

# KNOX PRESCHOOL 2 Yr. Old Developmental Checklist

27 months old as of 9/1/02

Child's Name: \_\_\_\_\_

At Knox Preschool, our classes are balanced by age, gender, and developmental stage to ensure a positive experience for each child. It is, therefore, important that you complete the questions below so that we can know your child better. Please select the form that corresponds with your child's age as of 9/1/02 and return this form with your application. Thank You.

## MOTOR DEVELOPMENT:

1. Does your child show interest in simple, large muscle activities (walking, running, skipping, hopping, climbing, rolling)? Yes\_\_\_ Not Yet\_\_\_ If so, what types? \_\_\_\_\_  
\_\_\_\_\_
2. Does your child throw objects Over Hand\_\_\_ or Under Hand\_\_\_ ?
3. Does your child retrieve objects? Yes\_\_\_ Not Yet\_\_\_
4. What type of bike/trike does your child ride? \_\_\_\_\_ Does he/she pedal\_\_\_ or push\_\_\_ ?
5. Describe you child's hand and finger coordination \_\_\_\_\_  
\_\_\_\_\_
6. How does your child explore with different types of materials (like play dough, silly putty, glue, collage materials)? \_\_\_\_\_  
\_\_\_\_\_

## PERCEPTUAL-COGNITIVE DEVELOPMENT:

1. Does your child show interest in various attributes of objects (color, etc.)? Yes\_\_\_ Not Yet\_\_\_
2. Does your child group by attribute (ex: group by size or by color or by shape)? Yes\_\_\_ Is Learning\_\_\_
3. Describe your child's book handling skills (ex: holds book upright, listens to an entire story, pretends to read, etc.)? \_\_\_\_\_
4. Does your child use objects to carry out actions on other objects (ex: make a doll pat a toy animal)? Yes\_\_\_ Not Yet\_\_\_
5. How does your child handle conflict and frustration? \_\_\_\_\_  
\_\_\_\_\_

## SOCIAL, LINGUISTIC DEVELOPMENT:

1. Does your child separate easily from his/her caregiver? Yes\_\_\_ Not Yet\_\_\_
2. Does your child imitate domestic roles? Yes\_\_\_ Not Yet\_\_\_
3. Does your child engage in imaginative play? Yes\_\_\_ Not Yet\_\_\_
4. Does your child play With Other Children\_\_\_ or Independently\_\_\_ ?
5. Does your child enjoy being read to from Picture Books\_\_\_ Repetitious Books\_\_\_ ?
6. Describe your child's attention span \_\_\_\_\_  
\_\_\_\_\_

## OTHER:

1. Was your child born pre-maturely? If so, by how much? \_\_\_\_\_
2. Please describe or list special concerns you might have (if any): \_\_\_\_\_  
\_\_\_\_\_