

## 4 – 7 Months

Does your child: Yes   No

### Cognition

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Find partially hidden objects?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Explore with hands and mouth?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Struggle to get objects that are out of reach? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Show interest in mirror images?                | <input type="checkbox"/> | <input type="checkbox"/> |

### Speech and Language Development

#### Receptive Language

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Move eyes in direction of sounds?         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respond to changes in tone of your voice? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Notice toys that make sounds?             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Quiet or smile when spoken to?            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pay attention to music?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Look and/or vocalize to own name?         | <input type="checkbox"/> | <input type="checkbox"/> |

#### Expressive Language

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Coo different vowel sounds?<br>(e.g. “ah,” “ee” or “oy” as in boy)  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Babble sounds more speech-like and begin to produce different speech sounds including /p/, /b/ and /m/ (e.g. combining consonant and vowel sounds)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chuckle and laugh?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vocalize excitement and displeasure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Produce speech sounds when left alone for vocal play and to interact with you?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Fine Motor Development

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Bring toys to his/her mouth?              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reach and grasp toys?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Transfer toys from one hand to the other? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: This information represents, on average, the age by which most children will accomplish the listed milestones. Children do not typically master all items until they reach the upper end of that age range. Just because your child has not yet accomplished a skill within an age range does not mean they have a disorder. However, if you have answered ‘no’ to the majority of items within an age range, or continue to have concerns, it is recommended that a thorough assessment be completed. For more information about an evaluation of your child, please contact The Bell Center’s Program Director, Jane Lamb, at 879-3417 or [jlamb@thebellcenter.org](mailto:jlamb@thebellcenter.org).



### **Gross Motor Development**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| • Push up through arms when on stomach?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bring feet to mouth when lying on his/her back?       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Begin sitting – with, then without, support of hands? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Roll in all directions? (by 7 months)                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Start putting weight on feet when held in standing?   | <input type="checkbox"/> | <input type="checkbox"/> |

### **Social and Emotional Development**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Demand and enjoy social attention?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognize parents visually by smiling, reaching, watching or vocalizing? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respond to own name?   | <input type="checkbox"/> | <input type="checkbox"/> |

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