

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