Laurehvood Pediatrics  Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (for example, you've seen it or twice), please answer as if the child does not do it.  1. Does your child ever use his/her index finger to point, to indicate interest in something? 2. Does your child ever bring objects over to you (parent) to show you something? 3. Does your child ever bring objects over to you (parent) to show you something? 4. Does your child respond to his/her name when you call? 5. If you point at a toy across the room, does your child look at it? 6. Does your child take an interest in other children?  7. Does your child ever seem oversensitive to noise? (e.g., plugging ears) 8. Does your child awake unusual finger movements near his/her face? 9. Have you ever wondered if your child is deaf? 10. Does your child sometimes stare at nothing or wander with no purpose? 11. Does your child enjoy playing peek-a-boo/hind-and-seek? 12. Does your child ever pretend, for example, to talk on the phone, take care of dolls, or pretend other things? 14. Does your child ever use his/her index finger to point, to ask for something? 15. Can your child ever use his/her index finger to point, to ask for something? 16. Does your child smile in response to your face or your smile? 17. Does your child sow lith eye for more than a second or two? 18. Does your child look you in the eye for more than a second or two? 19. Does your child look you in the eye for more than a second or two? 10. Does your child look you in the eye for more than a second or two? 10. Does your child look at things you are looking at? 11. Does your child look at things you are looking at? 12. Does your child understand what people say? 13. Does your child understand what people say? 14. Does your child understand what people say? 15. Can your child look at things you are looking at? 16. Does your child look at things you are looking at? 17. Does your child look you in the eye for more than a seco	Patient's Na	me:	Date of Birth:	Date Completed:
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23. Does your child enjoy being swung, bounced on your knee, etc.?