age or affects the shape of your child's mouth or teeth.

Pacifiers

If your baby wants to suck beyond what nursing or bottle-feeding provides, a pacifier will satisfy that need. Pacifiers will not harm your baby. In fact, there is some evidence that pacifiers may help reduce the risk of sudden infant death syndrome (SIDS). However, use the following tips when giving your baby a pacifier:

- If you are breastfeeding, wait until your baby is 1 month old before using a pacifier.
- Do not use a pacifier to replace or delay meals. Only offer it when you are sure your baby is not hungry.
- Do not force your baby to take the pacifier if she doesn't want it. It may be tempting to give it to your baby when it is easy for you. However, it is best to let your child decide when to use it.
- Never tie a pacifier to your child's crib or around your child's neck or hand. This is very dangerous and could cause serious injury or even death.

How to help your child stop

As a first step in dealing with your child's sucking habits, ignore them! Most often, they will stop on their own. Harsh words, teasing, or punishment may upset your child and is not an effective way to get rid of habits. Instead, try the following:

- Praise and reward your child when he does not suck his thumb or use the pacifier. Star charts, daily rewards, and gentle reminders, especially during the day, are also very helpful.
- If your child uses sucking to relieve boredom, keep his hands busy or distract him with things he finds fun.
- If you see changes in the roof of your child's mouth (palate) or in the way the teeth are lining up, talk to your pediatrician or pediatric dentist. There are devices that can be put in the mouth that make it uncomfortable to suck on a finger or thumb.

No matter what method you try, be sure to explain them to your child. If they make your child afraid or tense, stop them at once.

Shopping for a pacifier

When buying a pacifier, keep the following points in mind:

- Look for a 1-piece model that has a soft nipple (some models can break into 2 pieces).
- The shield should be at least 1½ inches across, so a baby cannot put the entire pacifier into her mouth. Also, the shield should be made of firm plastic with air holes.
- Make sure the pacifier is dishwasher-safe. Follow the instructions on the pacifier and either boil it or run it through the dishwasher before your baby uses it. Be sure to squeeze the water out of the nipple with clean hands, otherwise the hot water inside might burn your baby's mouth. Clean it this way frequently until your baby is 6 months old so that your child is not exposed to germs. After that you can just wash it with soap and rinse it in clear water.
- Pacifiers come in different sizes. You will also find a variety of nipple shapes, from squarish "orthodontic" versions to the standard bottle type. Try different kinds until you find the one your baby prefers.
- Buy some extras. Pacifiers have a way of getting lost or falling on the floor or street when you need them most.
- Do not use the nipple from a baby bottle as a pacifier. If the baby sucks hard, the nipple may pop out of the ring and choke her.
- Pacifiers fall apart over time. Some manufacturers have expiration dates for the pacifier. Do not keep pacifiers past that time. Inspect them every once in a while to see whether the rubber has changed color or has torn. If so, replace them.

The good news is that most children stop their sucking habits before they get very far in school. This is because of peer pressure. While your child might still use sucking as a way of going to sleep or calming down when upset, this is usually done in private and is not harmful. Putting too much pressure on your child to stop may cause more harm than good. Be assured your child will eventually stop the habit on his own.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

Copyright © 2006
American Academy of Pediatrics, Updated 6/06

Toilet Training



One important skill that you will need to teach your child is how to use the toilet. But teaching your child this skill takes time, understanding, and patience. The important thing to remember is that you cannot rush your child; each child learns to use the toilet in his or her own time. The American Academy of Pediatrics has written this publication to help guide you and your child through this important stage.

When is a child ready?

There is no set age at which toilet training should begin. Before children are 12 months of age, they have no control over bladder or bowel movements. While many children start to show signs of being ready between 18 and 24 months of age, some children may not be ready until 30 months or older. This is normal.

Most children achieve bowel control and daytime urine control by 3 to 4 years of age. However, even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night. Most children are able to stay dry at night after 5 years of age.

Is your child ready?

Signs that your child may be ready include the following:

- Your child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- You can tell when your child is about to urinate or have a bowel movement.
- Your child can follow simple instructions.
- Your child can walk to and from the bathroom and help undress.
- Your child seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear "big-kid" underwear.

Note: Some child care programs require children to be toilet trained as a requirement for enrollment. Don't let this be a threat to your child; it may be an incentive for her to cooperate in the toilet training process.

Toilet training tips

1. **Decide which words to use.** Choose the words your family will use to describe body parts, urine, and bowel movements. Remember that other people will hear these words too, so pick words that will not offend, confuse, or embarrass anyone. Avoid negative words like "dirty," "naughty," or "stinky." They can make your child feel ashamed and embarrassed. Talk about bowel movements and urination in a simple, matter-of-fact manner.

2. **Pick a potty chair.** A potty chair is easier for a small child to use because there is no problem getting onto it and a child's feet can reach the floor. Special books or toys for "potty time" may help make this more enjoyable for your child.
3. **Be a role model.** Children are often interested in their family's bathroom activities. It is sometimes helpful to let children watch parents when they go to the bathroom. Seeing grown-ups use the toilet (and wash their hands afterward) makes children want to do the same. If possible, mothers should show the correct skills to their daughters, and fathers to their sons. Children can also learn these skills from older brothers and sisters.
4. **Know the signs.** Before having a bowel movement, your child may grunt or make other straining noises, squat, or stop playing for a moment. When pushing, his face may turn red. Explain to your child that these signs mean that a bowel movement is about to come. Your child may wait until after the fact to tell you about a wet diaper or a bowel movement. This is actually a good sign that your child is starting to recognize these body functions. Praise your child for telling you, and suggest that "next time" he let you know in advance. Keep in mind that it often takes longer for a child to recognize the need to urinate than the need to move bowels.
5. **Make trips to the potty routine.** When your child seems ready to urinate or have a bowel movement, go to the potty. It may also be helpful to make trips to the potty a regular part of your child's daily routine, such as first thing in the morning, after meals, or before naps.
Keep your child seated on the potty for only a few minutes at a time. (It is better for boys to learn to urinate sitting down first, and then change to standing up when they are better at it.) Explain what you want to happen.
In the beginning, many children have bowel movements or urinate right after getting off the toilet. It takes time for children to learn how to relax the muscles that control the bowel and bladder. If this happens a lot, it may mean your child is not really ready for training.

Keep in mind

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if

- Your family has just moved or will move in the near future.
 - You are expecting a baby or you have recently had a new baby.
 - There is a major illness, a recent death, or some other family crisis.
- However, if your child is learning how to use the toilet without problems, there is no need to stop because of these situations.

6. **Teach your child proper hygiene habits.** Show your child how to wipe carefully. (Girls should wipe thoroughly from front to back to prevent bringing germs from the rectum to the vagina or bladder.) Make sure both boys and girls learn to wash their hands well after urinating or after a bowel movement.
7. **Praise your child.** Encourage your child with a lot of hugs and praise when success occurs. When a mistake happens, treat it lightly. Punishment and scolding will often make children feel bad and may make toilet training take longer.
8. **Try training pants.** Once your child starts using the potty with some success, training pants can be used. This moment will be special. Your child will feel proud of this sign of growing up. However, be prepared for "accidents." It may take weeks, even months, before toilet training is completed. Continue to have your child sit on the potty several times during the day. If your child uses the potty successfully, it is an opportunity for praise. If not, it is still good practice. Some children who are not ready for training pants will still feel that they are more "grown up" if they wear disposable training pants (Pull-ups is one brand name) as a step forward in the training process.

Some children will want to go back to diapers, especially for bowel movements. Instead of looking at this as a failure, praise your child for knowing when he needs to go. Suggest that he have the bowel movement in the bathroom while wearing a diaper. Encourage improvements, and work toward sitting on the potty without the diaper.
9. **Avoid a power struggle.** Children at toilet training ages are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements. Try to stay relaxed about toilet training. Remember that no one can control when and where a child urinates or has a bowel movement except the child.
10. **Understand their fear.** Some children believe that their wastes are part of their bodies, and seeing their stools flushed away may be scary and hard to understand. Some also fear they will be sucked into the toilet if it is flushed while they are sitting on it. To give your child a feeling of control, let her flush the toilet. This will lessen the fear of the sound of rushing water and the sight of things disappearing.
11. **Moving up.** Most of the time, your child will let you know when he is ready to move from the potty chair to the "big toilet." Make sure your child is tall enough, and practice the actual steps with him. Provide a stool to brace his feet.

Your pediatrician can help

If any concerns come up before, during, or after toilet training, talk with your pediatrician. Often the problem is minor and can be resolved quickly, but sometimes physical or emotional causes will require treatment. Your pediatrician's help, advice, and encouragement can help make toilet training easier. Also, your pediatrician is trained to identify and manage problems that are more serious.

Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor



Encourage Your Child to Be Physically Active



Today's youth are less active and more overweight than any previous generation.

Did you know?

- Children on average spend nearly 3 hours a day watching TV.
- Only half of children and teens, aged 12 to 21, regularly exercise.
- Illinois is the only state that still mandates that physical education be offered in public schools.
- More than 15% of all school children are considered obese or overweight.
- Overweight teens have a 70% chance of becoming overweight or obese adults.
- Eighty-five percent of children diagnosed with type 2 diabetes are either overweight or obese.
- Sleep apnea occurs in approximately 7% of children who are obese.

Get the entire family moving

With participation in all types of physical activity declining dramatically as a child's age and grade in school increases, it is important that physical activity be a regular part of family life. Studies have shown that lifestyles learned as children are much more likely to stay with a person into adulthood. If sports and physical activities are a family priority, they will provide children and parents with a strong foundation for a lifetime of health.

The benefits of physical activity

While exercise is vital to the health and well-being of children, many of them either do not appreciate or fully understand the many emotional and physical health benefits of physical activity.

The benefits of physical activity include

Benefits to the body

- Builds and maintains healthy bones, muscles, and joints.
- Controls weight and body fat.
- Improves appearance.
- Increases muscle strength, endurance, and flexibility.
- Improves ability to fall asleep quickly and sleep well.
- Reduces the risk of diabetes, high blood pressure, and heart disease later in life.
- Builds and improves athletic skills.

Mental benefits

- Increases enthusiasm and optimism.
- Organized sports foster teamwork and friendship.
- Boosts self-esteem.
- Reduces anxiety, tension, and depression.

Getting started

Parents can play a key role in helping their child become more physically active.

Following are 11 ways to get started:

1. **Talk to your pediatrician.** Your pediatrician can help your child understand why physical activity is important. Your pediatrician also can suggest a sport or activity that is best for your child.
2. **Find a fun activity.** Help your child find a sport that she enjoys. The more she enjoys the activity, the more likely it is that she will continue. Get the entire family involved. It is a great way to spend time together.
3. **Choose an activity that is developmentally appropriate.** For example, a 7- or 8- year-old child is not ready for weight lifting or a 3-mile run, but soccer, bicycle riding, and swimming are all appropriate activities.
4. **Plan ahead.** Make sure your child has a convenient time and place to exercise.
5. **Provide a safe environment.** Make sure your child's equipment and chosen site for the sport or activity are safe. Make sure your child's clothing is comfortable and appropriate.
6. **Provide active toys.** Young children especially need easy access to balls, jump ropes, and other active toys.
7. **Be a model for your child.** Children who regularly see their parents enjoying sports and physical activity are more likely to do so themselves.
8. **Play with your child.** Help her learn a new sport.
9. **Turn off the TV.** Limit television watching and computer use. The American Academy of Pediatrics recommends no more than 1 to 2 hours of total screen time, including TV, videos, and computers and video games, each day. Use the free time for more physical activities.

10. **Make time for exercise.** Some children are so overscheduled with homework, music lessons, and other planned activities that they do not have time for exercise.
11. **Do not overdo it.** When your child is ready to start, remember to tell her to listen to her body. Exercise and physical activity should not hurt. If this occurs, your child should slow down or try a less vigorous activity. As with any activity, it is important not to overdo it. If your child's weight drops below an average, acceptable level, or if exercise starts to interfere with school or other activities, talk with your pediatrician.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

Remember

There is a powerful relationship between childhood obesity and lifelong weight and related medical problems.

Exercise along with a balanced diet provides the foundation for a healthy, active life. One of the most important things parents can do is encourage healthy habits in their children early on in life. It is not too late to start. Ask your pediatrician about tools for healthy living today.

American Academy
of Pediatrics



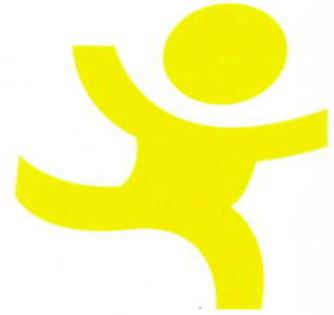
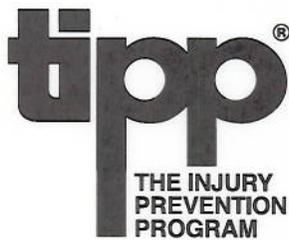
DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

Copyright © 2003
American Academy of Pediatrics

1 to 2 Years



1 TO 2 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children younger than 4 years in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump, and explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. **Handguns are especially dangerous.** If you choose to keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.

Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart, and open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact your Poison Center for more information.

Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers.

If your child does put something poisonous into his or her mouth, call the Poison Help Line immediately. Attach the Poison Help Line number (1-800-222-1222) to your phone. Do not make your child vomit.

Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.

If your child has a serious fall or does not act normally after a fall, call your doctor.



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



(over)

Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A **safer place for your child** while you are cooking, eating, or unable to give him your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair**. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched or put a barrier around them.

Your child will *reach* for your hot food or cup of coffee, so don't leave them within your child's reach. **NEVER carry your child and hot liquids at the same time.** You can't handle both.

If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

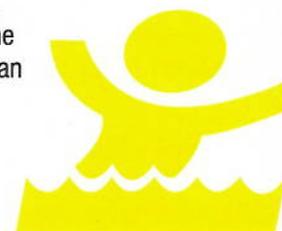
Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



Drowning

At this age your child loves to play in water. **NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.** Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.



And Remember Car Safety

Car crashes are a great danger to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. **To prevent these injuries USE a car safety seat EVERY TIME** your child rides in the car. Your child should ride rear-facing until she is at least a year old AND weighs at least 20 pounds. It is even better for her to ride rear-facing to the highest weight and/or height her car safety seat allows. Be sure that the safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. **The safest place for all infants and children to ride is in the back seat.**

Do not leave your child alone in the car. Keep vehicles and their trunks locked. There are dangers involved with leaving children in a car; death from excess heat may occur very quickly in warm weather in a closed car.

Always **walk behind your car** to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

Remember, the biggest threat to your child's life and health is an injury.



From Your Doctor

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

Name
Sponsor SSN
Phone Number

Date

Modified Checklist for Autism in Toddlers (M-CHAT)

The M-CHAT is designed to screen for Autism Spectrum Disorders in toddlers (i.e., over the age of 12 months, and ideally over the age of 18 months). A parent can complete the items independently. The M-CHAT does not allow a clinician to make a diagnosis of an Autism Spectrum Disorder, but is a very useful clinical tool that has excellent sensitivity and specificity. Positive results suggest a high risk for an Autism Spectrum Disorder, and may necessitate referral.

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- | | | |
|---|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 2. Does your child take an interest in other children? | Yes | No |
| 3. Does your child like climbing on things, such as up stairs? | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes | No |
| 6. Does your child ever use his index finger to point, to ask for something? | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 8. Can your child play properly with toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes | No |
| 10. Does your child look you in the eye for more than a second or two? | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes | No |
| 12. Does your child smile in response to your face or your smile? | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes | No |
| 14. Does your child respond to his/her name when you call? | Yes | No |
| 15. If you point at a toy across the room, does your child look at it? | Yes | No |
| 16. Does your child walk? | Yes | No |
| 17. Does your child look at things you are looking at? | Yes | No |
| 18. Does your child make unusual finger movements near his/her face? | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes | No |
| 20. Have you ever wondered if your child is deaf? | Yes | No |
| 21. Does your child understand what people say? | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |

Have you ever filled out this form for this child before? Yes No