

9-10 Year Well Child

Female

Name of Child: _____ **School** _____ **Grade** _____

Allergies _____ Current Medications _____

Is your child's general health OK? **Yes** **No** _____

Has your child had any recent illnesses? **No** **Yes** _____

Has your child had any recent accidents? **No** **Yes** _____

Does your child exercise regularly? **Yes** **No** _____

Do you have any concerns about your child's eating habits? **No** **Yes** _____

Do you have any concerns about your child's favorite foods? **No** **Yes** _____

Do you have any concerns with your child's sleeping? **No** **Yes** _____

Has your daughter's period started? **No** **Yes** _____

Do you feel your child has good friendships? **Yes** **No** _____

Has your family situation remained stable? **Yes** **No** _____

Do you have frequent family meals together at home? **Yes** **No** _____

Is your child in a totally smoke-free environment? **Yes** **No** _____

Are you comfortable with your childcare plans? **Yes** **No** _____

Are you and your child comfortable asking each other questions about important topics? **Yes** **No** _____

Development:

Have you reviewed your child's report card or IEP if they have one? **Yes** **No** _____

Does your child have good school attendance? **Yes** **No** _____

Is your child at grade level in reading? **Yes** **No** _____

Is your child at grade level in math? **Yes** **No** _____

Is your child getting any extra help in school? **No** **Yes** _____

Is your child able to follow school rules? **Yes** **No** _____

Is your child proud of their school achievements? **Yes** **No** _____

Have you visited your child's classroom? **Yes** **No** _____

Have you participated in your child's school activities? **Yes** **No** _____

Does your child talk with you about their school experiences? **Yes** **No** _____

Has your child expressed any special interests or talents they might want to pursue? **Yes** **No** _____

Do teachers have positive or negative feedback about your child's school performance? **Positive** **Negative** _____

Does your child have a best friend? **Yes** **No** _____

Is your child involved in hobbies or sports? **Yes** **No** _____

Do you or your child have any other concerns? **No** **Yes** _____

Does your child help with household chores? **Yes** **No** _____

Are you aware of and try to implement 5-3-2-1-0 in your family? **Yes** **No** _____

Does your child watch more than 2 hrs/day of screen time? **No** **Yes** _____

On a 1 to 5 scale, how does your child feel her life is going?

<i>Terrible</i>		<i>OK</i>		<i>Great</i>
1	2	3	4	5