Hunterdon Health

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SOCIAL LANGUAGE QUESTIONNAIRE

CHILD'S
NAME _____ DOB: _____

DATE FORM
COMPLETED BY: _____

FORM COMPLETED
BY: _____

SOCIAL/LANGUAGE:

INSTRUCTIONS: Please read each of the statements below and indicate **YES** if you feel the statement is true for your child, or **NO** if you do not feel the statement is true.

OBSERVATION	YES (TRUE)	NO (NOT TRUE)	SOME-TIMES
1. Looks up at people when called or spoken to.			
2. Plays appropriately with other children and has developed friendships with others his/her age.			
3. Child shares his/her interests with me or others.			
4. Child seems to enjoy social interactions.			
5. Child does have or had pretend or make-believe play.			
6. Child does point to body parts or to pictures in a book or other similar tasks; on social request (may do it without being asked but does it consistently when asked.)			

7. Child does converse with others and would probably find it easy to sustain a discussion.			

OBSERVATION	YES (TRUE)	NO (NOT TRUE)	SOME- TIMES
8. My child is able to answer questions with a "YES" or "NO."			
9. Child is able to answer open-ended questions.			
10. Child is able to narrate an event.			
11. Child's style of communication seems unique to him/her and sometimes seems repetitive, i.e., repeating what is said, repeating exciting television jingles, etc.			
12. Child stopped saying words that he/she used to say.			
13. Child is very picky in matters of eating or clothes.			
14. Child gazes at lights or own hands or other objects.			
15. Child has sleep problems.			
16. Child seems preoccupied by certain things such as a particular object. (For example, the wheels of a toy car, the edges of a block.)			
17. Child has difficulty with changes in routine and becomes upset if we do not follow routines or certain "rituals."			
18. Child makes unusual movements such as hand-flapping, arm twisting, rocking back and forth, or spinning around			