

4 Year old Healthy Kids Check

Name: _____ Age: _____

Parents to complete

1. Has your child had their 4 year old immunisations? Yes No
2. Does your child clean their own teeth? Yes No
3. Can your child use the toilet independently, wipe their own bottom and wash their own hands? Yes No
4. Is the child a bed wetter? Yes No
5. Does the child have any allergies? Yes No
6. Please list: _____

7. Does the child have asthma? Yes No
8. Does the child eat well and like a variety of foods? Yes No
9. Do you have any speech or language concerns? Yes No
10. Can your child follow directions, take part in conversations and express themselves? Yes No
11. Do you read books to your child? Yes No
12. Can your child throw a ball, ride a bike, run, jump, climb, hop Yes No
13. Can your child use scissors and use a knife and fork? Yes No
14. Can the child write their own name, draw, colour in, and know colours and shapes? Yes No
15. Can the child pour liquid into a cup, do simple puzzles, connect parts together, Yes No
16. and count to 20? Yes No
17. Does the child sleep well? Yes No
18. Does the child have a regular bath time? Yes No
19. Does the have wind down time before bed? Yes No
20. Is the child able to socialise, play with other children, share and take turns? Yes No
21. Is the child OK if you leave them with someone else? Yes No
22. Does the child have a lot of energy? Yes No
23. Does the child know safety rules when crossing the road, wearing a hat outside, wear a helmet on a bike, stranger danger and water safety? Yes No
24. Does your child know their name, address and phone number? Yes No
25. Do they know when/how to call 000? Yes No
26. Is your child able to dress themselves? Yes No
27. Does your child show concern for others, younger siblings, playmates in distress? Yes No
28. Do you have any concerns about vision? Eg Does your child squint Yes No
29. Do you have any concerns about hearing or listening? Eg following instructions Yes No

