



5 Jahre

Name: _____ Vorname: _____

Geb. Datum (TT/MM/JJJJ) | _ | _ | . | _ | _ | . | 20 | _ | _ | _ | Geschlecht: männlich weiblich

Questions on your child's development

My child can go up and down stairs forwards with alternating steps without holding on to the rail Yes No

My child hops safely with both legs at the same time a short distance forward (30-50 cm), Yes No

and keeps their balance well as they go Yes No

My child can stand on one leg for 10 seconds Yes No

My child can hop on one leg 10 times Yes No

My child can throw larger balls (e.g. a football), Yes No

and catch them from a distance of about 2 m with hands and body Yes No

My child can draw objects pretty accurately (e.g. a house, tree, man or car), Yes No

and explain these to me Yes No

My child uses a coloring book quite accurately Yes No

My child can glue and tinker with/put simple things together Yes No

My child can cut along a straight line with children's scissors Yes No

My child recognizes the colors red, yellow, green, blue, black and white Yes No

My child relates incidents and stories in the correct sequence and logical order Yes No

and uses simple but correct sentences when doing so Yes No



My child pronounces all letters correctly (including please cross "Yes" here even if your child only mispronounces "s"/lisps) Yes No

My child dresses him/herself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child listens carefully when being read to	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child builds recognizable houses, cars, airplanes, etc. from Lego, Duplo or other building elements with or without a model	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child plays role games with other children (e.g. cops and robbers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child understands the rules of games and that others are also waiting for their turn when playing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child automatically stands in line without hesitating (e.g. when waiting to slide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child is prepared to share	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child invites other children home and is invited to other children's homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Folgende grau hinterlegten Felder werden vom Kinderarzt ausgefüllt

Summe „Ja“	_____
Grenzwert	≥ 20
Auffällig	<input type="checkbox"/> ja <input type="checkbox"/> nein
Ausgefüllt am: ____ . ____ . ____ Ausgefüllt von: _____	