SWYC:™ 24 months

23 months, 0 days to 28 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy	○	○	○
Climbs up a ladder at a playground	○	○	○
Uses words like "me" or "mine"	○	○	○
Jumps off the ground with two feet	○	○	○
Puts 2 or more words together - like "more water" or "go outside"	○	○	○
Uses words to ask for help	○	○	○
Names at least one color	○	○	○
Tries to get you to watch by saying "Look at me"	○	○	○
Says his or her first name when asked	○	○	○
Draws lines	○	○	○

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	○	○	○
	Seem sad or unhappy?	○	○	○
	Get upset if things are not done in a certain way?	○	○	○
	Have a hard time with change?	○	○	○
	Have trouble playing with other children?	○	○	○
	Break things on purpose?	○	○	○
	Fight with other children?	○	○	○
	Have trouble paying attention?	○	○	○
	Have a hard time calming down?	○	○	○
	Have trouble staying with one activity?	○	○	○
Is your child…	Aggressive?	○	○	○
	Fidgety or unable to sit still?	○	○	○
	Angry?	○	○	○
Is it hard to…	Take your child out in public?	○	○	○
	Comfort your child?	○	○	○
	Know what your child needs?	○	○	○
	Keep your child on a schedule or routine?	○	○	○
	Get your child to obey you?	○	○	○

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********** Please continue on the back **********

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	○	○	○	○	○

	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

How does your child usually show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)	☐	☐	☐	☐	☐

What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	☐	☐	☐	☐	☐

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	○	○
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	○	○
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	○	○
4 Has a family member's drinking or drug use ever had a bad effect on your child?	○	○

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	○	○	○	○
7 Feeling down, depressed, or hopeless?	○	○	○	○

	No tension	Some tension	A lot of tension	Not applicable
8 In general, how would you describe your relationship with your spouse/partner?	○	○	○	○

	No difficulty	Some difficulty	Great difficulty	Not applicable
9 Do you and your partner work out arguments with:	○	○	○	○

10 During the past week, how many days did you or other family members read to your child? (0) (1) (2) (3) (4) (5) (6) (7)