

Look at Me!

1 Month

- Able to raise head from surface lying on tummy.
- Pays attention to someone's face in his or her direct line of vision.
- Moves arms and legs in energetic manner.
- Likes to be held and rocked.

2 Months

- Smiles and coos.
- Rolls part way to side when lying on back.
- Grunts and sighs.
- Makes eye contact.

3 Months

- Eyes follow a moving objects.
- Able to hold head erect.
- Grasps objects when placed in his or her hand.
- Babbles.

4 Months

- Holds a rattle for an extended period of time.
- Laughs out loud.
- Sits supported for short periods of time.
- Recognizes bottle and familiar faces.

5 Months

- Reaches for and holds object.
- Stands firmly when held.
- Stretches out arms to be picked up.
- Likes to play peek-a-boo.

6 Months

- Turns over from back to stomach.
- Turns toward sounds.
- Sits with a little support (one hand bracing him/her).
- Persistently reaches for objects out of his or her reach.
- Listens to own voice.
- Squeals.
- Reaches for and grasps objects and brings them to mouth.
- Holds, sucks, bites cookie or cracker- begins chewing.

7 Months

- Can transfer objects form one hand to the other.
- Can sit for a few minutes without support
- Pats and smiles at image in mirror.
- Creeps (pulling body with arms & leg kicks).
- Is shy at first with strangers.

8 Months

- Can sit steadily for about five minutes.
- Crawls (on hands and knees).
- Grasps things with thumb and first two fingers.
- Likes to be near parent.

9 Months

- Says Ma-ma or Da-Da.
- Responds to name.
- Can stand for a short time holding onto support.
- Able to hit two objects together on his or her own.
- Copies sounds.
- Responds playfully to mirror.

10 Months

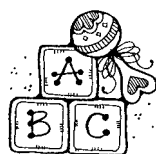
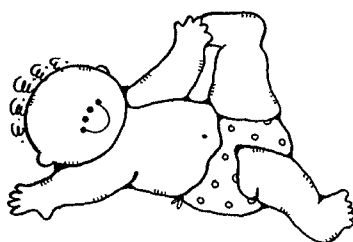
- Able to pull self up a side of crib or playpen.
- Can drink from a cup when it is held.

11 Months

- Can walk holding onto furniture or sides of crib or playpen.
- Can find an object placed under another object.

12 Months

- Waves bye-bye.
- Can walk with one hand held.
- Says two words besides Ma-ma/Da-da.
- Enjoys some solid foods.
- Finger feeds self.
- Likes to have an audience.
- Plays games like "pat-a-cake" and "peek-a-boo."



15 Months

- Walks by self; stops creeping.
- Shows wants by pointing and gestures
- Scribbles on paper after shown.
- Begins using a spoon.
- Cooperates with dressing.
- Hugs and kisses parents/caregiver.

18 Months

- Can build a tower with 3 blocks.
- Likes to climb and take things apart.
- Can say 6 words.
- Tries to put on shoes.
- Drinks from a cup held in both hands.
- Likes to help a parent.
- Imitates doing housework.

2 Years

- Able to run.
- Walks up/down stairs using alternate feet.
- Says at least 50 words.
- Sometimes uses 2 word sentences.
- Points to objects in a book.
- Imitates grown-ups doing simple chores.
- Understands and stays away from common dangers- stairs, glass, strange animals.

3 Years

- Can repeat 2 numbers in a row.
- Knows his or her sex.
- Dresses self except for buttoning.
- Can copy a circle.
- Can follow 2 commands of on, under, or behind. (i.e. stand on the rug.)
- Knows most parts of the body.
- Jumps lifting both feet off ground.
- Can build tower with 9 blocks.
- Separates easily from mother in familiar surroundings.
- Begins to obey and respect simple rules.

4 Years

- Can repeat a simple 6 word sentence.
- Can wash hands and face without help.
- Can copy a cross.
- Can stand on one foot.
- Can catch a tossed ball.
- Plays games with other children.

5 Years

- Can follow three commands.
- Can copy a square.
- Can skip.
- Can share and take turns with others.
- Knows the difference between good and bad.
- Goes to preschool or kindergarten.

6 Years

- Knows month and day of birthday.
- Prints or writes first or last name.
- States complete home address.
- Demonstrates stranger caution.

7 Years

- Reads simple stories aloud.
- States value of penny, nickel, dime, quarter.
- Able to play card or board games.
- Understands and stays away from common dangers.

Complete for every child:

- Full term birth
- No hospitalizations immediately after birth.
- Holds head straight (not tilted or awkward).
- Eyes are straight (does not cross one or both eyes).
- Healthy ears (does not have frequent ear infections).
- Hears you when you call from another room.
- Presence of toys, books, playthings in the home.

Name of child _____
Age of child _____ Birth date: ___/___/___
Parents' Names: _____
Address: _____
Phone number: _____

I give permission for:

Referring agency/party

to release information to the DCCG
(Delaware County Collaborative Group).

Parent Signature

How to complete this form:

1. Check off boxes for child's age with parent.
2. Also check off boxes for 2-3 months before actual age of a child under 1 year, and 1 age group before actual age of a child over 1 yr.
3. If ALL boxes are not checked for age group, then refer* to Help Me Grow for an evaluation.
4. If child passes the checklist for age group, but you feel a screening or an evaluation would be beneficial to the family, refer* anyway.
5. Complete with child present, if possible.

*To refer a child for a Help Me Grow Evaluation:

Please call: Help Me Grow at
The Delaware General Health District:
740-203-2090 or 740-368-1700 ext. 2090
or mail checklist to Help Me Grow
P.O. Box 570, Delaware, Ohio 43015

