



David M. Bergman, MD, FAAP

Age: 9m 18m 2y 3y

Date: _____

MD Reviewed: _____
96110

PEDS - Developmental Questionnaire

Child's Name _____ Birthday: _____

Questions completed by: mother father other _____

Please list any concerns about your child's learning, development and behavior:

Do You Have Any Specific Concerns About:

how your child talks and makes speech sounds? No Yes A little
comments:

how your child understands what you say? No Yes A little
comments:

how your child uses his or her hands and fingers to do things? No Yes A little
comments:

how your child uses his or her arms and legs? No Yes A little
comments:

how your child behaves? No Yes A little
comments:

how your child gets along with others? No Yes A little
comments:

how your child is learning to do things for himself/herself? No Yes A little
comments:

how your child is learning preschool or school skills? No Yes A little
comments:

Please list any OTHER concerns: