

Child name (first, last) _____ Date of Birth _____

LPG Research number _____ Physician _____

Preschooler Checklist

For Parents to fill out: (top half only) Today's Date _____ +

Do you have any concerns about your child's development? _____ Yes _____ No
If yes, what kind of concerns? _____ Physical _____ Communication/Speech
_____ Cognitive/Reasoning _____ Sensory/Hearing/Vision
_____ Behavior _____ Social _____ Other (list)

Has anyone else said they're concerned about your child's development? _____ Yes _____ No
If yes, what kind of concerns? _____ Physical _____ Communication/Speech
_____ Cognitive/Reasoning _____ Sensory/Hearing/Vision
_____ Behavior _____ Social _____ Other (list)

Does your child have a specific delay or disability? _____ Yes _____ No
If yes, what type? _____

Has your child ever had services to address a delay or disability? _____ Yes _____ No
If so, what type? _____ Speech/Language _____ Special Education
_____ Physical therapy _____ Occupational Therapy _____ Other (list)

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For Physician to fill out: Today's Date _____ +

Do you have any concerns about this child's development? _____ Yes _____ No
If yes, what kind of concerns? _____ Physical _____ Communication/Speech
_____ Cognitive/Reasoning _____ Sensory/Hearing/Vision
_____ Behavior _____ Social _____ Other (list)

Has anyone else said they're concerned about this child's development? _____ Yes _____ No
If yes, what kind of concerns? _____ Physical _____ Communication/Speech
_____ Cognitive/Reasoning _____ Sensory/Hearing/Vision
_____ Behavior _____ Social _____ Other (list)

Does this child have a specific delay or disability? _____ Yes _____ No
If yes, what type? _____

Has this child ever had services to address a delay or disability? _____ Yes _____ No
If so, what type? _____ Speech/Language _____ Special Education
_____ Physical therapy _____ Occupational Therapy _____ Other (list)

Data from this form will be shared with UNL researchers in Communication Disorders (led by Dr. Cynthia Cress at ccress1@unl.edu) to help us use patterns of infant communication to predict communication skills and concerns in older children. No names or identifying information will be shared with UNL researchers for you or your child. No contact information is expected for your pediatrician's use of this form, and your decision will not affect your child's care here at your pediatrician's office. If you do not wish your child's data to be a part of this research, you can contact the Infant Communication Lab Manager, Teresa Parrill, to withdraw your child's information from the data analysis (tparrill2@unl.edu, 402-472-4353). You can also contact Teresa Parrill or Dr. Cress to ask about free communication, speech or language testing for your child.