

Parents, please complete the top of this form and check off the skills your child has accomplished.

Name				Date	File #	
DOB	Age	Sex	M	F		

- 4 weeks Able to hold head up from the table momentarily
- 3 mths Head and shoulder can be supported by the forearms
- 4 mths Infant can be pulled up into a sitting position by the hands
- 6 mths Sits unsupported in the upright position
- 6 mths Head and shoulders can be supported by the arms
- 6 mths Rolls from a face down to a face up position
- 9 mths Crawls
- 9 mths Stands holding onto furniture
- 11 mths Walks with someone holding onto one hand
- 12 mths Walks unassisted
- 2 years Runs
- 2 years Negotiates stairs placing 2 feet on each step
- 3 years Climbs stairs using one foot on each step
- 4 years Walks down stairs with one foot on each step
- 4 years Hops on one foot

- 2 mths Smiles
- 3 mths Reaches for familiar objects
- 4 mths Plays with hands
- 6 mths Plays with feet
- 9 mths Clearly shows joy and pleasure
- 12 mths Feeds self with fingers
- 15 mths Plays peek-a-boo
- 18 mths Understands yes and no

- At birth Primitive grasp reflex present
- 4 mths Holds and shakes a rattle placed in the hand
- 5 mths Grasps objects independently
- 6 mths Moves an object from one hand to the other
- 6 mths Self-feeding, can hold and eat a cookie
- 6 mths Checks objects by placing them in the mouth
- 12 mths Picks up object with thumb and index finger
- 15 mths Turns 2 to 3 pages of a book at a time
- 18 mths Turns pages of a book one at a time
- 24 mths Builds a tower containing at least 5 blocks
- 4 years Builds a tower containing at least 10 blocks

- 7 weeks Makes cooing sounds
- 3 mths Laughs
- 5 mths Uses one syllable words such as "da"
- 8 mths Uses 2 syllable words such as "dada"
- 12 mths Uses 2 to 3 word vocabulary
- 24 mths Uses 2 to 3 word phrases

- 10 mths Feeds from a cup unassisted
- 12 mths Holds own bottle
- 20 mths Feeds self with utensils
- 30 mths Able to identify and match some colors
- 36 mths Copies a circle
- 42 mths Copies a cross

Date _____ Parent Signature _____ Date _____ Clinician Signature _____ Clinician # _____