

DEVELOPMENTAL DELAY


help me




Early Childhood Developmental Milestones

No two children develop, grow or learn in the same way or do things at the same pace. However, they do develop in predictable ways. The following is a list of a few things that children do by certain ages and some things that families can do to help their child grow, learn and keep them healthy and safe. If you are concerned about your child's growth, development or learning, we encourage you to contact your child's health care provider or our program at 1-866-693-GROW (4769).

Age	I can...	My family can...
At 3 Months	<ul style="list-style-type: none"> Follow movement by turning head Watch objects pulled by a string Move arms and legs easily Coo or gurgle Raise head when lying on tummy Quiet when a familiar voice is heard Startle at loud noises Enjoy being hugged, soothed and cuddled Cry when hungry or uncomfortable Smile back at people 	<ul style="list-style-type: none"> Give me interesting things to look at Give me big, soft and safe toys Sing and read to me Breast or bottle feed on demand Hold me to feed me Throw away leftover breast milk/formula Comfort me by talking in a soft and soothing voice Put me to sleep on my back
At 6 Months	<ul style="list-style-type: none"> Enjoy quiet / soothing sometimes and talking/ playing at other times Roll over Try putting everything in mouth Turn head toward sounds Reach for and hold objects Coo, Babble, squeal, laugh Be soothed and love to be touched and held close 	<ul style="list-style-type: none"> Introduce infant juice in a cup not a bottle Look at colorful books with me Talk to and play with me Offer mashed or solid food as soon I show signs of chewing motion Put me to sleep on my back Baby proof everything Let me sleep 2 to 3 times a day Talk and play with me
At 9 Months	<ul style="list-style-type: none"> Creep or crawl Respond to my name Know caregivers from strangers Say "MAMA or DADA" Imitate sounds Stand, holding onto a support Hit two objects together Understand common words like "no, bye, all gone, nighty-nite" Sit without help Turn pages of a book 	<ul style="list-style-type: none"> Play games with me like "pat-a-cake", "so big" "peek a boo" and ball games Sing and read to me Offer small amounts of well cut up slightly cooked food Put me to bed without a bottle Avoid foods that may cause choking Talk to me about what I am seeing or doing Give me a safe place to move around
At 12 Months	<ul style="list-style-type: none"> Wave "bye-bye" Show affection Say a few words besides "mama or dada" Walk with one hand held Show many emotions such as happiness, sadness, discomfort, and anger Be interested in other children Feed myself with a spoon/fingers/ cup Want caregivers to be where I can see them 	<ul style="list-style-type: none"> Switch from formula to whole milk Serve liquids only in a cup Include me at family meals Let me turn the pages of a book we are looking at Play with me, read to me, sing to me, and talk to me. Help me learn what I shouldn't do by saying "no" in a firm quiet voice. Stay within eyesight

Age	I can...	My family can...
At 18 Months	<ul style="list-style-type: none"> • Try putting on own shoes • Let you know what I want • Point to familiar things when named • Walk without help • Speak 10 to 20 words • Show different emotions such as happiness, fear, sympathy, modesty, guilt, or embarrassment • Bring objects to show you • Imitate your behavior • Show interest in other children • Look at something pointed to from across room 	<ul style="list-style-type: none"> • Offer variety of foods and allow me to choose amount and type of food as my growth is slower now • Match toys to my age with no small pieces • Avoid using food as a reward or punishment • Show me what I can do and use simple, one-step directions • Hold me and read simple stories • Teach me simple songs • Divert me from things I should not do
At 2 Years	<ul style="list-style-type: none"> • Jump, Run and climb stairs • Sometimes use 2 word sentences • Often do opposite of what's asked • Refer to myself by my own name • Learn about rules but not able to remember the rules • Try new things and explore new places but want to know that you are nearby • Show affection by returning a hug or kiss • Pretend in my play 	<ul style="list-style-type: none"> • Help me learn new words • Watch milk/juice intake, too much can decrease appetite for solid foods • Encourage water • Remember portion sizes as 1 Tbsp per year of age • Tell or read me short stories • Talk to me about things I do and see. • Help me learn new words • Be calm and comforting after my temper outbursts, I need to know that you love me • Be consistent with what I can and cannot do • Offer lots of choices
At 3 Years	<ul style="list-style-type: none"> • Be toilet training during the day, usually dry during the night • Talk and usually be understood • Use three word sentences • Pedal a trike • Kick a ball • Copy drawing a straight line • Name 6 body parts • Play briefly with other children • Sometimes express feeling with words • Think about feelings of others • Use imagination to create stories and play activities • Shift emotions quickly as I learn to handle emotions • Pay attention longer now 	<ul style="list-style-type: none"> • Contact my school district to schedule an appointment for Early Childhood Screening • Take me to the public library and help me get my own library card. • Let me help with simple household chores • Schedule a dental visit and ask about sealants, thumb sucking or pacifier use • Help me put my toys away • Model when to say please, thank you and sorry 
At 4 Years	<ul style="list-style-type: none"> • Ask questions • Play make believe • Dress myself, except for fasteners • Put together 7-12 piece puzzle • Climb up and down a slide • Match or name some colors • Love to retell my favorite stories • Have favorite activities and playmates • Understand simple home rules • Share and take turns but am possessive of favorite toys • Begin to control frustration • Start to understand danger 	<ul style="list-style-type: none"> • Read with me every day • Let me make meaningful choices every day • Respect my food dislikes • Avoid giving me foods high in sugar or fat such, as candy, soft drinks or chip snacks • Give me crayons, markers so that I can practice drawing • Pay attention to me when I am talking • Give me opportunities to play with other children

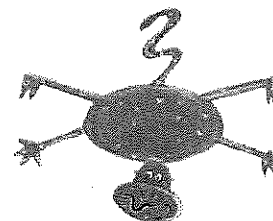
Age	I can...	My family can...
At 5 Years	<ul style="list-style-type: none"> • Play organized games • Follow a 3 step direction • Cut with a scissors • Copy familiar shapes • Draw a person with 6-8 body parts • Catch a bounced ball • Count to 10 • Can predict what might happen in books when you read to me • Talk to familiar adults and children 	<ul style="list-style-type: none"> • Recognize that my appetite will vary from day to day • Feed me foods from the basic food groups • Read, Read, Read to me • Sort and count all kinds of household things with me • Let me help plan activities and events • Catch me being good and encourage all the things I do • Point out familiar symbols and words for me to know • Show a variety of emotions

What can you do to protect the health of your child?

- Ask to have your child's hearing screened at birth
- Clean your child's gums/teeth daily (Use a wet cloth for infants)
- Use sunscreen
- Provide healthy food and snacks
- See your child's doctor on schedule
- Keep your child's shots up to date
- Have your child screened by 3 ½ by your school district

How can I keep my child safe?

- Never shake a child
- Baby proof your home
- Watch children in and around water
- Match toys to age of child
- Teach about street/ farm safety
- Teach how to deal with strangers
- Use a bike/trike helmet
- Have home fire drills and check smoke detectors
- Supervise at all times in playgrounds, malls, etc.
- Use an approved car seat in the back seat
- Keep matches, lighters, guns and poisons out of reach



What signs should I watch for that requires immediate evaluation? (Contact your primary health care provider or call 1-866-693-4769.)

- No babbling, or pointing or other gesture by 12 months
- No single words by 16 months
- No 2 word spontaneous phrases by 24 months
- ANY loss of ANY language or social skills at any age

This document has been developed by the MN Department of Health, Minnesota Children and Youth with Special Health Needs section for duplication purposes. The content of this document is also available in a developmental wheel format: <http://www.health.state.mn.us/divs/cfh/mcshn/ecip/orderform/>. For more information, please call 1-800-728-5420.



CSBS-DP Infant/Toddler Checklist

Description of the Checklist

The Communication and Symbolic Behavior Scales Developmental Profile Infant/Toddler Checklist is designed to measure the following 7 language predictors have been identified:

- Emotion and Use of Eye Gaze,
- Use of Communication,
- Use of Gestures,
- Use of Sounds,
- Use of Words,
- Understanding of Words, and
- Use of Objects.

The Checklist is a first step in routine developmental screening for children 6 to 24 months of age to decide if a communication evaluation is needed. It is designed for use in pediatricians' offices during well-child check-ups or routine visits or in childcare centers or other facilities serving infants and toddlers and their families. The Checklist is to be completed by a caregiver, who may be either a parent or other person who nurtures the child on a daily basis. The Checklist takes about 5 to 10 minutes to complete. For caregivers who cannot answer the questions by reading them or writing the responses, the questions may be presented in an interview format with adequate explanations to clarify what is being asked.

The Checklist is one component of the Communication and Symbolic Behavior Scales - Developmental Profile (CSBS-DP) developed by Wetherby and Prizant (2001). The purpose of the CSBS-DP is twofold: first, for early identification of children who have or are at-risk for developing a communication impairment; and second, to monitor changes in a child's communication, expressive speech, and symbolic behavior over time. Three components make up the CSBS-DP, each designed to measure the 7 language predictors described above:

- a one-page Checklist completed by a parent in a doctor's office or child care facility;
- a four-page follow-up Caregiver Questionnaire (CQ); and
- a Behavior Sample (BS), taken while the child interacts with a parent present.

The Checklist and CQ provide important information about the child's abilities based on caregiver report. The BS uses a standard but flexible format for sampling and evaluating behavior from young children. Preliminary national norms are available on children between the ages of 6 and 24 months (Wetherby & Prizant, 2001). The CSBS-DP is available from Paul H. Brookes Publishing Co. at www.brookespublishing.com.

The Checklist can be used independently or along with the other components of the CSBS-DP. The Checklist is copyrighted (Wetherby & Prizant, 2001) but remains free

for use and can be downloaded from the Internet and freely photocopied or duplicated by other methods. Files that include the Checklist and the Child and Family Information Form are available on the FIRST WORDS Project website to download from <http://firstwords.fsu.edu>. The Checklist should be completed by families or other caregivers and scored by healthcare or childcare service providers.

You can download a PDF version of the Infant/Toddler Checklist of Communication Development and the Child and Family Information Sheet by [clicking here](#). You will need Adobe Acrobat Reader which is available from Adobe.

[CSBS-DP Infant/Toddler Checklist \(pdf file\)](#)



CSBS DP Infant-Toddler Checklist

Child's name: _____ Date of birth: _____ Date filled out: _____

Was birth premature? _____ If yes, how many weeks premature? _____

Filled out by: _____ Relationship to child: _____

Instructions for caregivers: This Checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This Checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to use all the behaviors listed.**

Emotion and Eye Gaze

- 1. Do you know when your child is happy and when your child is upset? Not Yet Sometimes Often
- 2. When your child plays with toys, does he/she look at you to see if you are watching? Not Yet Sometimes Often
- 3. Does your child smile or laugh while looking at you? Not Yet Sometimes Often
- 4. When you look at and point to a toy across the room, does your child look at it? Not Yet Sometimes Often

Communication

- 5. Does your child let you know that he/she needs help or wants an object out of reach? Not Yet Sometimes Often
- 6. When you are not paying attention to your child, does he/she try to get your attention? Not Yet Sometimes Often
- 7. Does your child do things just to get you to laugh? Not Yet Sometimes Often
- 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them? Not Yet Sometimes Often

Gestures

- 9. Does your child pick up objects and give them to you? Not Yet Sometimes Often
- 10. Does your child show objects to you without giving you the object? Not Yet Sometimes Often
- 11. Does your child wave to greet people? Not Yet Sometimes Often
- 12. Does your child point to objects? Not Yet Sometimes Often
- 13. Does your child nod his/her head to indicate yes? Not Yet Sometimes Often

Sounds

- 14. Does your child use sounds or words to get attention or help? Not Yet Sometimes Often
- 15. Does your child string sounds together, such as *uh oh, mama, gaga, bye bye, bada*? Not Yet Sometimes Often
- 16. About how many of the following consonant sounds does your child use: *ma, na, ba, da, ga, wa, la, ya, sa, sha*? None 1-2 3-4 5-8 over 8

Words

- 17. About how many different words does your child use meaningfully that you recognize (such as *baba* for bottle; *gaggie* for doggie)? None 1-3 4-10 11-30 over 30
- 18. Does your child put two words together (for example, *more cookie, bye bye Daddy*)? Not Yet Sometimes Often

Understanding

- 19. When you call your child's name, does he/she respond by looking or turning toward you? Not Yet Sometimes Often
- 20. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy," "where's Daddy," "give me the ball," or "come here," without showing or pointing, your child will respond appropriately. None 1-3 4-10 11-30 over 30

Object Use

- 21. Does your child show interest in playing with a variety of objects? Not Yet Sometimes Often
- 22. About how many of the following objects does your child use appropriately: cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone? None 1-2 3-4 5-8 over 8
- 23. About how many blocks (or rings) does your child stack? **Stacks** None 2 blocks 3-4 blocks 5 or more
- 24. Does your child pretend to play with toys (for example, feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle)? Not Yet Sometimes Often

Do you have any concerns about your child's development? yes no If yes, please describe on back.



Ages & Stages Questionnaires®

33 Month Questionnaire

31 months 16 days through 34 months 15 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:
M M D D Y Y Y Y

Child's information

Child's first name:

Middle initial:

Child's last name:

Child's date of birth:
M M D D Y Y Y Y

Child's gender:
 Male Female

Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

Relationship to child:
 Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other:

City:

State/Province: ZIP/Postal code:

Country:

Home telephone number:

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion:

PROGRAM INFORMATION

Child ID #:

Program ID #:

Program name:



33 Month Questionnaire

31 months 16 days
through 34 months 15 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:







- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:



COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to his nose, eyes, hair, feet, ears, and so forth, does he correctly point to at least seven body parts? (He can point to parts of himself, you, or a doll. Mark "sometimes" if he correctly points to at least three different body parts.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
3. Without giving your child help by pointing or using gestures, ask her to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying"). You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper down. Return the zipper to the middle, and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. When you ask, "What is your name?" does your child say his first name or nickname?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
COMMUNICATION TOTAL				_____



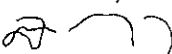


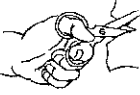
GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child run fairly well, stopping herself without bumping into things or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. Does your child jump with both feet leaving the floor at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
4. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
5. Does your child stand on one foot for about 1 second without holding onto anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
6. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
	GROSS MOTOR TOTAL			—


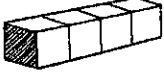
FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
	Count as "yes"  <hr/> Count as "not yet" 			

FINE MOTOR (continued)

	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. After your child watches you draw a line from one side of the paper to the other side, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
	Count as "yes"  Count as "not yet" 			
4. After your child watches you draw a single circle, ask her to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
	Count as "yes"  Count as "not yet" 			
5. Does your child turn pages in a book, one page at a time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
				FINE MOTOR TOTAL —

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PROBLEM SOLVING (continued)

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



5. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. Does your child use a spoon to feed herself with little spilling?

2. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?

3. Does your child put on a coat, jacket, or shirt by herself?

4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist?

5. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?

6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERSONAL-SOCIAL TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

 YES NO

2. Do you think your child talks like other toddlers her age? If no, explain:

 YES NO

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

 YES NO

OVERALL *(continued)*

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO



48 Month Questionnaire

45 months 0 days
through 50 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.) "What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response: <div style="border: 1px solid black; border-radius: 15px; height: 60px; margin: 5px 0;"></div> "What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response: <div style="border: 1px solid black; border-radius: 15px; height: 60px; margin: 5px 0;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION

(continued)

	YES	SOMETIMES	NOT YET	
5. Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
COMMUNICATION TOTAL				___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. While standing, does your child throw a ball <i>overhand</i> in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
GROSS MOTOR TOTAL				___



FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

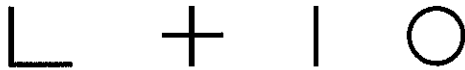
FINE MOTOR (continued)

2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

FINE MOTOR TOTAL ___

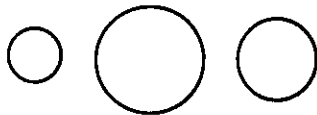
PROBLEM SOLVING

1. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers to answer "yes" to this question.)

YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------



3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| PROBLEM SOLVING TOTAL | | | | ___ |

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child tell you at least four of the following? Please mark the items your child knows. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <input type="radio"/> a. First name <input type="radio"/> d. Last name
<input type="radio"/> b. Age <input type="radio"/> e. Boy or girl
<input type="radio"/> c. City she lives in <input type="radio"/> f. Telephone number | | | | |
| 3. Does your child wash his hands using soap and water and dry off with a towel without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| PERSONAL-SOCIAL TOTAL | | | | ___ |

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: YES NO

OVERALL (continued)

2. Do you think your child talks like other children her age? If no, explain:

 YES NO

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain: YES NO6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain: YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

OVERALL *(continued)*

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO



54 Month Questionnaire

51 months 0 days
through 56 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.




Notes:

COMMUNICATION

	YES	SOMETIMES	NOT YET	_____
1. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," "Is there a toy to play with?" or "Are you coming, too?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Without giving your child help by pointing or repeating directions, does he follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
6. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				


COMMUNICATION TOTAL _____

GROSS MOTOR

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|--|
| 1. Does your child hop up and down on either the right foot or the left foot at least one time without losing her balance or falling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. While standing, does your child throw a ball <i>overhand</i> in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. <i>(Dropping the ball or throwing the ball underhand should be scored as "not yet.")</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | | | |  |
| 3. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child catch a large ball with both hands? <i>(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | | | |  |
| 5. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? <i>(You may give your child two or three tries before you mark the answer.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | | | |  |
| 6. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? <i>(You may show him how to do this.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

GROSS MOTOR TOTAL _____

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? <i>(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | | | |  |
| 2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? <i>(Your child should not go more than 1/4 inch outside the lines on most of the picture.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

FINE MOTOR (continued)

	YES	SOMETIMES	NOT YET	
4. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

5. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				FINE MOTOR TOTAL _____



PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, sister, or an imaginary animal or figure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. If you place five objects in front of your child, can she count them by saying, "One, two, three, four, five" in order? (Ask this question without providing help by pointing, gesturing, or naming.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

PROBLEM SOLVING (continued)

6. Does your child know the names of numbers? (Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.)

3 1 2

YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

1. Does your child wash her hands using soap and water and dry off with a towel without help?

2. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)

3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)

4. Does your child serve herself, taking food from one container to another, using utensils? (For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?)

5. Does your child tell you at least four of the following? Please mark the items your child knows.

- a. First name d. Last name
- b. Age e. Boy or girl
- c. City he lives in f. Telephone number

6. Does your child dress and undress herself, including buttoning medium-size buttons and zipping front zippers?

YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: YES NO

OVERALL (continued)

2. Do you think your child talks like other children her age? If no, explain:

 YES NO

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

OVERALL *(continued)*

8. Has your child had any medical problems in the last several months? If yes, explain:

YES

NO

9. Do you have any concerns about your child's behavior? If yes, explain:

YES

NO

10. Does anything about your child worry you? If yes, explain:

YES

NO



60 Month Questionnaire

57 months 0 days
through 66 months 0 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your giving help by pointing or repeating directions, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
--	-----------------------	-----------------------	-----------------------	-------

3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
---	-----------------------	-----------------------	-----------------------	-------

4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
---	-----------------------	-----------------------	-----------------------	-------

COMMUNICATION (continued)

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")
Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

Jane hides her shoes for Maria to find.
Al read the blue book under his bed.

COMMUNICATION TOTAL _____

GROSS MOTOR

1. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)




<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

GROSS MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? (You may show him how to do this.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? (You may give him two tries on each foot. Mark "sometimes" if she can hop on one foot only.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child skip using alternating feet? (You may show him how to do this.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

GROSS MOTOR TOTAL ___

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| _____ | | | | |
| 2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|  | | | | |
| 4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



(Space for child's shapes)

FINE MOTOR (continued)

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (Mark "sometimes" if your child copies about half of the letters.)

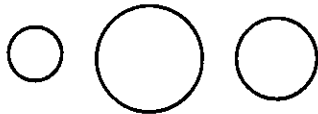
(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL _____

PROBLEM SOLVING

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

YES SOMETIMES NOT YET _____

YES SOMETIMES NOT YET _____

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is <i>hard</i> , and a pillow is <i>soft</i> ." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|---|-----------------------|-----------------------|-----------------------|-----|

3 1 2

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|--|-----------------------|-----------------------|-----------------------|-----|

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child wash her hands and face using soap and water and dry off with a towel without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child tell you at least four of the following? Please mark the items your child knows. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <input type="radio"/> a. First name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> d. Last name |
| <input type="radio"/> b. Age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> e. Boy or girl |
| <input type="radio"/> c. City he lives in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> f. Telephone number |

PERSONAL-SOCIAL (continued)

	YES	SOMETIMES	NOT YET	
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your child use the toilet by herself? (She goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if she does this after you remind her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your child usually take turns and share with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: YES NO

2. Do you think your child talks like other children her age? If no, explain: YES NO

3. Can you understand most of what your child says? If no, explain: YES NO

4. Can other people understand most of what your child says? If no, explain: YES NO

OVERALL (continued)

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

Developmental Screening FACT SHEET

What is child development?

A child's growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child's development can be followed by how they play, learn, speak, and behave.

What is a developmental delay? Will my child just grow out of it?

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in playing, learning, speaking, behaving, and moving (crawling, walking, etc.). A developmental delay is when your child does not reach these milestones at the same time as other children the same age. If your child is not developing properly, there are things you can do that may help. Most of the time, a developmental problem is not something your child will "grow out of" on his or her own. But with help, your child could reach his or her full potential!

What is developmental screening?

Doctors and nurses use developmental screening to tell if children are learning basic skills when they should, or if they might have problems. Your child's doctor may ask you questions or talk and play with your child during an exam to see how he or she learns, speaks, behaves, and moves. Since there is no lab or blood test to tell if your child may have a delay, the developmental screening will help tell if your child needs to see a specialist.

Why is developmental screening important?

When a developmental delay is not recognized early, children must wait to get the help they need. This can make it hard for them to learn when they start school. In the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD).

www.cdc.gov/actearly

In addition, many children have delays in language or other areas. But, less than half of children with problems are identified before starting school. During this time, the child could have received help for these problems and may even have entered school more ready to learn.

I have concerns that my child could have a developmental delay. Whom can I contact in my state to get a developmental assessment for my child?

Talk to your child's doctor or nurse if you have concerns about how your child is developing. If you or your doctor think there could be a problem, you can take your child to see a developmental pediatrician or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older) for help. To find out who to speak to in your area, you can contact the National Dissemination Center for Children with Disabilities by logging on to www.nichcy.org/states.htm. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families at (www.cdc.gov/actearly). If there is a problem, it is very important to get your child help as soon as possible.

How can I help my child's development?

Proper nutrition, exercise, and rest are very important for children's health and development. Providing a safe and loving home and spending time with your child – playing, singing, reading, and even just talking – can also make a big difference in his or her development.

For other ideas of activities to do with your child, and for child safety information, go to www.cdc.gov/ncbddd/child/ and look in the "developmental milestones" section.



Learn the Signs. Act Early.

Hoja informativa sobre el análisis del desarrollo

¿Qué es el desarrollo infantil?

El crecimiento de un niño no es solo de tipo físico. Desde su nacimiento y durante toda su vida los niños crecen, se desarrollan y aprenden. El desarrollo de un niño se puede seguir por la manera en que juega, aprende, habla y se comporta.

¿Qué es un retraso en el desarrollo?

¿Podrá mi hijo superarlo por sí solo?

Ciertas destrezas como dar el primer paso, sonreír por primera vez y mover la mano para decir adiós se denominan indicadores importantes en el desarrollo. Cada niño alcanza estos indicadores importantes en áreas como el juego, el aprendizaje, el habla, la conducta y el movimiento (gatear, caminar etc.). Un retraso en el desarrollo ocurre cuando su hijo no alcanza estos indicadores importantes más o menos al mismo tiempo que otros niños de su misma edad. Si su hijo no se está desarrollando debidamente hay algunas cosas que puede hacer para ayudarlo. Generalmente los niños no superan los problemas de desarrollo por sí solos pero con su ayuda podrá alcanzar su máximo potencial.

¿Qué es el análisis del desarrollo?

Los doctores y enfermeras analizan el desarrollo para determinar si los niños están aprendiendo las destrezas básicas a su debido tiempo o si tienen problemas. Durante el examen, el doctor de su hijo o pediatra puede hacerle preguntas a usted o conversar y jugar con su hijo para observar su forma de aprender, de hablar, de comportarse y de moverse. Como no existe un análisis de sangre o de laboratorio que indique si su hijo tiene un retraso, el análisis del desarrollo determinará si su hijo necesita ver a un especialista.

¿Por qué es importante el análisis del desarrollo?

Cuando no se identifica en un comienzo el retraso en el desarrollo, los niños deben esperar más tiempo para recibir ayuda, lo cual puede dificultar su aprendizaje al ingresar a la escuela. En los Estados Unidos, el 17% de los niños presenta discapacidades en el desarrollo o la conducta tales como: autismo, discapacidad intelectual (también conocido como retraso mental) o trastorno de déficit de atención con hiperactividad (ADHD por sus siglas en inglés). Adicionalmente, muchos niños presentan retraso en el lenguaje y otras áreas.

Sin embargo, menos de la mitad de los niños con problemas son identificados antes de entrar a la escuela y por consiguiente no reciben la ayuda necesaria que les podría preparar mejor para el ingreso a la escuela.

Me preocupa que mi hijo pueda tener un retraso en el desarrollo. ¿Con quién hablo en el estado en que vivo para que le hagan a mi hijo un análisis del desarrollo?

Hable con su doctor o enfermera si está preocupado por el desarrollo de su hijo. Si usted o su doctor piensan que existe algún problema, puede llevar a su hijo a un pediatra especializado en el desarrollo u otro especialista entrenado en este campo y puede llamar a su agencia local de intervención temprana (para niños menores de 3 años) o su escuela pública (para niños de 3 años o más) para que le presten ayuda. Para averiguar con quién puede hablar en su área puede comunicarse con el Centro Nacional de Información sobre Niños y Jóvenes con Discapacidades (NICHCY por sus siglas en inglés) ya sea en la página de Internet www.nichcy.org/states.htm. Los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) también tienen enlaces con información para las familias en el sitio electrónico www.cdc.gov/pronto. Si existe algún problema es de suma importancia buscar ayuda para su hijo lo más pronto posible.

¿Cómo puedo ayudar al desarrollo de mi hijo?

La nutrición, el ejercicio y el descanso apropiados son partes muy importantes en la salud y el desarrollo de los niños. Usted también puede tener una gran influencia en el desarrollo de su hijo si le brinda cariño, un hogar seguro y le dedica tiempo ya sea jugando, cantando, leyendo o simplemente platicando.

Para obtener otras ideas sobre actividades que puede realizar con su hijo, así como información sobre la seguridad infantil, vaya a www.cdc.gov/ncbddd/child/ y busque la sección de indicadores importantes ("developmental milestones").

www.cdc.gov/pronto



Aprenda los signos. Reaccione pronto.