

Parent / Caregiver Checklist

by Gerald D. Alpern, Ph.D.
Illustration by Joy Allen



Developmental Profile 3

DP-3



Child's name: _____

Your name: _____

Relationship to child: _____ Child's gender: Male Female

	YEAR	MONTH
Date of testing:	_____	_____
Date of birth:	_____	_____
Age:	_____	_____

INSTRUCTIONS

Where to Start

First fill in the information requested on the upper portion of this page. Then read and answer all of the questions on the following pages by circling Yes or No.

Some of the questions refer to boys and some refer to girls. Please answer all of the questions regardless of whether your child is a boy or a girl.

When to Stop

Please answer every item on each scale even if it asks about skills or behaviors typical of a child much older or younger than your child.

Scoring Tips

Most of the questions ask whether your child does perform a task. To score Yes, your child must not only be able to perform the task, he or she must

actually perform it some of the time. However, a few of the questions ask whether your child can perform a task. For these questions, a Yes means that your child has shown at least once that he or she is able to perform the task.

Some questions ask about skills or behaviors that your child mastered long ago and does not do anymore; for example, "Does your child babble or use other sounds that seem to be attempts to talk?" Your child may have babbled for a while but then moved on to more advanced forms of speech. You would answer Yes to this question because babbling is a behavior that your child performed successfully in the past.

If you are not sure whether to answer Yes or No to a question, please make your best guess.

PHYSICAL SCALE

- P1. When your child is lying on her stomach, does she hold her head up by herself for 1 minute? Yes No
- P2. When your child is held in a sitting position, does she ever try to reach for something with her hands? Yes No
- P3. Can your child roll from his stomach to his back and from back to stomach without help? Yes No

SAMPLE

ADAPTIVE BEHAVIOR SCALE

- A1. When your child is hungry or thirsty and sees a bottle or bared breast, does he move toward it? Yes No
- A2. Does your child hold a bottle with his hands or feet while drinking from it? (This includes holding the breast while breast-feeding.) Yes No
- A3. Does your child try to get things that are just out of reach? Yes No

SAMPLE

SOCIAL-EMOTIONAL SCALE

- S1. When your child is upset, does human contact help calm her down? Yes No
- S2. Does your child show she wants attention by reaching for people, cooing at them, or stopping crying when you play with her? Yes No
- S3. Does your child babble or use other sounds to try to talk? Yes No

SAMPLE

COGNITIVE SCALE

- G1. Does your child laugh and show joy? Yes No
- G2. When you put a toy in your child's hands, does she seem
clearly aware of the toy for at least 5 seconds? Yes No
- G3. Does your child show likes or dislikes for some people, places,
or things (other than food)? Yes No

SAMPLE

COMMUNICATION SCALE

- M1. Does your child usually look toward the source of a sound when it starts, such as a person beginning to talk? Yes No
- M2. Does your child babble to imitate words or speech, like he is pretending to talk? Yes No
- M3. Does your child raise her arms (or make a similar gesture) when she is about to be picked up? Yes No

SAMPLE