

Birth to 3 Months

Does your child:

Yes No

Cognition

- | | | |
|--|--------------------------|--------------------------|
| • Inspect his/her own hands? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Watch faces intently? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Begin to follow slow moving objects? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respond to sounds and turn head toward direction of sound? | <input type="checkbox"/> | <input type="checkbox"/> |

Speech and Language Development

Receptive Language

- | | | |
|---|--------------------------|--------------------------|
| • Watch a speaker's eyes and mouth? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Visually track people and objects? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Startle to loud sounds? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Quiet or smile when spoken to? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Seem to recognize your voice and quiet if crying? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Increase or decrease sucking behavior in response to sound? | <input type="checkbox"/> | <input type="checkbox"/> |

Expressive Language

- | | | |
|---|--------------------------|--------------------------|
| • Make comfort, reflexive and pleasure sounds vocally?
(e.g. clicks, short friction noises, quiet “mmm,” “nnn” or “ah” sounds, sucking sounds) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Begin to vary cry for different needs?
(e.g. hunger, pain) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Smile when sees you? | <input type="checkbox"/> | <input type="checkbox"/> |

Fine Motor Development

- | | | |
|--|--------------------------|--------------------------|
| • Follow objects 180 degrees from one side to the other with eyes? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Actively grasp toys? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bring hands together to hold toys while lying on back (up to 3½ months)? | <input type="checkbox"/> | <input type="checkbox"/> |

Gross Motor Development

- | | | |
|--|--------------------------|--------------------------|
| • Raise his/her head up when on stomach? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Kick both legs and stretch when on his/her back? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lift feet off mat when back-lying? | <input type="checkbox"/> | <input type="checkbox"/> |

Social and Emotional Development

- | | | |
|------------------------------------|--------------------------|--------------------------|
| • Cry to indicate basic needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Establish eye contact and smile? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cuddle when held? | <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 of 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.