

# Denver II

MONTHS 2 4 6 9 12 15 18 24 YEARS 3 4 5 6

Percent of children passing  
25 50 75 90

May pass by report Footnote no. (See back of form)

1 TEST ITEM

PERSONAL - SOCIAL

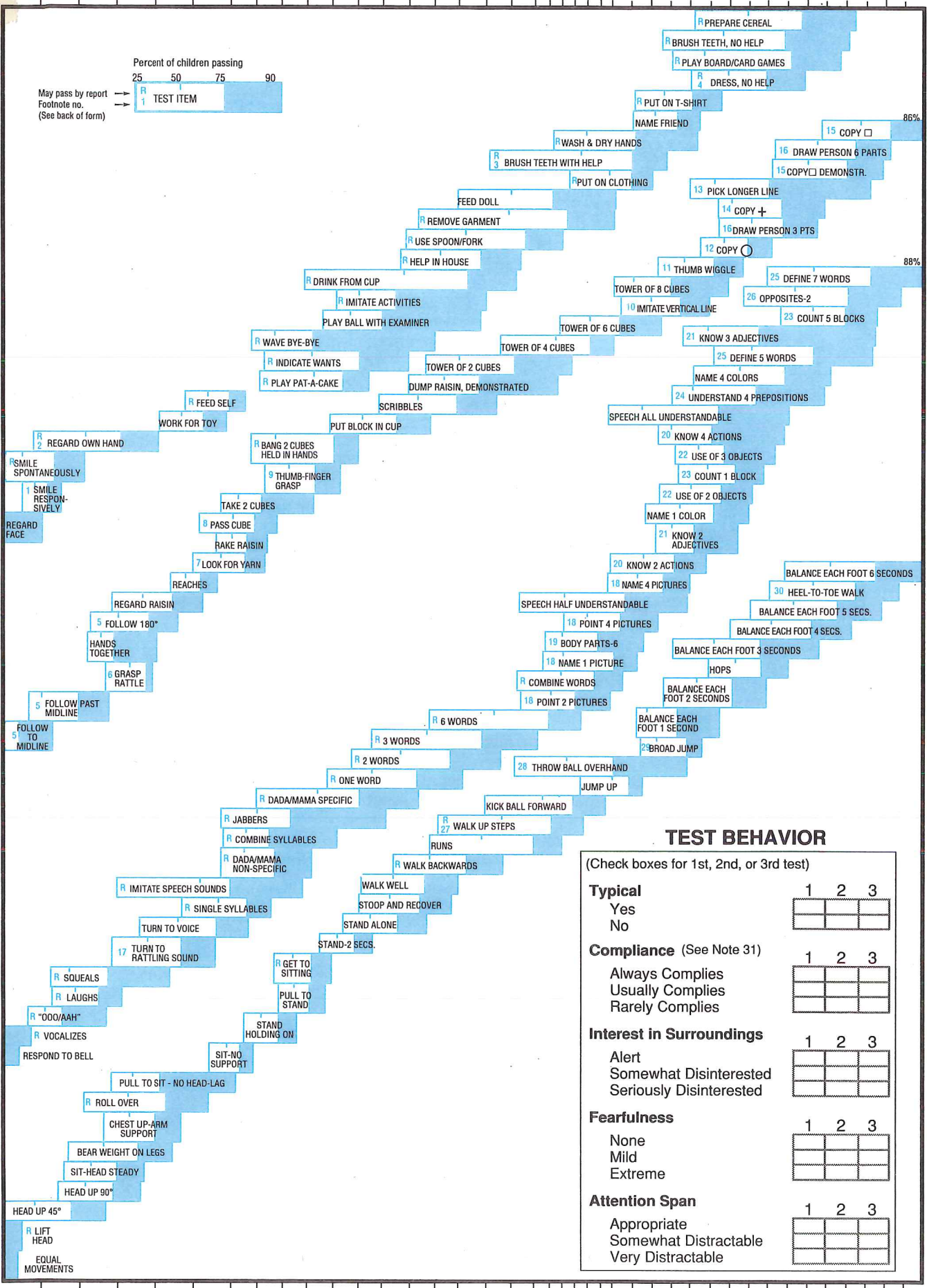
FINE MOTOR - ADAPTIVE

LANGUAGE

GROSS MOTOR

FOR USE OF THIS FORM, SEE AR 600-75

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### TEST BEHAVIOR

(Check boxes for 1st, 2nd, or 3rd test)

<b>Typical</b>	1	2	3
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compliance</b> (See Note 31)	1	2	3
Always Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interest in Surroundings</b>	1	2	3
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriously Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fearfulness</b>	1	2	3
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attention Span</b>	1	2	3
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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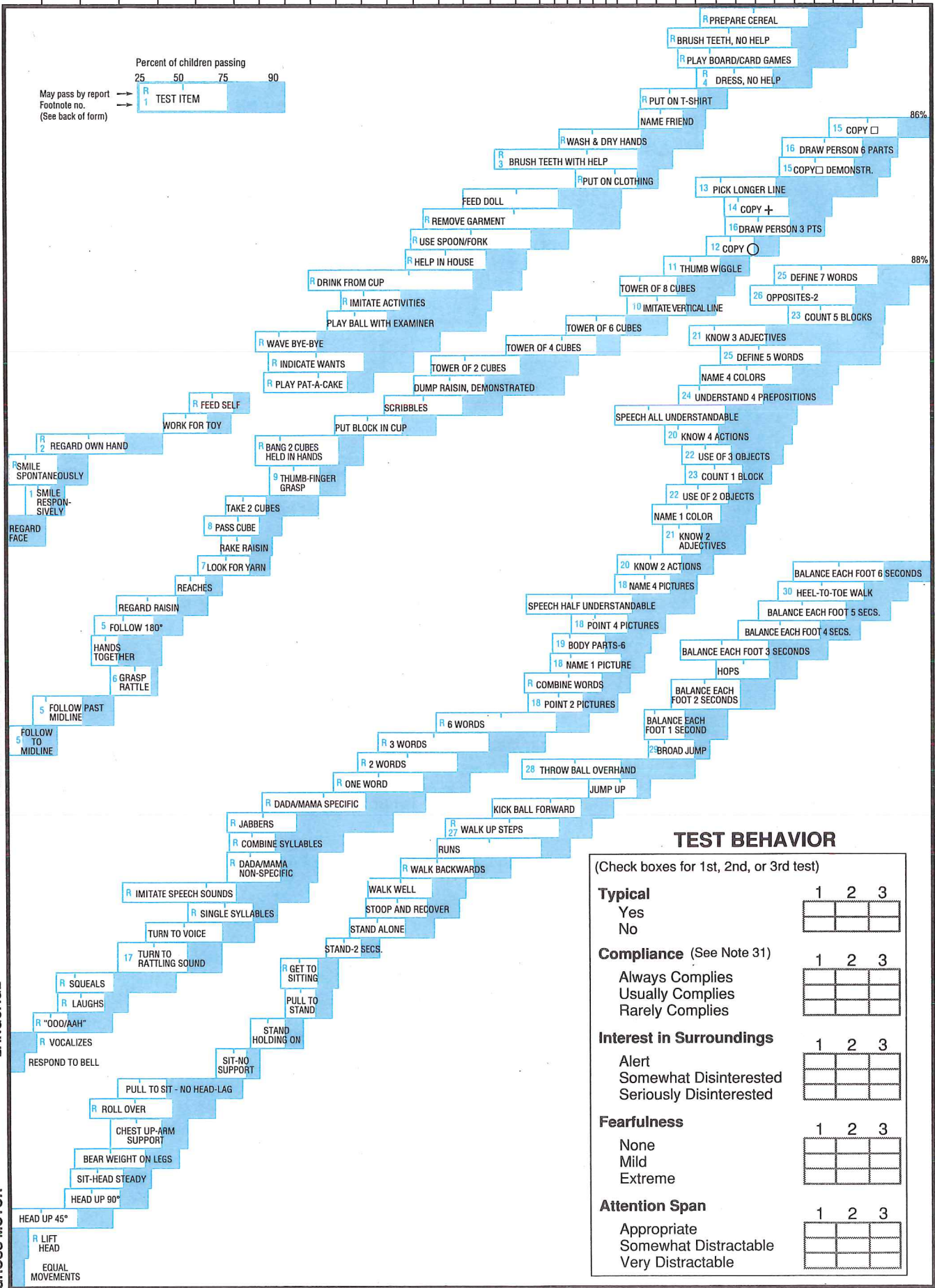
1 TEST ITEM

PERSONAL - SOCIAL

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<b>Interest in Surroundings</b>	1	2	3
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriously Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Fearfulness</b>	1	2	3
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Attention Span</b>	1	2	3
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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