

24 MONTH DEVELOPMENTAL CHECKLIST

Name of patient _____

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| 1. Is your child walking up and down steps without help? | YES | NO |
| 2. Is your child turning pages one at a time? | YES | NO |
| 3. Is your child removing clothes? | YES | NO |
| 4. Does your child follow two step commands? | YES | NO |
| 5. Does your child have a 50 word vocabulary? | YES | NO |
| 6. Is your child using 2 word sentences? | YES | NO |
| 7. Is your child pointing to body parts when prompted? | YES | NO |
| 6. Is your child brushing teeth with help? | YES | NO |