

# HEALTHY HABITS ASSESSMENT



Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Circle the answer that best describes your child's average eating and activity habits.

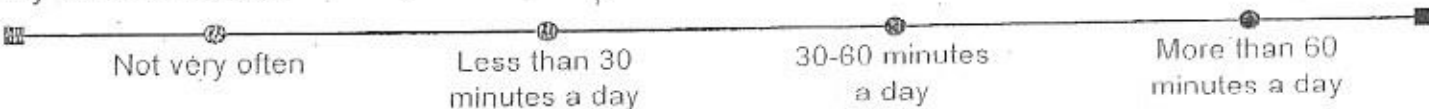
My child eats veggies and fruits:



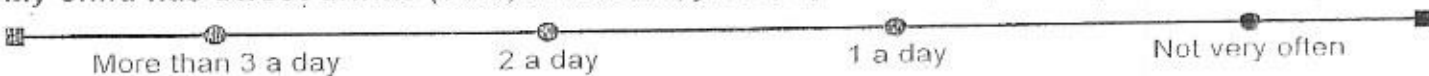
My child eats out:



My child is active:



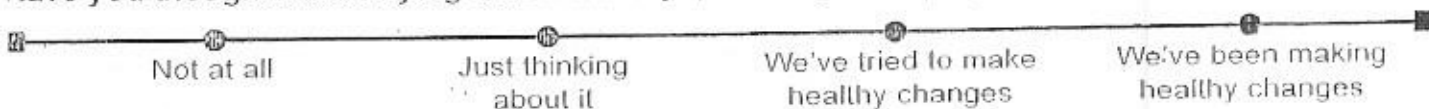
My child has sweet drinks (cola, sweet tea, juice, sport drinks, other juice drinks):



My child watches television or spends time on the computer or playing video games:



Have you thought about trying a new healthy habit for your family or child?



If you could work on one healthy habit, which would it be?

- Fill half your plate with veggies & fruits
- Be active for 60 minutes
- Limit screen time to one hour
- Drink more water and limit sugar drinks

# PEDS RESPONSE FORM

Provider \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.