

My Child's Name: _____

My Child's Birthdate: _____

While each child develops differently, some differences may indicate delay and others may be cause for greater concern.

The following checklist provides important guidelines for tracking what to expect from your child during the ages from birth to three years old.

Take a moment to find your child's age and complete that section and those that come before it.

By 3 Months Old

Yes No Does your baby smile back at you when you smile, talk, or gently touch her face?

Yes No Is your baby making cooing sounds like "ooh" or "aah" ?

Yes No Does your baby seem surprised when she hears loud noises?

Yes No Does your baby play with her hands or put them in her mouth?

Yes No Does your baby watch you when you walk around the room?

Yes No Does your baby show you when she is happy or upset?

By 6 Months Old

Yes No Does your baby laugh out loud?

Yes No Does your baby babble, like saying "bababa" or "dadada" ?

Yes No Does your baby try to explore toys by putting them in his mouth?

Yes No Does your baby roll from his tummy to his back?

Yes No Does your baby sit with support?

Yes No Does your baby lift his head and chest when lying on his tummy?

Yes No Does your baby turn his head toward sounds like your voice, radio, or TV?

Yes No Does your baby reach for and hold a toy?



By 9 Months Old

Yes No Does your baby sit by herself without leaning on her hands?

Yes No Does your baby look for a toy when she sees you drop it?

Yes No Does our baby like for you to play peek-a-boo?

Yes No Does your baby hold something in each hand at the same time?

Yes No Does your baby scoot or crawl across the floor on her tummy?

Yes No Does your baby pull up to stand by holding on to furniture?

Yes No Does your baby shake her head "No" ?

Yes No Does your baby turn her head to soft noise?

Yes No Is your baby afraid of strangers?

If you answered "no" to one or more of the questions, or if you have other concerns about your young child's development, please print off the completed pages and take them with you to your child's next visit with the physician. In addition, print the attached flyer to provide information to your physician about early intervention.

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By 12 Months Old

- Yes No
 Does your baby look at the right thing when you say words like "bottle", "ball", or "cup"?
- Yes No
 Does your baby say "Mama" or "Dada"?
- Yes No
 Does your baby find a toy when he sees you hide it?
- Yes No
 Is your baby waving bye-bye after he sees you do it?
- Yes No
 Does your baby look at pictures in a book?
- Yes No
 Does your baby take steps when holding on to furniture?
- Yes No
 Does your baby pick up finger foods like Cheerios or raisins using the thumb and one finger?

By 15 Months Old

- Yes No
 Does your baby point to or ask for things she wants?
- Yes No
 Does your baby feed herself with her fingers?
- Yes No
 Does your baby walk without help?
- Yes No
 Does your baby say any words other than "Mama" or "Dada"?
- Yes No
 Does your baby scribble on paper using crayons or pencils?
- Yes No
 Is your baby happy to play alone for a few minutes?



By 18 Months Old

- Yes No
 Does your baby hold and drink from a cup?
- Yes No
 Does your baby point to body parts like "eyes", "nose", and "mouth" when you name them?
- Yes No
 Does our baby like to put things in and out of containers?
- Yes No
 Does your baby say words to tell you what he wants?
- Yes No
 Does your baby say words to tell you what he wants?
- Yes No
 Does your baby give you a hug?
- Yes No
 Does your baby like to look at books and turn the pages by himself?
- Yes No
 Can your baby walk across a long room without falling?

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By 24 Months Old

- Yes No
 Does your child stack things on top of one another?
- Yes No
 Does your child try to do things she sees you or others do?
- Yes No
 Does your child use pretend play (like feeding a stuffed animal or putting a doll to sleep)?
- Yes No
 Does your child put words together like, "Daddy", "shoe", "Go bye-bye", "See car"?
- Yes No
 Does your child point to pictures in a book when you name them?
- Yes No
 Does your child take off her sweater, socks, or

By 30 Months Old

- Yes No Does your child walk up stairs?
- Yes No Does your child understand the meaning of one correctly following simple requests like, "Give me one cracker"?
- Yes No Does your child put three words together like, "I want juice"?
- Yes No Does your child make a straight line with a crayon or pencil after you do it?
- Yes No Does your child use pronouns like "I", "you", and "me"?
- Yes No Does your child turn the pages of a book, one at a time?
- Yes No Does your child use words to say how he feels?



By 36 Months Old

- Yes No Can your child tell you her first name and age?
- Yes No Does your child unbutton buttons?
- Yes No Does your child jump up and down?
- Does your child ask questions?
- Yes No Does your child like to play near or watch other children play?
- Yes No Does your child understand words like "in", "out", and "behind"?
- Yes No Does your child follow simple two-step directions

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Giving Children Their Best Chance

Dear Physician:

Do you know about early intervention (or Part C service for infants and toddlers with disabilities, or at risk for a disabling condition) in your state?

Would you like more information on how to:

- Make referrals to early intervention
- Conduct formal developmental screening
- Participate in formal evaluations of infants and toddlers with suspected disabilities
- Enhance collaboration with early intervention

Please visit www.cdr.org for more information.