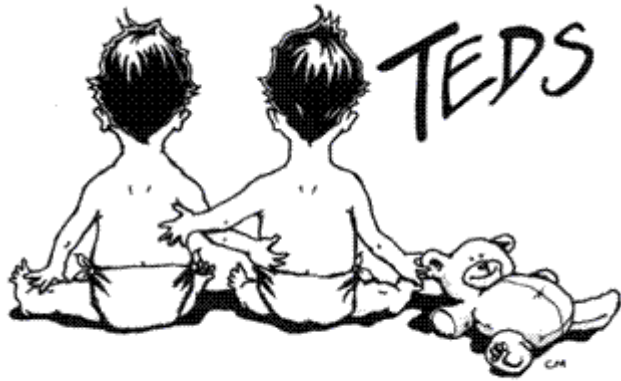


.....'S BOOK



TWINS' EARLY DEVELOPMENT STUDY

PLEASE TURN TO THE NEXT PAGE OF THIS BOOKLET

Thank you for agreeing to fill out this booklet. Before you start, please read the following instructions.

HOW TO FILL IN THIS BOOKLET

PLEASE NOTE: This booklet contains both questions and games - a single item often takes a full page. We hope this booklet will take no longer than one hour to complete.

We realise that parents of twins are very busy, so don't feel that you have to answer all our questions on the same day. However, please date the pages at the top.

Please read the instructions at the beginning of each new section carefully.

There are **no right or wrong answers** to any of the questions we ask. Every child has a different way of developing, and this is a big part of what interests us. Please be as honest as you can when answering our questions. Everything you tell us will be kept strictly confidential.

Please try to answer *all* the questions you are asked. It is very important that the booklets are completed as fully as possible, so that we can get a full picture of your twins.

It would be helpful if you would write as clearly possible.

Most of the questions ask you to put a tick in the box against the answer that most applies to your child. **For example:**

	YES	NO	DON'T KNOW
Does your child recognise him/herself when looking in the mirror?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The last section will ask you to play some games with your child, and then answer some questions. **For example:**

While your child is watching, fold one sheet of paper in half. Say to your child "**Look, I'm making a book**". Give your child one piece of paper and say, "**Now you try it. Make a book just like mine**".

Does your child try to fold the paper?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Does your child make just one fold?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

THANK YOU FOR YOUR TIME AND ASSISTANCE IN FILLING OUT THIS BOOKLET.

TODAY'S DATE/...../19..... (Day/Month/Year)

GAMES TO PLAY WITH YOUR CHILD

Please read through each set of instructions carefully **before** trying any of the following games with your child.

You will need the bricks that we have sent you, and you will also need a pencil or crayon.

You **do not** need to do these games all at once. They should be played when your child is feeling cheerful and alert. However, please date the top of each page.

Try not to have too many distractions around you. Work where your child will be able to draw and play with the toys easily. For each game, watch what your child does and answer the questions.

We'd like to know about what your child can do *on his/her own* without **any** help from anyone. This includes any brothers or sisters, so if at all possible please play with each of the twins separately. You should encourage your child to do the best s/he can, but **do not** help him/her with any of the items.

WE DO NOT EXPECT THAT YOUR CHILD WILL BE ABLE TO DO ALL OF THE ACTIVITIES.

If you feel that your child is becoming frustrated with an item, feel free to move on to another and return to it later. Try to make these games as much fun as possible.

For Office
Use Only

DRAWING

You will need: Pencil or crayon for drawing.

DRAW 1

Using a pencil or crayon, scribble on the top half of the next page. The scribble should be about this size:



After you have scribbled, give the pencil to your child, point to the bottom half of the page, and ask your child to **"Make one like that, right here"**.

You can repeat your drawing and the instructions if necessary.



TODAY'S DATE/...../19..... (Day/Month/Year)



Scribble -



TODAY'S DATE/...../19..... (Day/Month/Year)

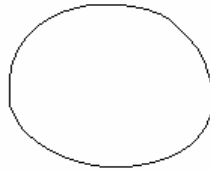
For Office
Use Only

DRAWING

You will need: Pencil or crayon for drawing.

DRAW 2

Draw a circle on the top half of the next page. The circle should be about this size:




After you have drawn the circle, give the pencil to your child, point to the bottom half of the page, and ask your child to **“Make one like that, right here. Draw a circle just like that”**.

You can repeat your drawing and the instructions if necessary.



TODAY'S DATE/...../19..... (Day/Month/Year)

Draw a circle - 



TODAY'S DATE/...../19..... (Day/Month/Year)

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Use Only

DRAWING

You will need: Pencil or crayon for drawing.

DRAW 3

Draw a line on the top half of the next page. The line should look something like this:



After you have drawn the line, give the pencil to your child, point to the bottom half of the page, and ask your child to **“Make one like that, right here. Draw a line just like that”**.

You can repeat your drawing and the instructions if necessary.



TODAY'S DATE/...../19..... (Day/Month/Year)

Draw a horizontal line - _____



TODAY'S DATE/...../19..... (Day/Month/Year)

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DRAWING

You will need: Pencil or crayon for drawing.

DRAW 4

Draw another line on the top half of the next page. This time the line should look something like this:



After you have drawn the line, give the pencil to your child, point to the bottom half of the page, and ask your child to **“Make one like that, right here. Draw a line just like that”**.

You can repeat your drawing and the instructions if necessary.



TODAY'S DATE/...../19..... (Day/Month/Year)

Draw a vertical line -



TODAY'S DATE/...../19..... (Day/Month/Year)

For Office
Use Only

MATCHING

You will need: Pencil for circling your child's answer

EXAMPLE

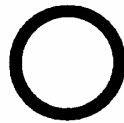
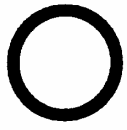
The next page - the 'cover sheet' - has a hole in it. Through the hole a picture of a circle can be seen.

On the page after the cover sheet there are pictures of four shapes (a circle, a triangle, a square and a star). Point to the circle *through the hole in the cover sheet* and say "**Look, at this.**" Lift the cover sheet to show the shapes on the top of the page and say, "**Look at all these shapes**". Say "**I'm going to find one just like it here**". Point to the circle at the top of the page and say "**Look, here is a circle. It is the same**".

TODAY'S DATE/...../19..... (Day/Month/Year)

EXAMPLE





TODAY'S DATE/...../19..... (Day/Month/Year)

For Office
Use Only

MATCHING

You will need: Pencil for circling your child's answer.

MATCH 1

The next page - the 'cover sheet' - has a hole in it. Through the hole a picture of a shape can be seen.

Say to your child, "**Now you try it**". Point to the blue circle you can see *through the hole in the cover sheet* and say "**Look at this**". Lift the cover sheet to show *ALL* the shapes on the top of the next page and say, "**Find one just like it here**". Circle whatever shape your child points to. If your child does not point to the correct item, show him/her the correct item, **but do not circle it**.

Mark the page with a big "**X**", if your child points to more than one shape **OR** if your child does not point to any of the shapes.



TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 1





TODAY'S DATE/...../19..... (Day/Month/Year)

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MATCHING

You will need: Pencil for circling your child's answer.

MATCH 2 To MATCH 8

For each of these items in turn, there is a cover sheet with a hole in it. Through the hole a picture of a shape can be seen.

For each item, point to the shape you can see *through the hole in the cover sheet* and say "**Look at this**". Lift the cover sheet to show *ALL* the shapes on the top of the next page and say, "**Find one just like it here**". Circle whatever shape your child points to. If your child does not point to the correct item, show him/her the correct item, **but do not circle it**.

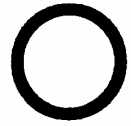
Each time mark the page with a big "**X**", if your child points to more than one shape, **OR** if your child does not point to any of the shapes.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 2





TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 3





TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 4





TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 5

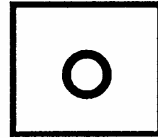
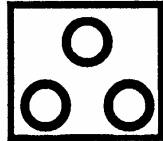
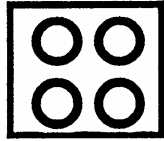
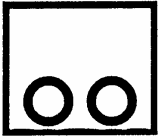




TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 6





TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 7





TODAY'S DATE/...../19..... (Day/Month/Year)

MATCH 8



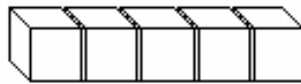


BRICK BUILDING

You will need: Ten bricks (provided); pencil or pen for answering questions.

BRICK 1

Using the bricks provided, make a train by lining up five bricks in a row, like this:



Say to your child, "**Here is a train, watch it go**". Move the train by pushing the last brick and say, "**Choo-choo-choo**". Put the other five bricks in front of your child and say, "**Now you make one, make a train/choo-choo just like mine**".

You can try this game two more times if your child does not play. When your child has finished, answer the questions below.

How many bricks did your child put together?

.....

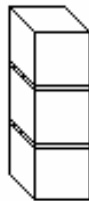
Did your child push his/her row of bricks?

YES

NO

BRICK 2

Make a tower from three bricks, by stacking them one on top of another. The tower should look like this:



Leave your tower standing. Put the other seven bricks in front of your child and say, "**Now you can make a tower. Make a big tower**". If your child stops at a tower of three bricks, ask him/her to "**Make it as big as you can**".

You can try this game two more times if your child does not play. When your child has finished, answer the question below:

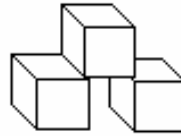
How many bricks did your child stack in his/her tower?

.....

BRICK BUILDING

BRICK 3

Use three bricks to make a bridge like this:



Say to your child **“Look I’ve made a bridge”**. Leave your bridge standing and give your child three bricks. Say, **“Now you make a bridge, just like mine”**.

You can try this game two more times if your child does not play. When your child has finished, answer the questions below.

Are there two bricks in the bottom row?

YES

NO

Is one brick on top?

YES

NO

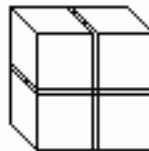
Does the brick on top touch both bottom bricks?

YES

NO

BRICK 4

Use four bricks to make a wall like this:



Say to your child **“Look I’ve made a wall”**. Leave your wall standing and give your child four bricks. Say, **“Now you make a wall, just like mine”**.

You can try this game two more times if your child does not play. When your child has finished, answer the questions below.

Are there two rows of bricks?

YES

NO

Are there two bricks on the bottom row?

YES

NO

Are there two bricks on the top row?

YES

NO

TODAY'S DATE/...../19..... (Day/Month/Year)

For Office
Use Only

PAPER FOLDING

You will need: Two sheets of paper, pencil or pen for answering questions.

PAPER 1

While your child is watching, fold one sheet of paper in half. Say to your child **“Look, I’m making a book”**. Give your child one piece of paper and say, **“Now you try it. Make a book just like mine”**.

Does your child try to fold the paper?

YES NO

Does your child make just one fold?

YES NO

FOLLOW THE LEADER

You will need: Pencil or pen for answering questions.

COPY 1

Say to your child **“Watch me, do what I do”**. When your child is watching, open and close your mouth several times. Say to your child **“Can you do that?”**

Does your child copy the actions correctly?

YES NO

COPY 2

Say to your child **“Now do this”**. Pull on your earlobe.

Does your child copy the actions correctly?

YES NO

COPY 3

Say to your child **“Now do this”**. Blink your eyes.

Does your child copy the actions correctly?

YES NO

COPY 4

Say to your child **“Now do this”**. Pat your cheek.

Does your child copy the actions correctly?

YES NO

FOLLOW THE LEADER

You will need: Pencil for answering questions

COPY 5

Say to your child "**Now do this**". Pull on your earlobe, then pat your cheek.

Does your child copy *both* actions?

YES NO

If YES, does your child copy the actions in the correct order? That is, does your child pull on his/her earlobe BEFORE patting his/her cheek?

YES NO

COPY 6

Say to your child "**It is getting harder, now try to do this**". Open and close your mouth , then blink your eyes, then pull on your earlobe.

Does your child copy *all three* actions?

YES NO

If YES does your child copy the actions in the correct order? That is mouth, eyes, earlobe?

YES NO

COPY 7

Say to your child "**It is getting even harder, now try to do this**". Pat your cheek, then blink your eyes, then pull on your earlobe and then open and close your mouth.

Does your child copy *all four* actions?

YES NO

If YES does your child copy the actions in the correct order? That is cheek, eyes, earlobe, mouth?

YES NO

TODAY'S DATE/...../19..... (Day/Month/Year)

YOUR CHILD AT HOME

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First of all, please tell us:

			Often	Sometimes	Occasionally	Never	
1)	Does your child ever spend time with other children of a similar age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Now here are some descriptions of children. Please tick the box that best describes your child. If you think the statement is *true* of your child, please tick the box under **certainly true**. If the statement describes your child *sometimes*, then tick the box under **sometimes true**. If the sentence is *not* true of your child, then please tick the box under **not true**. These descriptions are aimed at children aged five years old or younger, so some of them may not seem to apply to your child, but please try and answer all of them as best you can.

		Certainly true	Sometimes true	Not true	
2)	Tries to be fair in games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	Restless; runs about or jumps up and down, doesn't keep still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5)	Squirmy, fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6)	Destroys own or other's belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7)	Spontaneously affectionate to family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8)	Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9)	Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10)	Volunteers to help around the house or garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11)	Is worried; worries about many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12)	Tends to do things on own; rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13)	Irritable, quick to fly off the handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14)	Will try to help someone who has been hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15)	Appears miserable, unhappy, tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16)	Has twitches, mannerisms, or tics of the face and body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17)	Bites nails or fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18)	Is disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19)	Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20)	Has poor concentration, or short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Certainly true	Sometimes true	Not true	
21)	Tends to be afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	Helps other children who are feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	Fussy, or over particular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	Has wet or soiled self this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	Comforts a child who is upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)	Has stutter or stammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)	Has other speech difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)	Plays imaginatively, enjoys 'pretend' games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)	Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31)	Inattentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32)	Gets on well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33)	Doesn't share toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34)	Cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35)	Forceful, determined child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36)	Blames others for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37)	Shares out treats with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38)	Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39)	Inconsiderate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40)	Independent, confident child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41)	Kicks, bites other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42)	Kind to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43)	Stares into space, (stares blankly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44)	Tries to stop quarrels and fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW CHILDREN USE WORDS (PLEASE TICK THOSE THAT APPLY)

	Often	Sometimes	Not Yet	For Office Use Only
1) Does your child ever talk about past events or people who are not present? For example, a child who saw a carnival last week might later say "carnival", "clown" or "band".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Does your child ever talk about something that is going to happen in the future, for example, saying choo-choo or aeroplane before you leave the house on a trip, or saying swing when you are going to the park?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Does your child talk about objects that are not present, such as asking about a missing toy, referring to a pet out of view, or asking about someone not present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does your child understand if you ask for something that is not in the room? For example, would s/he go to the bedroom to get a teddy bear when you say "where's the bear?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your child ever pick up or point to an object and name an absent person to whom the object belongs? For example, a child might point to Mummy's shoe and say Mummy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child begun to combine words yet, such as "nother biscuit" or "doggie bite"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Not Yet" to Question 6 above, please go to page 39. If you answered "Sometimes" or "Often", please continue.

For EACH PAIR of sentences below - **A** and **B** - tick the one that sounds **MOST** like the way your child talks at the moment, even if s/he would not say that **exact** sentence. If your child is saying sentences even more complicated than the two provided, **tick B**.

1) (Talking about something happening right now) A <input type="checkbox"/> I make tower B <input type="checkbox"/> I making tower	2) (Talking about something that already happened) A <input type="checkbox"/> Daddy pick me up B <input type="checkbox"/> Daddy picked me up	3) A <input type="checkbox"/> That my truck B <input type="checkbox"/> That's my truck	<input type="checkbox"/>	<input type="checkbox"/>
4) A <input type="checkbox"/> Baby crying B <input type="checkbox"/> Baby is crying	5) A <input type="checkbox"/> There a doggie B <input type="checkbox"/> There's a doggie	6) A <input type="checkbox"/> Coffee hot B <input type="checkbox"/> That coffee hot	<input type="checkbox"/>	<input type="checkbox"/>
7) A <input type="checkbox"/> I no do it B <input type="checkbox"/> I can't do it	8) A <input type="checkbox"/> I like read stories B <input type="checkbox"/> I like to read stories	9) A <input type="checkbox"/> Biscuit Mummy B <input type="checkbox"/> Biscuit for Mummy	<input type="checkbox"/>	<input type="checkbox"/>
10) A <input type="checkbox"/> Don't read book B <input type="checkbox"/> Don't want you read that book	11) A <input type="checkbox"/> Baby want eat B <input type="checkbox"/> Baby want to eat	12) A <input type="checkbox"/> Look at me B <input type="checkbox"/> Look at me dancing	<input type="checkbox"/>	<input type="checkbox"/>

TODAY'S DATE/...../19..... (Day/Month/Year)

YOUR CHILD AT PLAY

As a parent, you have a good idea of what your child can and can't do. Listed below are a number of activities. Please indicate whether or not your child can do the activity. That is, if you have seen your child do the activity (or something similar), then tick the box under "**YES**". If you know that your child would not be able to do it, then tick the box under "**NO**". If you are not sure whether or not your child can do an activity, please feel free to try it out with your child. If you are still uncertain about whether or not your child can do it, then tick the box under "**DON'T KNOW**".

Please keep in mind that these questions are for children ranging in age from 2 to 4 years. Some will be easy for your child, others may be difficult. Most children of your child's age will not be able to do all of the activities.

		(PLEASE TICK ONE BOX FOR EACH QUESTION)			For Office Use Only
		YES	NO	DON'T KNOW	
1)	Can your child put a simple piece, such as a square or an animal, into the correct place in a puzzle board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Some toys have several holes or openings with different shapes, such as a circle, triangle, and star. Could your child put the shapes into the right openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Can your child stack three small blocks or toys on top of each other <i>by him/herself</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Can your child stack seven small blocks or toys on top of each other <i>by him/herself</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Can your child put together, <i>by him/herself</i> , a jigsaw puzzle or something similar where the pieces fit together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	If so, can s/he do this for a puzzle with ten or more pieces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Can your child mark on a piece of paper using the tip of a crayon, pencil, or chalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Can your child draw a more or less straight line on paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Does your child turn, or attempt to turn, pages of a book one at a time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Does your child ever pretend that one object, such as a block, is another object, such as a car or a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Does your child ever pretend to do things? For example, riding a horse or making a cup of tea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(PLEASE TICK ONE BOX FOR EACH QUESTION)

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		YES	NO	DON'T KNOW	
12)	Does your child ever pretend that two dolls are playing together, or are talking to each other, or one is feeding the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	Does your child ever play pretend games with another child, pretending to be someone else, such as a parent, firefighter, or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Does your child ever play any game with another child that involves taking turns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Does your child ever copy some action shortly (within a few minutes) after s/he has seen it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Can your child fetch an object, such as a toy, from another room by him/herself when you ask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	Does your child know where some things belong, for example, that his/her toys belong in a box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Does your child ever put aside a biscuit (or other snack) for later, <i>on his/her own</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Have you ever seen your child gather three or more toys before beginning to play with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Have you ever seen your child put things (blocks, other toys) into groups or piles that go together <i>on his/her own</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	If your child wants something out of reach, does s/he go and find a chair or box to stand on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	When your child uses or plays with a telephone, does s/he speak into the mouthpiece, not the earpiece?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	When your child drinks from a cup, is s/he careful about setting it down, trying not to spill it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Does your child use a turning motion with his/her hand while trying to turn doorknobs, twist tops, or screw lids on or off jars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	Does your child recognise him/herself when looking in the mirror?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	Does your child ever use his/her index finger to point to show an interest in something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TODAY'S DATE/...../19..... (Day/Month/Year)

COMPLETE DATA ARE ESSENTIAL. PLEASE MAKE SURE THAT YOU HAVE FILLED IN ALL OF THE SECTIONS.

To help you here is a list of all the games. Please tick the appropriate boxes and let us know whether the games were fully completed and whether your child enjoyed playing.

DRAWING

Were draw items 1-4 **fully** completed? YES NO

Did your child enjoy this item? YES YES, but not all the time NO

If NO, why not?

MATCHING

Were matching questions 1-8 **fully** completed? YES NO

Did your child enjoy this item? YES YES, but not all the time NO

If NO, why not?

BRICK BUILDING

Were the building questions 1-4 **fully** completed? YES NO

Did your child enjoy this item? YES YES, but not all the time NO

If NO, why not?

PAPER FOLDING

Was the paper folding question **fully** completed? YES NO

Did your child enjoy this item? YES YES, but not all the time NO

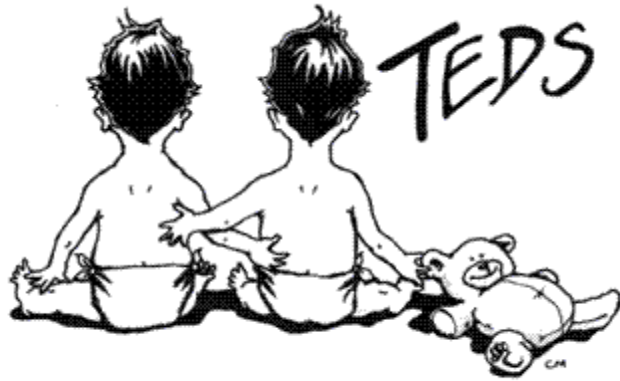
If NO, why not?

FOLLOW THE LEADER

Were the follow the leader questions 1-7 **fully** completed? YES NO

Did your child enjoy this item? YES YES, but not all the time NO

If NO, why not?



TWINS' EARLY DEVELOPMENT STUDY

**When all three booklets are filled in, please post in the FREEPOST envelope.
The bricks are a present for your children so you do not need to return
them.**

TEDS
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**THANK YOU FOR FILLING IN THIS BOOKLET, YOUR
TIME AND ASSISTANCE IS VERY MUCH APPRECIATED!**