
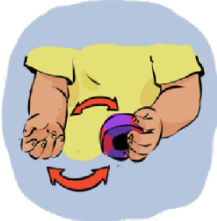



Name: _____

Date of Birth: _____

Community-Based DMAT, 75-percentile

Instruction: Answer 'yes' or 'no'. If there is one or more 'no', refer the child for further assessment with the full cDMAT.






<p>Date: _____</p> <p>Age: _____</p> <p>Assessed by: _____</p>		<p>By age 3 months, can your child...?</p> <ul style="list-style-type: none"> • Show brief interest in toy • Follow object passed midline • Turn head to sounds • Head up 45 degrees 	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Date: _____</p> <p>Age: _____</p> <p>Assessed by: _____</p>		<p>By age 6 months, can your child...?</p> <ul style="list-style-type: none"> • Explore environment • Rake lotus seed • Babble • Chest up with arm support 	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Date: _____</p> <p>Age: _____</p> <p>Assessed by: _____</p>		<p>By age 9 months, can your child...?</p> <ul style="list-style-type: none"> • Recognize stranger • Transfer object between hands • Respond to his name • Pull up to stand (≥ 2 sec) 	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Date: _____</p> <p>Age: _____</p> <p>Assessed by: _____</p>		<p>By age 12 months, can your child...?</p> <ul style="list-style-type: none"> • Greet with hand clasp • Put blocks in cup • Say 'Ma' or 'Pa' (non-specific) • Stand alone (≥ 10 sec) 	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Date: _____</p> <p>Age: _____</p> <p>Assessed by: _____</p>		<p>By age 18 months, can your child...?</p> <ul style="list-style-type: none"> • Use Spoon • Pincer grasp • Say ≥ 1 words beside mak/paa/bong • Run with good balance (≥ 2 meters) 	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>

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<p>Date:</p> <p>Age:</p> <p>Assessed by:</p>		<p>By age 2 years, can your child...?</p> <ul style="list-style-type: none"> • Put on simple clothes with help • Tower with 4 blocks • Say words (≥3) • Kick ball forward 	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Date:</p> <p>Age:</p> <p>Assessed by:</p>		<p>By age 2.5 years, can your child...?</p> <ul style="list-style-type: none"> • Parallel play without sharing • Make string with ≥ 3 beads • Point to pictures of objects (≥2/5) • Jump up with both feet together 	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Date:</p> <p>Age:</p> <p>Assessed by:</p>		<p>By age 3 years, can your child...?</p> <ul style="list-style-type: none"> • Name a friend • Wiggle one thumb • Pick the longest line (3/3) • Balance on each foot (≥1 sec) 	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Date:</p> <p>Age:</p> <p>Assessed by:</p>		<p>By age 4 years, can your child...?</p> <ul style="list-style-type: none"> • Comb hair without help • Catch soft ball • Know the use/action of objects (3/3) • Straight heel-to-toe walk (≥ 4 steps) 	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Date:</p> <p>Age:</p> <p>Assessed by:</p>		<p>By age 5 years, can your child...?</p> <ul style="list-style-type: none"> • Play kid games (team/wait turns) • Copy circle • Count from 1 to 5 • Balance on each foot (≥3 sec) 	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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