

15 MONTH DEVELOPMENTAL CHECKLIST

Name of patient _____

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| 1. Is your child walking alone? | YES | NO |
| 2. Does your child walk up steps? | YES | NO |
| 3. Is your child using 4-6 words? | YES | NO |
| 4. Does your child follow one step commands? | YES | NO |
| 5. Can your child use his/her fingers to eat and drink from a cup? | YES | NO |
| 6. Is your child scribbling? | YES | NO |