



Bright Futures Parent Handout 4 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

SCHOOL READINESS

Getting Ready for School

- Ask your child to tell you about her day, friends, and activities.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let her choose books.
- Give your child plenty of time to finish sentences.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model apologizing and help your child to do so after hurting someone's feelings.
- Praise your child for being kind to others.
- Help your child express her feelings.
- Give your child the chance to play with others often.
- Consider enrolling your child in a preschool, Head Start, or community program. Let us know if we can help.

CHILD AND FAMILY INVOLVEMENT AND SAFETY IN THE COMMUNITY

Your Community

- Stay involved in your community. Join activities when you can.
- Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
- Teach your child about how to be safe with other adults.
 - No one should ask for a secret to be kept from parents.
 - No one should ask to see private parts.
 - No adult should ask for help with his private parts.
- Know that help is available if you don't feel safe.

DEVELOPING HEALTHY PERSONAL HABITS

Healthy Habits

- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have the child brush his teeth twice each day using a pea-sized amount of toothpaste with fluoride.
- Have your child spit out toothpaste, but do not rinse his mouth with water.

Safety

- Use a forward-facing car safety seat or booster seat in the back seat of all vehicles.
- Switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- Never leave your child alone in the car, house, or yard.
- Do not permit your child to cross the street alone.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun. Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Supervise play near streets and driveways.

SAFETY

TELEVISION AND MEDIA

TV and Media

- Be active together as a family often.
- Limit TV time to no more than 2 hours per day.
- Discuss the TV programs you watch together as a family.
- No TV in the bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

What to Expect at Your Child's 5 and 6 Year Visits

We will talk about

- Keeping your child's teeth healthy
- Preparing for school
- Dealing with child's temper problems
- Eating healthy foods and staying active
- Safety outside and inside

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy of Pediatrics



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DEDICATED TO THE HEALTH OF ALL CHILDREN™

4 Year Parent Questionnaire

Please complete this side only

Interval History/New Problems

Has there been any change in general family history since last visit? yes no

If "yes", please specify: _____

Any changes at home since last visit? yes no

If "yes", please specify: _____

General

Do you have any concerns or worries about your child? yes no

If "yes", please specify: _____

Is your child in daycare or the care of a babysitter/nanny? yes no

Is your child attending preschool? yes no

If "yes", where? _____

Do you have concerns about your child's vision/hearing? yes no

If "yes", please specify: _____

Do your child's eyes cross, even briefly? yes no

Nutrition

What type of milk does your child drink?

Whole milk/2%/1%/nonfat ____ oz/day Other (Almond Milk/Soy Milk/Hemp Milk)

Does your child eat a good variety of foods (meat, vegetables, grains, fruit)? yes no

Do you eat meals as a family? yes no

Sleep

How many hours of sleep does your child get each night on average? _____

Does your child nap? yes no

Elimination

Does your child have normal bowel movements? yes no

Is your child toilet trained? daytime: yes no

night: yes no

Development

Do you have any concerns about your child's development or behavior? yes no If yes, explain: _____

Does your child pedal a tricycle? yes no

Does your child hop on one foot? yes no

Does your child balance on one foot? yes no

Does your child walk up and down stairs with alternating gait? yes no

Can your child draw a circle and a cross? yes no

Does your child draw a person with 3 to 6 body parts? yes no

Does your child cut with scissors? yes no

Does your child engage in pretend play or have an imaginary friend? yes no

Does your child use full sentences \geq 6 words that can be understood by strangers? yes no

Does your child ask questions with "why" and "when"? yes no

Does your child dress him/herself? yes no

Can your child spell his/her name? yes no

Can your child recognize letters of the alphabet? yes no

Safety

Does your child wear a helmet while riding a tricycle, bicycle, or scooter and when skiing? yes no

Does your child ride in a carseat/booster seat in the back seat? yes no

Does your house have working smoke detectors? yes no

Are all medicines and household products in locked cabinets? yes no

Have you discussed strangers and privacy with your child? yes no

Does anyone smoke who cares for your child? yes no

If there is a gun in your home, is it kept locked and unloaded? no gun yes no

Completed by: _____ Relationship to Patient: _____ Date: _____

End of parent questionnaire

Provider review: _____

Patient Name: _____ DOB: _____