

# Developmental Milestones Checklist \*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

## 2 - 4 Weeks

- |  |  |
|--|--|
| <input type="checkbox"/> Responds to sounds by startling, blinking, crying, quieting, or breathing | <input type="checkbox"/> Flexed posture  |
| <input type="checkbox"/> Looks at face and follows with eyes                                       | <input type="checkbox"/> Can sleep for three or four hours at a time                               |
| <input type="checkbox"/> Responds to parent's face and voice                                       | <input type="checkbox"/> Can stay awake for one hour or longer                                     |
| <input type="checkbox"/> Moves arms, legs, and head  | <input type="checkbox"/> When crying, can be consoled most of the time, by being spoken to or held |
| <input type="checkbox"/> On stomach, lifts head momentarily  |  |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 2 Months

- |   |  |
|---|--|
| <input type="checkbox"/> Coos and vocalizes reciprocally                | <input type="checkbox"/> Lifts head, neck, and upper chest with support of forearms while on stomach |
| <input type="checkbox"/> Pays attention to voices, other sounds, sights | <input type="checkbox"/> Has some control in upright position  |
| <input type="checkbox"/> Smiles responsively                            |  |
| <input type="checkbox"/> Shows pleasure with parents                    |  |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 4 Months

- |  |  |
|--|--|
| <input type="checkbox"/> Babbles and coos                                      | <input type="checkbox"/> Opens hands, holds own hands, grasps rattle |
| <input type="checkbox"/> Smiles, laughs, and squeals                           | <input type="checkbox"/> Good head control                           |
| <input type="checkbox"/> On stomach, holds head erect and raises body on hands | <input type="checkbox"/> Reaches for and bats objects                |
| <input type="checkbox"/> Rolls over from stomach to back                       | <input type="checkbox"/> Recognizes parent's voice and touch         |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 6 Months

- |  |  |
|--|--|
| <input type="checkbox"/> Babbles reciprocally                      | <input type="checkbox"/> Transfers cubes from hand to hand               |
| <input type="checkbox"/> Says "dada" or "baba"                     | <input type="checkbox"/> Rakes in small objects                          |
| <input type="checkbox"/> When pulled to sit, has no head lag       | <input type="checkbox"/> Self-comforts                                   |
| <input type="checkbox"/> Sits with support                         | <input type="checkbox"/> Smiles, laughs, squeals, imitates razzing noise |
| <input type="checkbox"/> Stands when placed                        | <input type="checkbox"/> Turns to sound                                  |
| <input type="checkbox"/> Grasps and mouths objects                 | <input type="checkbox"/> May have first tooth                            |
| <input type="checkbox"/> Shows differential recognition of parents |  |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 9 Months

- |  |   |
|--|---|
| <input type="checkbox"/> Responds to own name      | <input type="checkbox"/> Piles with fingers, shakes, bangs, throws, drops objects |
| <input type="checkbox"/> Understands a few words   | <input type="checkbox"/> Plays peek-a-boo or pat-a-cake                           |
| <input type="checkbox"/> Babbles                   | <input type="checkbox"/> Feeds self with fingers                                  |
| <input type="checkbox"/> Crawls, creeps, or scoots | <input type="checkbox"/> May show anxiety with strangers                          |
| <input type="checkbox"/> Sits unsupported          |   |

Date \_\_\_\_\_ Signature \_\_\_\_\_

Reference: Bright Futures

**\*Note: This resource is not a standardized, validated screening tool.**

# Developmental Milestones Checklist \*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

## 12 Months

- |  |  |
|--|--|
| <input type="checkbox"/> Pulls to stand, cruises, and may take a few steps alone | <input type="checkbox"/> Drinks from cup                     |
| <input type="checkbox"/> Plays pat-a-cake, peek-a-boo, or so-big                 | <input type="checkbox"/> Looks for dropped or hidden objects |
| <input type="checkbox"/> Points  | <input type="checkbox"/> Waves "ye-bye"                      |
| <input type="checkbox"/> Bangs blocks together                                   | <input type="checkbox"/> Feeds self                          |
| <input type="checkbox"/> Says 2-4 words, imitates vocalizations                  |  |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 15 Months

- |  |  |
|--|--|
| <input type="checkbox"/> Says 3-6 words              | <input type="checkbox"/> Stacks two blocks   |
| <input type="checkbox"/> Can point to a body part    | <input type="checkbox"/> Feeds self with fingers                                   |
| <input type="checkbox"/> Understands simple commands | <input type="checkbox"/> Drinks from cup   |
| <input type="checkbox"/> Walks well                  | <input type="checkbox"/> Listens to story  |
| <input type="checkbox"/> Stoops                      | <input type="checkbox"/> Tells what he/she wants by pulling, pointing, or grunting |
| <input type="checkbox"/> Climbs stairs               |  |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 18 Months

- |  |   |
|--|---|
| <input type="checkbox"/> Walks backward        | <input type="checkbox"/> Listens to a story, looking at pictures and naming objects |
| <input type="checkbox"/> Throws ball           | <input type="checkbox"/> Shows affection, kisses                                    |
| <input type="checkbox"/> Says 15 – 20 words    | <input type="checkbox"/> Follows simple directions                                  |
| <input type="checkbox"/> Imitates words        | <input type="checkbox"/> Points to some body parts                                  |
| <input type="checkbox"/> Uses two-word phrases | <input type="checkbox"/> Scribbles  |
| <input type="checkbox"/> Stacks three blocks   | <input type="checkbox"/> Pulls a toy along the ground                               |
| <input type="checkbox"/> Uses a spoon and cup  |   |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 24 Months

- |   |   |
|---|---|
| <input type="checkbox"/> Goes up and down stairs one step at a time | <input type="checkbox"/> Uses at least 20 words, two-word phrases |
| <input type="checkbox"/> Kicks ball                                 | <input type="checkbox"/> Follows two-step commands                |
| <input type="checkbox"/> Stacks five blocks                         | <input type="checkbox"/> Imitates adults                          |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 3 Years

- Jumps
- Kicks ball
- Rides tricycle
- Knows name, age, and sex
- Copies circle, cross

Date \_\_\_\_\_ Signature \_\_\_\_\_

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# Developmental Milestones Checklist \*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

## 4 Years

- |  |  |
|--|--|
| <input type="checkbox"/> Sings a song                      | <input type="checkbox"/> Builds 10 block tower |
| <input type="checkbox"/> Draws person with three parts     | <input type="checkbox"/> Hops on one foot      |
| <input type="checkbox"/> Distinguishes fantasy and reality | <input type="checkbox"/> Throws overhand ball  |
| <input type="checkbox"/> Gives first and last name         |  |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 5 Years

- |  |   |
|--|---|
| <input type="checkbox"/> Dresses self without help       | <input type="checkbox"/> Draws person with head, arms and legs      |
| <input type="checkbox"/> Learns address and phone number | <input type="checkbox"/> Recognizes most letters and can print some |
| <input type="checkbox"/> Can count on fingers            | <input type="checkbox"/> Plays make-believe                         |
| <input type="checkbox"/> Copies triangle or square       |   |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 6 Years

- |   |   |
|---|---|
| <input type="checkbox"/> Ties his/her own shoes   | <input type="checkbox"/> Can tell age correctly                             |
| <input type="checkbox"/> Dresses self completely without help                                     | <input type="checkbox"/> Repeats at least four numbers in a proper sequence |
| <input type="checkbox"/> Catches a small bouncing ball, such as a tennis ball, with only one hand | <input type="checkbox"/> Skips on both feet                                 |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 7-10 Years

- |   |   |
|---|---|
| <input type="checkbox"/> School adjustment  | <input type="checkbox"/> Friends                      |
| <input type="checkbox"/> School performance | <input type="checkbox"/> Activities outside of school |
| <input type="checkbox"/> Family             |   |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 11-21 Years

- |  |  |
|--|--|
| <input type="checkbox"/> Sexual development and behaviors (abstinence, STD prevention, BC) | <input type="checkbox"/> Emotional (Depression, Anxiety) |
| <input type="checkbox"/> Tobacco/Alcohol/Substance/Anabolic steroid use/avoidance          | <input type="checkbox"/> School/Work problems            |
| <input type="checkbox"/> Body image and dieting patterns                                   | <input type="checkbox"/> Peer relationships              |
| <input type="checkbox"/> Emotional, physical and sexual abuse                              | <input type="checkbox"/> Family relationships            |

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01/13/05