



6 Jahre

Name: _____ Vorname: _____

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

Questions on your child's development

My child can stand on one leg for 10 seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child can hop on one leg 10 times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child can throw and catch a ball (e.g. a football)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child can draw objects pretty accurately (e.g. a house, tree, man or car)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
and explain these to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child uses a coloring book quite accurately	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child can draw a triangle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child can glue and tinker with/put simple things together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child can cut along a straight line with children's scissors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child recognizes some letters and symbols (e.g. traffic signs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child recognizes the colors red, yellow, green, blue, black and white	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child knows spatial and time terms such as <i>up</i> , <i>down</i> , <i>yesterday</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child differentiates between words that sound similar (e.g. <i>phone</i> - <i>bone</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child relates incidents and stories in the correct sequence and logical order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
and uses simple but correct sentences when doing so	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child pronounces all letters correctly (please cross "Yes" here even if your child only mispronounces "s"/lisps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child knows numbers and knows what more or less is	<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 dresses and puts their shoes on the right feet	<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 enjoys competitive and racing games	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child is looking forward to going to school and wants to learn	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Folgende grau hinterlegten Felder werden vom Kinderarzt ausgefüllt

Summe „Ja“	_____
Grenzwert	männl. ≥ 19 weibl. ≥ 21
Auffällig	<input type="checkbox"/> ja <input type="checkbox"/> nein
Ausgefüllt am: ____ . ____ . ____ Ausgefüllt von: _____	