



EXCEL

Pediatric Therapy

789 Justin Road • Rockwall, TX 75087 • 972-771-5731

5 Year Old Survey

Does your child...

- | | |
|---|--------|
| 1. Run in adult manner? | Y or N |
| 2. Skate? | Y or N |
| 3. Jump Rope? | Y or N |
| 4. Walk on a balance beam? | Y or N |
| 5. Lace shoes? | Y or N |
| 6. Cut and paste shapes? | Y or N |
| 7. Hold a pencil correctly? | Y or N |
| 8. Color within the lines? | Y or N |
| 9. Distinguish right from wrong? | Y or N |
| 10. Prefer companionship to being alone? | Y or N |
| 11. Recognize his written name? | Y or N |
| 12. Seek praise? | Y or N |
| 13. Play with boys and girls but prefer same sex? | Y or N |
| 14. Use complex language? | Y or N |
| 15. Recognize and recite letters and numbers? | Y or N |

If you answered NO to 5 or more of these questions, your child could be at risk for a developmental delay. Please call our office at **(972)771-5731** to get more information or set up an evaluation.