



4 Jahre

Name: _____ Vorname: _____

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

Questions on your child's development

My child can climb stairs in alternating steps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child hops safely with both legs at the same time a short distance forward (30-50 cm), and keeps their balance well as they go.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child cycles a tricycle (or similar) around obstacles, pedaling and steering at the same time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child holds a pencil between thumb and first two fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child dresses him/herself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child uses the word "I" correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child asks "why/how/where/why/where from?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child wants to help in the home and imitates the activities of adults in role play with other children	<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 plays "pretend games" intensively (e.g. a stick becomes a sword, dolls are fed).	<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 is prepared to share	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Folgende grau hinterlegten Felder werden vom Kinderarzt ausgefüllt

Summe „Ja“	_____
Grenzwert	≥ 13
Auffällig	<input type="checkbox"/> ja <input type="checkbox"/> nein
Ausgefüllt am: ____ . ____ . ____ Ausgefüllt von: _____	