




YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby chuckle softly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. After you have been out of sight, does your baby stop crying when he sees you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby stop crying when she hears a voice other than yours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your baby make high-pitched squeals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby laugh? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby make sounds when looking at toys or people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |


COMMUNICATION TOTAL ___

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-----|
| 1. While on his back, does your baby move his head from side to side? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 2. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 3. When he is on his tummy, does your baby hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. When she is on her tummy, does your baby hold her head straight up, looking around? (She can rest on her arms while doing this.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. When you hold him in a sitting position, does your baby hold his head steady? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 6. While on her back, does your baby bring her hands together over her chest, touching her fingers? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

GROSS MOTOR TOTAL ___

FINE MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When you put a toy in her hand, does your baby wave it about, at least briefly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 3. Does your baby grab or scratch at his clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |

YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

- 4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it? _____
- 5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy? _____
- 6. When you hold her in a sitting position, does your baby reach for a toy on a table close by, even though her hand may not touch it? _____

FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

- 1. When you move a toy slowly from side to side in front of his face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head? _____
- 2. When you move a small toy up and down slowly in front of her face (about 10 inches away), does your baby follow the toy with her eyes? _____
- 3. When you hold him in a sitting position, does your baby look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him? _____
- 4. When you put a toy in her hand, does your baby look at it? _____
- 5. When you put a toy in his hand, does your baby put the toy in his mouth? _____
- 6. When you dangle a toy above her while she is lying on her back, does your baby wave her arms toward the toy? _____



PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- 1. Does your baby watch his hands? _____
- 2. When she has her hands together, does your baby play with her fingers? _____
- 3. When he sees the breast or bottle, does your baby know he is about to be fed? _____
- 4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand? _____

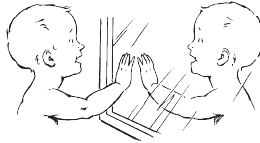


YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

5. Before you smile or talk to him, does your baby smile when he sees you nearby?

6. When in front of a large mirror, does your baby smile or coo at herself?



PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Does your baby use both hands equally well?

YES NO

If no, explain: _____

3. When you help your baby stand, are his feet flat on the surface most of the time?

YES NO

If no, explain: _____

4. Does either parent have a family history of childhood deafness or hearing impairment?

YES NO

If yes, explain: _____

5. Do you have concerns about your child's vision?

YES NO

If yes, explain: _____

6. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

7. Does anything about your child worry you?

YES NO

If yes, explain: _____