Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concerns about how your child understands what you say?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concern about how your child behaves?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concerns about how your child gets along with others?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?
Circle one: No  Yes  A little  COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?
Circle one: No  Yes  A little  COMMENTS:

Please list any other concerns.