

Name:

Date of Birth:

U5

Dear Parents,

It's been a few weeks since the last checkup. And once again I have a few questions about the things that your child has learned in the meantime.

Please circle the appropriate answer.

Does your child also turn towards quiet noises? Yes No

Does your child "tell stories"? Yes No

How do they support themselves with their arms?



Do they grab their legs or feet? Yes No

Does your child grab objects on their own? Yes No

Does your child transfer objects from one hand to the other? Yes No

Does your child observe their surroundings? Yes No

Does your child squint? No Yes

Can your child roll from their back on their side? Yes No

Can they roll onto their stomach already? Yes No

Does your child regularly get Vitamin D **and Fluoride**? Yes No

Do you spoon feed your child already? Yes No

If yes, do you also already give them meat? Yes No

Besides milk and water (tea), does your child get other liquids?
If yes, which ones? No Yes

Is there anything that causes you concern?
If yes, what is it? No Yes