

Preschool Developmental Screening with Denver II Test in Semi-Urban Areas

Appendix A: Neurological evaluation form

Date of birth: Sex: F M

Birth weight: Premature birth: Yes No

Birth type: Normal Caesarean

Complications during pregnancy (bleeding, triple test etc.):.....

Complications during delivery?.....

Neonatal hospitalization?: Yes No

Major diseases or hospitalizations to date? Reason:

Parental consanguinity

No. of siblings

Siblings with school problems, developmental delays, neurological diseases? Provide details if any.

Appendix B: Parent and teacher interview forms

Below Average Average Above Average

School grades

Relationship with friends

Attention

Adaptation

Mood and behavior

Other