Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes  No

Please tell me any concerns about the way your child is behaving or developing
_______________________________________________________________________

□  □  My child is able to play by him/herself for short periods of time.
□  □  My child is able to leave me when in a known place.
□  □  My child enjoys playing with other children.
□  □  My child can tell when others are happy, mad or sad.
□  □  My child can copy a circle.
□  □  My child eats a variety of foods.
□  □  My child knows his/her name, age and sex.
□  □  My child can jump off a step with both feet.

Ask the parent to respond to the following statements:

Yes  No

□  □  I have people who assist me when I have questions or need help.
□  □  I am enjoying my time with my child.
□  □  I have time for myself, partner and friends.
□  □  I feel safe with my partner.
□  □  I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

<table>
<thead>
<tr>
<th>Child Development</th>
<th>Parent Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dresses self</td>
<td>Appropriately disciplines child</td>
</tr>
<tr>
<td>Rides a tricycle</td>
<td>Parent is loving toward Child.</td>
</tr>
<tr>
<td>Is understandable to others 75% of the time</td>
<td>Positively talks, listens, and responds to child.</td>
</tr>
<tr>
<td>Shows preference for parent or caregiver</td>
<td>Parent uses words to tell child what is coming next</td>
</tr>
<tr>
<td>Seeks comfort from parent when upset</td>
<td></td>
</tr>
</tbody>
</table>

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Staff Signature: ________________________________ Provider Signature: ____________________________________
THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 - WELL CHILD EXAM-EARLY CHILDHOOD: 3 Years

<table>
<thead>
<tr>
<th>DATE</th>
<th>CHILD'S NAME</th>
<th>DOB</th>
</tr>
</thead>
</table>

Name and phone number of person who accompanied child to appointment:
Name: ____________________________
Phone Number: ____________________________

☐ Parent ☐ Foster Parent ☐ Relative Caregiver (specify relationship) ☐ Caseworker

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

☐ Yes Please attach completed physical form utilized at this visit
☐ No If no, please state reason physical exam was not completed ____________________________

Developmental, Social/Emotional and Behavioral Health Screenings
Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date ____________
Screener Used:
☐ ASQ ☐ ASQSE ☐ PEDS ☐ PEDSDM ☐ Other tool: ____________________________ Score: _________
Referral Needed: ☐ No ☐ Yes
Referral Made: ☐ No ☐ Yes Date of Referral: ____________ Agency: ____________________________
Current or Past Mental Health Services Received: ☐ No ☐ Yes (if yes please provide name of provider)
Name of Mental Health Provider: ____________________________

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Provider Signature: ____________________________
Provider Name: ____________________________
Please print

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health. Updated 4/2011
**PARENT HANDOUT**

**Your Child’s Health at 3 Years**

**Milestones**

Ways your child is developing between 3 and 4 years of age.

- Can sing a song from memory
- Learning to share
- Talks about what he did during the day
- Enjoys playing “pretend” and listening to stories
- Can hop, jump on one foot
- Rides a tricycle or a bicycle with training wheels
- Knows her first and last name
- Names 4 colors
- Begins to test limits
- Shows a silly sense of humor
- Throws a ball overhand
- Plays board games or card games
- Draws a person with 3 parts (such as head, body, legs)
- Builds towers of 9-10 blocks

**For Help or More Information:**

**Age Specific Safety Information:**
Call 1-202-662-0600 or go to [http://www.safekids.org/safety-basics/](http://www.safekids.org/safety-basics/)

**For help finding childcare:**
Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at: [http://www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)

**Car seat safety:**
Contact the Auto Safety Hotline at 1-888-327-4236 or online at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

**For information about lead screening:**
visit the Michigan Bridges 4 Kids lead website at [www.bridges4kids.org/lead.html](http://www.bridges4kids.org/lead.html) or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

**Poison Prevention:**
Call the Poison Control Center at 1-800-222-1222 or online at [www.mitoxic.org/pcc](http://www.mitoxic.org/pcc)

**For information if you’re concerned about your child’s development:**
Contact Project Find at [http://www.projectfindmichigan.org/](http://www.projectfindmichigan.org/) or call 1-800-252-0052

**Parenting skills or support:**
Call the Parents HELPLine at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

**Domestic Violence hotline:**
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at [www.ndvh.org](http://www.ndvh.org)

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**Health Tips:**

Your child still needs about two cups of milk every day. Offer a variety of fruits and vegetables daily. Water is a healthy drink so offer it instead of sweetened drinks.

Help your child brush his teeth every day with a pea-sized amount of fluoride toothpaste. Make sure he gets a dental checkup once a year.

Teach your child to wash her hands well after playing, after using the toilet, and before eating. Use soap and rub hands together for about 20 seconds.

Each child develops in his own way, but you know your child best. If you think he is not developing well, call your child’s doctor or nurse and tell them your concerns.

**Parenting Tips:**

Your child learns best by doing. She needs to:

- Play active games (tag, ball, riding wheeled toys, climbing)
- Play imagination games (using dolls, toys, story books)
- Play with toys that uses her hands (blocks, big puzzles)
- Limit television and computer time to 1-2 hours a day

Help your child feel good about himself and others:

- Praise your child every day
- Be consistent and clear about your child’s behaviors that are okay or not okay
- Use discipline to teach and protect your child, not to punish him or make him feel bad about himself
- Help your child “use his words” when having a disagreement instead of hitting, kicking, or biting

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Put your child in a safe place and walk away.
2. Call a friend or your partner. It can help to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

**Safety Tips**

Check your home for dangers often. Your child is not old enough to stay away from things that could harm her, like matches, guns, and poisons. Lock those things up!

Continue using a car seat until your child weighs 40 pounds or around age 4. After that, use a booster seat until your child is 4’9” or age 8. Keep your child in the back seat.

Make sure your child uses a helmet whenever he rides a tricycle, scooter, or other toys with wheels.