

Name:
Date of Birth:

U6

Dear Parents,

The U6 is the last checkup for a while; the next checkup is first planned for the second birthday. If you have concerns in the interim whether your child is developing correctly, an examination can, of course, be conducted at any time. I have once again prepared a few questions for today in order to be able to have a complete picture of your child. **Please circle the appropriate answer.**

- | | | |
|---|---------------|-----|
| Does your child use double syllables, for example "ba-ba, ma-ma"? | Yes | No |
| Do they react to their own name? | Yes | No |
| Does your child react to the word "No!"? | Yes | No |
| Do they laugh out loud? | Yes | No |
| Do they already use a word purposefully, for example "Papa" or "Mama"? | Yes | No |
| Does your child also hear quiet noises? | Yes | No |
| Does your child sit steadily? | Yes | No |
| Which method of movement does your child use? Belly crawl/Rolling / Bottom-shuffling/Crawling | | |
| Do they pull themselves up on furniture? | Yes | No |
| Do they stand up for a moment on their own already? | Yes | No |
| Does your child take a few steps on their own already? | Yes | No |
| Does your child give you a toy when you ask for it? | Yes | No |
| Do they grab a small object with their thumb and forefinger? | Yes | No |
| Does your child find an object hidden from their eyes? | Yes | No |
| Do they point to things? | Yes | No |
| How long do you look at picture books with your child daily? | Minutes | |
| Does your child get meat to eat? | Yes | No |
| What does your child drink between or at meals?
..... | | |
| Does your child have a baby bottle in bed at night? | No | Yes |
| Do you brush your child's teeth daily? | Yes | No |
| Does your child get Vitamin D and fluoride ? | Yes | No |
| Is there anything that causes you concern?
If yes, what is it? | No | Yes |

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Filled out by the staff:

Würfel: ja / nein
Heranziehen: ja / nein

verstecktes: ja / nein
5-Hölzer-Test: ja / nein