

NATURAL ENVIRONMENT SURVEY

CHILD'S NAME: _____ DOB: _____ Date: _____

PARENT: _____ RELATIONSHIP TO THE CHILD: _____

EDUCATIONAL ENVIRONMENT (Preschool/daycare/home) _____

COMMUNICATION DEVELOPMENT

YES

NO

1. Does the child say at least 50 recognizable words? YES NO
2. Does the child say his/her first and last name? YES NO
3. Does the child use 2 to 3-word phrases? YES NO
4. Does the child follow simple commands (come here, sit down)? YES NO
5. Does the child point to common objects when named? YES NO
6. Does the child respond to simple "yes/no" questions? YES NO
7. Does the child make his/her wants/needs known verbally? YES NO
8. Does the child make his/her wants/needs known with gestures? YES NO

Additional Information: _____

ADAPTIVE BEHAVIOR/DAILY LIVING DEVELOPMENT

YES

NO

1. Does the child eat with a spoon/fork skillfully? YES NO
2. Does the child eat a variety of foods? YES NO
3. Is child potty-trained? YES NO
4. Does the child express the need to use the bathroom? YES NO
5. Does the child take off/put on simple clothing? YES NO
6. Does the child sleep at appropriate times (nap, night)? YES NO

Additional Information: _____

SOCIAL/EMOTIONAL DEVELOPMENT

YES

NO

1. Does the child play cooperatively in groups of two to three children? YES NO
2. Does the child share toys with peers? YES NO
3. Does the child wait his/her turn when playing in group games? YES NO
4. Does the child choose to play with other children (not alone)? YES NO
5. Does the child help put things away? YES NO
6. Does the child seem overly active as compared to same aged peers? YES NO
7. Does the child exhibit any violent and/or aggressive behaviors (bite, hit)? YES NO

Additional Information: _____

MOTOR DEVELOPMENT

YES

NO

1. Does the child scribble on paper with a crayon/pencil?
2. Does the child pick up small objects using a neat pincer grasp?
3. Does the child open a door by turning a doorknob?
4. Does the child fasten clothing (button, zip, snap...) independently?
5. Does the child kick a ball forward without falling?
6. Does the child walk up/down stairs independently using a handrail?
7. Does the child climb on playground equipment?

Additional Information: _____

COGNITIVE DEVELOPMENT

YES

NO

1. Does the child rote count 1-5?
2. Does the child match an object to its picture?
3. Does the child recognize basic colors?
4. Does the child name/point to at least six large body parts?
5. Does the child know the function of familiar objects (spoon, shoe, bed)?
6. Does the child attend to a learning task or story for at least 5 minutes?

Additional Information: _____
