

Rainbow Corner

Intake Evaluation for the Twos



Name: _____ Date: _____

Birthday: _____ Gender: _____

Primary language spoken at home: _____

Check One: diapers _____ pullups _____ potty trained _____

	Consistently	Sometimes	Not Yet
<u>Motor Development</u>			
Runs			
Uses feet to propel wheeled riding toys			
Jumps up & down, but may fall			
Jumps off bottom step/curb			
Climbs stairs unassisted (but not with alternating feet)			
Balances on one foot (for a few moments)			
Stacks 4-6 objects on top of one another			
Grasps large crayon with fist; scribbles enthusiastically on large paper			
Turns pages of a book			
<u>Cognitive Development</u>			
Can put objects together & take them apart			
Builds towers with 3-4 blocks			
Does simple classification tasks based on 1 dimension (separates toy dinosaurs from toy cars)			
<u>Language Development</u>			
Uses 50 or more different words			
Utters 3-4 word statements			
Follows simple 1-step instructions			
Is able to verbalize needs			
Points to pictures in books & names them			
<u>Social and Emotional Development</u>			
Shows signs of empathy and caring (ex: comforts another child if hurt)			
Finds it difficult to wait or take turns			
Watches & imitates the play of other children			
Shares			
Begins to play with others			
Makes eye contact			