

The MacArthur Communicative Developmental Inventory For American Sign Language for Children 8 to 36 Months

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Family Information

Today's date 10-4-95
Child's Birthdate 11-24-94
Male ☒ Female ☐
Age 10 months 10 months

Is your child deaf? Yes ☒ No ☐ When did he/she become deaf? BIRTH
What was the cause? GENERATION
Any deaf brothers or sisters? Yes ☐ No ☒ If yes, how old? _____
Is mother deaf? Yes ☒ No ☐ Are mother's parents deaf? Yes ☐ No ☒
Is father deaf? Yes ☐ No ☒ Are father's parents deaf? Yes ☐ No ☐
Any other deaf relatives? None
What language does your child use at home? ASL
Which hand does your child prefer for signing? L ☐ R ☒ For eating? L ☐ R ☒
For rolling or throwing a ball? L ☐ R ☒ Not yet

Early Understanding

Before children begin to sign, they understand what signs mean. They respond to people signing familiar signs and phrases. Below are some examples of phrases. Does your child do any of these?

1. Respond to his/her name sign? Yes ☐ No ☐ ?
2. Respond to NO or FINISH by stopping what he/she is doing? Yes ☒ No ☐
3. Look for mommy/daddy if you sign WHERE MOMMY/DADDY? Yes ☒ No ☐

In the list below, make an X by the sign phrases that your child understands.

BE-CAREFUL <input type="checkbox"/>	GET-UP <input type="checkbox"/>	SPIT IT OUT <input type="checkbox"/>
BRING-ME <input type="checkbox"/>	GIVE-TO MOMMY <input type="checkbox"/>	TIME GO BYE-BYE <input checked="" type="checkbox"/>
CHANGE DIAPER <input type="checkbox"/>	GIVE-ME HUG <input checked="" type="checkbox"/>	THROW BALL <input type="checkbox"/>
COME-HERE <input type="checkbox"/>	GIVE-ME KISS <input checked="" type="checkbox"/>	YOU HUNGRY? <input checked="" type="checkbox"/>
DADDY/MOMMY HOME <input checked="" type="checkbox"/>	GOOD GIRL/BOY <input type="checkbox"/>	YOU TIRED/SLEEPY? <input type="checkbox"/>
DON'T TOUCH/NO TOUCH <input checked="" type="checkbox"/>	OPEN YOUR MOUTH <input type="checkbox"/>	YOU-WANT GO? <input type="checkbox"/>
FINISH <input checked="" type="checkbox"/>	SIT-DOWN <input type="checkbox"/>	YOU-WANT MORE? <input type="checkbox"/>

10-1-1 = 0 332
6 + 1 = 1 332
4/28/95

Total = 3

Vocabulary Checklist

Please look through the list of signs below. If your child uses a sign, put an X in the box. Your child may not yet use the "correct" adult sign for a word, but may use a "baby" sign. Even if your child uses a baby sign please put an X in the box. Don't worry if your child only knows a few signs now because this is a collection of signs from many children at different ages.

Animals				
If your child uses a sign check the <input type="checkbox"/> .				
ALLIGATOR <input type="checkbox"/>	DEER <input type="checkbox"/>	HEN <input type="checkbox"/>	SKUNK <input type="checkbox"/>	
ANIMAL <input type="checkbox"/>	DOG <input type="checkbox"/>	HORSE <input type="checkbox"/>	SNAKE <input type="checkbox"/>	
BEAR <input type="checkbox"/>	DONKEY <input type="checkbox"/>	LION <input type="checkbox"/>	SPIDER <input type="checkbox"/>	
BEE <input type="checkbox"/>	DUCK <input type="checkbox"/>	MONKEY <input type="checkbox"/>	SQUIRREL <input type="checkbox"/>	
BIRD/CHICKEN <input type="checkbox"/>	ELEPHANT <input type="checkbox"/>	MOUSE <input type="checkbox"/>	TIGER <input type="checkbox"/>	
BUG/ANT <input type="checkbox"/>	FISH <input type="checkbox"/>	OWL <input type="checkbox"/>	TURKEY <input type="checkbox"/>	
BUNNY/RABBIT <input type="checkbox"/>	FOX <input type="checkbox"/>	PIG <input type="checkbox"/>	TURTLE <input type="checkbox"/>	
BUTTERFLY <input type="checkbox"/>	FROG <input type="checkbox"/>	ROOSTER <input type="checkbox"/>	WOLF <input type="checkbox"/>	
CAT <input type="checkbox"/>	GIRAFFE <input type="checkbox"/>	SHEEP <input type="checkbox"/>	ZEBRA <input type="checkbox"/>	
COW <input type="checkbox"/>				

Clothing				
If your child uses a sign check the <input type="checkbox"/> .				
BELT <input type="checkbox"/>	EARRING <input type="checkbox"/>	PANTS <input type="checkbox"/>	SOCK <input type="checkbox"/>	
BIB <input type="checkbox"/>	GLASSES <input type="checkbox"/>	SANDAL <input type="checkbox"/>	SWEATER <input type="checkbox"/>	
BOOT <input type="checkbox"/>	GLOVES <input type="checkbox"/>	SCARF <input type="checkbox"/>	SWIMSUIT <input type="checkbox"/>	
BUTTON <input type="checkbox"/>	HAT <input type="checkbox"/>	SHIRT <input type="checkbox"/>	UNDERPANTS <input type="checkbox"/>	
COAT/JACKET <input type="checkbox"/>	HEARING AID <input type="checkbox"/>	SHOE <input type="checkbox"/>	WRISTWATCH <input type="checkbox"/>	
DIAPER <input type="checkbox"/>	NECKLACE <input type="checkbox"/>	SNOWSUIT <input type="checkbox"/>	ZIPPER <input type="checkbox"/>	
DRESS/CLOTHES <input type="checkbox"/>	PAJAMAS <input type="checkbox"/>			

Games And Routines				
If your child uses a sign check the <input type="checkbox"/> .				
BASEBALL <input type="checkbox"/>	BYE <input type="checkbox"/>	LET'S-SEE <input type="checkbox"/>	SHH/SHUSH <input type="checkbox"/>	
BASKETBALL <input type="checkbox"/>	CALL(TDD) <input type="checkbox"/>	LUNCH <input type="checkbox"/>	SHOPPING <input type="checkbox"/>	
BATH <input type="checkbox"/>	DINNER <input type="checkbox"/>	NAP <input type="checkbox"/>	STORY <input type="checkbox"/>	
BIRTHDAY <input type="checkbox"/>	FOOTBALL <input type="checkbox"/>	NO <input type="checkbox"/>	THANK-YOU <input type="checkbox"/>	
BOWLING <input type="checkbox"/>	GOLF <input type="checkbox"/>	PEE/BM <input type="checkbox"/>	WASH-FACE <input type="checkbox"/>	
BREAKFAST <input type="checkbox"/>	HI <input type="checkbox"/>	PEEKABOO <input type="checkbox"/>	WASH-HANDS <input type="checkbox"/>	
BRUSH-HAIR <input type="checkbox"/>	I-LOVE-YOU <input type="checkbox"/>	PLEASE <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	

Action Signs

If your child uses a sign check the ☐.

AWAY <input type="checkbox"/>	FEED <input type="checkbox"/>	LOVE <input type="checkbox"/>	SLIDE <input type="checkbox"/>
BITE <input type="checkbox"/>	FIND <input type="checkbox"/>	MAKE <input type="checkbox"/>	SMILE <input type="checkbox"/>
BLOW <input type="checkbox"/>	FINISH <input type="checkbox"/>	OPEN <input type="checkbox"/>	SPILL <input type="checkbox"/>
BREAK <input type="checkbox"/>	FIX <input type="checkbox"/>	PAINT <input type="checkbox"/>	STAND <input type="checkbox"/>
BRING/CARRY <input type="checkbox"/>	GET/TAKE <input type="checkbox"/>	PICK/CHOOSE <input type="checkbox"/>	STAY <input type="checkbox"/>
BUILD <input type="checkbox"/>	GET-A-SHOT <input type="checkbox"/>	PLAY <input type="checkbox"/>	STOP <input type="checkbox"/>
BUY <input type="checkbox"/>	GIVE <input type="checkbox"/>	POUR <input type="checkbox"/>	SWIM <input type="checkbox"/>
CATCH <input type="checkbox"/>	GO <input type="checkbox"/>	PULL <input type="checkbox"/>	SWING <input type="checkbox"/>
CHASE <input type="checkbox"/>	HAVE <input type="checkbox"/>	PUSH <input type="checkbox"/>	TAKE-PILL <input type="checkbox"/>
CHAT <input type="checkbox"/>	HEAR <input type="checkbox"/>	PUT <input type="checkbox"/>	TALK <input type="checkbox"/>
CLAP <input type="checkbox"/>	HELP <input type="checkbox"/>	READ <input type="checkbox"/>	TASTE <input type="checkbox"/>
CLEAN <input type="checkbox"/>	HIDE <input type="checkbox"/>	RIDE-IN <input type="checkbox"/>	TEACH <input type="checkbox"/>
CLIMB <input type="checkbox"/>	HIT <input type="checkbox"/>	RUN <input type="checkbox"/>	TEAR/RIP <input type="checkbox"/>
CLOSE <input type="checkbox"/>	HOLD <input type="checkbox"/>	SAY <input type="checkbox"/>	TELL <input type="checkbox"/>
COOK <input type="checkbox"/>	HUG <input type="checkbox"/>	SEARCH-FOR <input type="checkbox"/>	THINK <input type="checkbox"/>
CRY <input type="checkbox"/>	HURRY <input type="checkbox"/>	SEE <input type="checkbox"/>	THROW <input type="checkbox"/>
CUT <input type="checkbox"/>	JUMP <input type="checkbox"/>	SHAKE <input type="checkbox"/>	TOUCH <input type="checkbox"/>
DANCE <input type="checkbox"/>	KICK <input type="checkbox"/>	SHARE <input type="checkbox"/>	WAIT <input type="checkbox"/>
DRAW <input type="checkbox"/>	KISS <input type="checkbox"/>	SHOW <input type="checkbox"/>	WALK <input type="checkbox"/>
DRINK <input type="checkbox"/>	KNOCK <input type="checkbox"/>	SIGN <input type="checkbox"/>	WASH <input type="checkbox"/>
DROP <input type="checkbox"/>	LEARN <input type="checkbox"/>	SIT <input type="checkbox"/>	WATCH <input type="checkbox"/>
EAT <input type="checkbox"/>	LICK <input type="checkbox"/>	SKATE <input type="checkbox"/>	WORK <input type="checkbox"/>
ENTER <input type="checkbox"/>	LIKE <input type="checkbox"/>	SLEEP <input type="checkbox"/>	
FALL <input type="checkbox"/>	LOOK <input type="checkbox"/>		

Furniture And Rooms

If your child uses a sign check the ☐.

BASEMENT <input type="checkbox"/>	DOOR <input type="checkbox"/>	MIRROR <input type="checkbox"/>	TABLE <input type="checkbox"/>
BATHROOM/TOILET <input type="checkbox"/>	DRAWER <input type="checkbox"/>	REFRIGERATOR <input type="checkbox"/>	TV <input type="checkbox"/>
BATHTUB <input type="checkbox"/>	DRYER <input type="checkbox"/>	ROCKING CHAIR <input type="checkbox"/>	WASH MACHINE <input type="checkbox"/>
BED <input type="checkbox"/>	GARAGE <input type="checkbox"/>	ROOM <input type="checkbox"/>	WINDOW <input type="checkbox"/>
BEDROOM <input type="checkbox"/>	KITCHEN <input type="checkbox"/>	SHOWER <input type="checkbox"/>	
CLOSET <input type="checkbox"/>	LIVING ROOM <input type="checkbox"/>	STAIRS <input type="checkbox"/>	

Toys

If your child uses a sign check the ☐.

BALL <input type="checkbox"/>	BOOK <input type="checkbox"/>	GAME <input type="checkbox"/>	PUZZLE <input type="checkbox"/>
BALLOON <input type="checkbox"/>	BUBBLES <input type="checkbox"/>	PENCIL <input type="checkbox"/>	ROBOT <input type="checkbox"/>
BAT <input type="checkbox"/>	DOLL <input type="checkbox"/>	PRESENT/GIFT <input type="checkbox"/>	TOY <input type="checkbox"/>

People

If your child uses a sign check the ☐.

AUNT <input type="checkbox"/>	COUSIN <input type="checkbox"/>	GRANDPA <input type="checkbox"/>	PEOPLE <input type="checkbox"/>
BABY <input type="checkbox"/>	COWBOY <input type="checkbox"/>	INDIAN <input type="checkbox"/>	POLICE <input type="checkbox"/>
BABYSITTER <input type="checkbox"/>	DADDY <input checked="" type="checkbox"/>	MAILMAN <input type="checkbox"/>	SANTA CLAUS <input type="checkbox"/>
BOY <input type="checkbox"/>	DOCTOR <input type="checkbox"/>	MAN <input type="checkbox"/>	SISTER <input type="checkbox"/>
BROTHER <input type="checkbox"/>	FIREMAN <input type="checkbox"/>	MOMMY <input type="checkbox"/>	TEACHER <input type="checkbox"/>
CHILD/KID <input type="checkbox"/>	FRIEND <input type="checkbox"/>	MONSTER <input type="checkbox"/>	UNCLE <input type="checkbox"/>
Child's Own Name <input type="checkbox"/>	GIRL <input type="checkbox"/>	NAME SIGNS <input type="checkbox"/>	WOMAN <input type="checkbox"/>
CLOWN <input type="checkbox"/>	GRANDMA <input type="checkbox"/>	NURSE <input type="checkbox"/>	

Food And Drink

If your child uses a sign check the ☐.

APPLE <input type="checkbox"/>	CORN <input type="checkbox"/>	LOLLIPOP <input type="checkbox"/>	SAUCE <input type="checkbox"/>
BAGEL <input type="checkbox"/>	CRACKER <input type="checkbox"/>	MEAT <input type="checkbox"/>	SODA/POP <input type="checkbox"/>
BANANA <input type="checkbox"/>	CREAM CHEESE <input type="checkbox"/>	MILK <input type="checkbox"/>	SOUP <input type="checkbox"/>
BEANS <input type="checkbox"/>	DONUT <input type="checkbox"/>	NUT <input type="checkbox"/>	SPAGHETTI <input type="checkbox"/>
BREAD <input type="checkbox"/>	EGG <input type="checkbox"/>	ORANGE <input type="checkbox"/>	STRAWBERRY <input type="checkbox"/>
BUTTER <input type="checkbox"/>	FRENCH FRIES <input type="checkbox"/>	PANCAKE <input type="checkbox"/>	SYRUP <input type="checkbox"/>
CAKE <input type="checkbox"/>	GRAPES <input type="checkbox"/>	PEANUT BUTTER <input type="checkbox"/>	TEA <input type="checkbox"/>
CANDY <input type="checkbox"/>	GREEN BEANS <input type="checkbox"/>	PIZZA <input type="checkbox"/>	TOAST <input type="checkbox"/>
CARROT <input type="checkbox"/>	GUM <input type="checkbox"/>	POPSICLE <input type="checkbox"/>	TOMATO <input type="checkbox"/>
CEREAL <input type="checkbox"/>	HAMBURGER <input type="checkbox"/>	POTATO <input type="checkbox"/>	VANILLA <input type="checkbox"/>
CHEESE <input type="checkbox"/>	HOT DOG <input type="checkbox"/>	POTATO CHIPS <input type="checkbox"/>	VITAMINS <input type="checkbox"/>
CHOCOLATE <input type="checkbox"/>	ICE <input type="checkbox"/>	PUMPKIN <input type="checkbox"/>	WAFFLE <input type="checkbox"/>
COFFEE <input type="checkbox"/>	ICE CREAM <input type="checkbox"/>	SALAD <input type="checkbox"/>	WATER <input type="checkbox"/>
COKE <input type="checkbox"/>	JELLY <input type="checkbox"/>	SALT <input type="checkbox"/>	WATERMELON <input type="checkbox"/>
COOKIE <input type="checkbox"/>	JUICE <input type="checkbox"/>	SANDWICH <input type="checkbox"/>	

Connecting Signs

If your child uses a sign check the ☐.

AND <input type="checkbox"/>	BECAUSE <input type="checkbox"/>	BUT <input type="checkbox"/>	IF/SUPPOSE <input type="checkbox"/>
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Prepositions And Locations

If your child uses a sign check the ☐.

ABOVE <input type="checkbox"/>	FRONT <input type="checkbox"/>	OFF <input type="checkbox"/>	TO <input type="checkbox"/>
BACK <input type="checkbox"/>	HERE <input type="checkbox"/>	ON <input type="checkbox"/>	UNDER <input type="checkbox"/>
BEHIND <input type="checkbox"/>	INSIDE/IN <input type="checkbox"/>	OUT <input type="checkbox"/>	UP <input type="checkbox"/>
DOWN <input type="checkbox"/>	NEXT-TO <input type="checkbox"/>	OVER <input type="checkbox"/>	WITH <input type="checkbox"/>
FOR <input type="checkbox"/>			

Outside Things

If your child uses a sign check the ☐.

BACKYARD/YARD <input type="checkbox"/>	HOSE <input type="checkbox"/>	RAIN <input type="checkbox"/>	SPRINKLER <input type="checkbox"/>
CLOUD <input type="checkbox"/>	LADDER <input type="checkbox"/>	ROCK <input type="checkbox"/>	STAR <input type="checkbox"/>
FLAG <input type="checkbox"/>	LAWN MOWER <input type="checkbox"/>	SHOVEL <input type="checkbox"/>	STREET <input type="checkbox"/>
FLOWER <input type="checkbox"/>	LIGHTNING <input type="checkbox"/>	SNOW <input type="checkbox"/>	SUN <input type="checkbox"/>
FOREST <input type="checkbox"/>	MOON <input type="checkbox"/>	SNOWMAN <input type="checkbox"/>	TREE <input type="checkbox"/>
GRASS <input type="checkbox"/>			

Pronouns

If your child uses a sign check the ☐.

HE/SHE/IT <input type="checkbox"/>	MYSELF <input type="checkbox"/>	THEIR <input type="checkbox"/>	YOU <input type="checkbox"/>
HIS/HERS <input type="checkbox"/>	OUR <input type="checkbox"/>	THEY <input type="checkbox"/>	YOUR <input type="checkbox"/>
ME <input type="checkbox"/>	THAT/THESE <input type="checkbox"/>	WE <input type="checkbox"/>	YOURSELF <input type="checkbox"/>
MINE/MY <input type="checkbox"/>			

Places To Go

If your child uses a sign check the ☐.

BEACH <input type="checkbox"/>	FARM <input type="checkbox"/>	MOVIE <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>
CAMPING <input type="checkbox"/>	GAS STATION <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>	SCHOOL <input type="checkbox"/>
CHURCH <input type="checkbox"/>	HOME <input type="checkbox"/>	PARTY <input type="checkbox"/>	STORE <input type="checkbox"/>
CIRCUS <input type="checkbox"/>	HOUSE <input type="checkbox"/>	PICNIC <input type="checkbox"/>	TOWN <input type="checkbox"/>
COUNTRY <input type="checkbox"/>	McDONALD'S <input type="checkbox"/>	PLAYGROUND <input type="checkbox"/>	ZOO <input type="checkbox"/>

Quantifiers

If your child uses a sign check the ☐.

A LOT/MUCH <input type="checkbox"/>	MANY <input type="checkbox"/>	NOT <input type="checkbox"/>	SAME <input type="checkbox"/>
ALL <input type="checkbox"/>	MORE <input type="checkbox"/>	NUMBERS <input type="checkbox"/>	SOME <input type="checkbox"/>
GONE/ALL-GONE <input type="checkbox"/>	NONE <input type="checkbox"/>	OTHER <input type="checkbox"/>	

Question Signs

If your child uses a sign check the ☐.

DO-DO <input type="checkbox"/>	HOW <input type="checkbox"/>	WHERE <input type="checkbox"/>	WHO <input type="checkbox"/>
FOR-FOR <input type="checkbox"/>	WHAT <input type="checkbox"/>	WHICH <input type="checkbox"/>	WHY <input type="checkbox"/>

Small Household Items

If your child uses a sign check the ☐.

BAND-AID <input type="checkbox"/>	COMB <input type="checkbox"/>	MOP <input type="checkbox"/>	SOAP <input type="checkbox"/>
BASKET <input type="checkbox"/>	FORK <input type="checkbox"/>	NAPKIN <input type="checkbox"/>	SPOON <input type="checkbox"/>
BLANKET <input type="checkbox"/>	GLASS <input type="checkbox"/>	NEWSPAPER <input type="checkbox"/>	TAPE <input type="checkbox"/>
BOTTLE <input type="checkbox"/>	HAMMER <input type="checkbox"/>	PAPER <input type="checkbox"/>	TDD/TTY <input type="checkbox"/>
BOWL <input type="checkbox"/>	KEYS <input type="checkbox"/>	PICTURE <input type="checkbox"/>	TELEPHONE <input type="checkbox"/>
BOX <input type="checkbox"/>	KNIFE <input type="checkbox"/>	PLANT <input type="checkbox"/>	TISSUE/KLEENEX <input type="checkbox"/>
BROOM <input type="checkbox"/>	LETTER <input type="checkbox"/>	PLATE <input type="checkbox"/>	TOOTHBRUSH <input type="checkbox"/>
BRUSH <input type="checkbox"/>	LIGHT <input type="checkbox"/>	PURSE <input type="checkbox"/>	TOWEL <input type="checkbox"/>
CAMERA <input type="checkbox"/>	MEDICINE <input type="checkbox"/>	RADIO <input type="checkbox"/>	TRASH/GARBAGE <input type="checkbox"/>
CENT/COIN <input type="checkbox"/>	MONEY <input type="checkbox"/>	SCISSORS <input type="checkbox"/>	VACUUM <input type="checkbox"/>

Vehicles

If your child uses a sign check the ☐.

AIRPLANE <input type="checkbox"/>	BOAT <input type="checkbox"/>	FIRETRUCK <input type="checkbox"/>	SLED <input type="checkbox"/>
AMBULANCE <input type="checkbox"/>	BUS <input type="checkbox"/>	HELICOPTER <input type="checkbox"/>	TRAIN <input type="checkbox"/>
BICYCLE <input type="checkbox"/>	CAR/DRIVE <input type="checkbox"/>	MOTORCYCLE <input type="checkbox"/>	TRUCK <input type="checkbox"/>

Signs About Time

If your child uses a sign check the ☐.

AFTER <input type="checkbox"/>	MORNING <input type="checkbox"/>	SOON <input type="checkbox"/>	TOMORROW <input type="checkbox"/>
BEFORE <input type="checkbox"/>	NIGHT <input type="checkbox"/>	TIME <input type="checkbox"/>	TONIGHT <input type="checkbox"/>
DAY <input type="checkbox"/>	NOT-YET <input type="checkbox"/>	TODAY <input type="checkbox"/>	YESTERDAY <input type="checkbox"/>
LATER <input type="checkbox"/>	NOW <input type="checkbox"/>		

Helping Verbs

If your child uses a sign check the ☐.

CAN <input type="checkbox"/>	DON'T-LIKE <input type="checkbox"/>	LET-ME-SEE <input type="checkbox"/>	WANT <input type="checkbox"/>
CAN'T <input type="checkbox"/>	DON'T-WANT <input type="checkbox"/>	NEED-TO/MUST <input type="checkbox"/>	WILL <input type="checkbox"/>
DON'T-KNOW <input type="checkbox"/>			

Descriptive Signs			
If your child uses a sign check the <input type="checkbox"/>			
ANGRY <input type="checkbox"/>	EMPTY <input type="checkbox"/>	LAST <input type="checkbox"/>	SICK <input type="checkbox"/>
BAD <input type="checkbox"/>	FAST <input type="checkbox"/>	LITTLE <input type="checkbox"/>	SILLY <input type="checkbox"/>
BETTER <input type="checkbox"/>	FINE <input type="checkbox"/>	LONG <input type="checkbox"/>	SLEEPY <input type="checkbox"/>
BIG <input type="checkbox"/>	FIRST <input type="checkbox"/>	NEW <input type="checkbox"/>	SLOW <input type="checkbox"/>
BLACK <input type="checkbox"/>	FULL <input type="checkbox"/>	NICE <input type="checkbox"/>	SOFT <input type="checkbox"/>
BLUE <input type="checkbox"/>	FUNNY <input type="checkbox"/>	NOISY <input type="checkbox"/>	STICKY <input type="checkbox"/>
BROWN <input type="checkbox"/>	GOOD <input checked="" type="checkbox"/>	OLD <input type="checkbox"/>	STUCK <input type="checkbox"/>
CAREFUL <input type="checkbox"/>	GREEN <input type="checkbox"/>	PINK <input type="checkbox"/>	THIRSTY <input type="checkbox"/>
COLD <input type="checkbox"/>	HAPPY <input type="checkbox"/>	POOR <input type="checkbox"/>	TIRED <input type="checkbox"/>
CRAZY <input type="checkbox"/>	HARD <input type="checkbox"/>	PRETTY <input type="checkbox"/>	UPSET <input type="checkbox"/>
CUTE <input type="checkbox"/>	HEAVY <input type="checkbox"/>	PURPLE <input type="checkbox"/>	WET <input type="checkbox"/>
DARK <input type="checkbox"/>	HIGH <input type="checkbox"/>	QUIET <input type="checkbox"/>	WHITE <input type="checkbox"/>
DEAF <input type="checkbox"/>	HOT <input type="checkbox"/>	RED <input type="checkbox"/>	WINDY <input type="checkbox"/>
DELICIOUS <input type="checkbox"/>	HUNGRY <input type="checkbox"/>	SAD <input type="checkbox"/>	YELLOW <input type="checkbox"/>
DIRTY <input type="checkbox"/>	HURT <input type="checkbox"/>	SCARED <input type="checkbox"/>	YUCKY <input type="checkbox"/>
DRY <input type="checkbox"/>			

When your child asks "WH" questions (who, where, what, when)

does he/she: 1. lower his/her eyebrows? Yes ☐ No ☒ Sometimes ☐
or 2. raise his/her eyebrows? Yes ☐ No ☒ Sometimes ☐

For Example: WHERE DADDY? (Eyebrows up or down)

When your child asks "YES/NO" questions, does he/she:

1. lower his/her eyebrows? Yes ☐ No ☒ Sometimes ☐
or 2. raise his/her eyebrows? Yes ☐ No ☒ Sometimes ☐

For Example: YOU HUNGRY? (Eyebrows up or down)

Does your child try to fingerspell words? Yes ☐ No ☒

Does your child fingerspell letters? Yes ☐ No ☒

Does your baby combine signs to make sentences? Yes ☐ No ☒

If yes, please write examples of your child's three longest ASL sentences:

NOT up - son always on Saturday