

TLC Development Centers

Child's Name: _____
Observer: _____

Age: _____
Date: _____

Developmental Checklist (by six months)

Does the child...	Yes	No	Sometimes
1 Show Continues gains in height, weight, and head circumference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Reach for toys or objects when they are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Begin to roll from stomach to back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Sit with minimal support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Transfer objects from one hand to the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Raise up on arms, lifting head and chest, when placed on stomach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Babble, coo, and imitate sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Turn to locate the source of a sound?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Focus on an object and follow it's movement vertically and horizontally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Exhibit a blink reflex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Enjoy being held and cuddled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Recognize and respond to familiar faces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Begin sleeping six to eight hours through the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Suck vigorously when it is time to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Enjoy playing in water during bath time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by *one month of age*, the infant *does not*:

- show alarm of 'startle' responses to loud noise.
- suck and swallow with ease.
- show gains in height, weight, and head circumference.
- grasp with equal strength with both hands.
- make eye-to-eye contact when awake and being held.
- become quiet soon after being picked up.
- roll head from side to side when placed on stomach.
- express needs and emotions with cries and patterns of vocalizations that can be distinguished from one another.
- stop crying when picked up and held.

Developmental Alerts

Check with a health care provider or early childhood specialist if, by *four months of age*, the infant *does not*:

- continue to show steady increases in height, weight, and head circumference.
- smile in response to the smiles of others (the social smile is a significant developmental milestone).
- follow a moving object with eyes focusing together.
- bring hands together mid-chest.
- turn head to locate sounds.
- begin to raise head and upper body when placed on stomach.
- reach for objects or familiar persons.

TLC Development Centers

Child's Name: _____
Observer: _____

Age: _____
Date: _____

Developmental Checklist (by 12 months)

Does the child...	Yes	No	Sometimes
1 Walk with assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Roll a ball in imitation of an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Pick objects up with thumb and forefinger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Transfer objects from one hand to the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pick up dropped toys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Look directly at adult's face?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Imitate gestures: peek-a-boo, bye-bye, pat-a-cake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Find objects hidden under a cup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Feed self crackers (munching, not sucking on them)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Hold cup with two hands; drink with assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Smile spontaneously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Pay attention to own name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Respond to "no"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Respond differently to strangers and familiar persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Respond differently to sounds: vacuum, phone, door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Look at person who speaks to him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Respond to simple directions accompanied by gestures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Make several consonant-vowel combination sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Mvocalize back to person who has talked to him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Use intonation patterns that sound like scolding, asking, exclaiming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Say 'da-do' or 'ma-ma'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by *12 months of age*, the infant *does not*:

- blink when fast moving objects approach the eyes
- begin to cut teeth.
- imitate simple sounds.
- follow simple verbal requests: "come," "bye-bye."
- pull self to a standing position.

TLC Development Centers

Child's Name: _____
Observer: _____

Age: _____
Date: _____

Developmental Checklist (by 2 years)

Does the child...	Yes	No	Sometimes
1 Walk alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Bend over and pick up toy without falling over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Seat self in child size chair? Walk up and down stairs with assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Place several rings on a stick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Place five pegs in a pegboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Turn pages two or three at a time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Scribble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Follow one-step direction involving something familiar: "Give me _____. "Show me _____. "Get a _____. "?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Match familiar objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Use spoon with some spilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Drink from cup holding it with one hand, unassisted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Chew food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Take off coat, shoe, sock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Zip and unzip large zipper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Recognize self in mirror or picture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Refer to self by name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Imitate adult behaviors in play - for example, feeds "baby"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Help put things away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Respond to specific words by showing what was named: toy, pet, family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Ask for desired items by name: (for example, cookie)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Answer with name of object when asked "What's that"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Make some two-word statements: "Daddy bye-bye"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by *24 months of age*, the child *does not*:

- attempt to talk or repeat words
- understand some new words.

- respond to simple questions with 'yes' or 'no'
- walk alone (or with very little help)
- exhibit a variety of emotions: anger, delight, fear.
- show interest in pictures.
- recognize self in mirror.
- attempt self-feeding: hold own cup to mouth and drink.

TLC Development Centers

Child's Name: _____
 Observer: _____

Age: _____
 Date: _____

Developmental Checklist (by 3 years)

Does the child...	Yes	No	Sometimes
1 Run well in a forward direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Jump in place, two feet together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Walk on tiptoe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Throw ball (but without direction or aim)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Kick ball forward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 String four large beads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Turn pages in book singly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hold crayon: imitate circular, vertical, horizontal strokes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Match shapes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Demonstrate number concepts of 1 and 2?; (Can select 1 or 2; can tell if one or two objects.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Use spoon without spilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Drink from a straw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Put on and take off coat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Wash and dry hands with some assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Watch other children; play near them; sometimes join in their play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Defend own possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Use symbols in play - for example, tin pan on head becomes helmet and crate becomes spaceship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Respond to "Put ____ in the box," "Take the ____ out of the box"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Select correct item on request: big versus little; one versus two?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Identify objects by their use: show own shoe when asked, "What do you wear on your feet?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Ask questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Tell about something with functional phrases that carry meaning: "Daddy go airplane"; "Me hungry now"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *third* birthday, the child *does not*:

- eat a fairly well-rounded diet, even though amounts are limited.
- walk confidently with few stumbles or falls; climb steps with help
- avoid bumping into objects.
- carry out simple, two-step directions: "Come to Daddy and bring your book"; express desires; ask questions.
- point to and name familiar objects; use two- or three-word sentences.
- enjoy being read to.
- show interest in playing with other children: watching, perhaps imitating
- indicate a beginning interest in toilet training.
- sort familiar objects according to a single characteristic, such as type, color, or size.

TLC Development Centers

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Developmental Checklist (by 4 years)

Does the child...	Yes	No	Sometimes
1 Walk on a line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Balance on one foot briefly? Hop on one foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Jump over an object 6 inches high and land on both feet together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Throw ball with direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Copy circles and X's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Match six colors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Count to five?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Pour well from pitcher? Spread butter with knife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Button, unbutton large buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Know own sex, age, last name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Use toilet independantly and reliably?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Wash and dry hands unassisted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Listen to stories for at least five minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Draw head of person and at least one other body part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Play with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Share, take turns (with some assistance)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Engage in dramatic and pretend play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Respond to two-step directions: "Give me the sweater and put the shoe on the floor"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Respond appropriately to "Put it beside," "Put it under"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Respond by selecting the correct object - for example, hard versus soft object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Answer "if," "what," and "when" questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Answer questions about function: "What are books for"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *fourth* birthday, the child *does not*:

- have intelligible speech most of the time; have children's hearing checked if there is any reason for concern.
- understand and follow simple commands and directions.

- state own name and age.
- enjoy playing near or with other children.
- use three - to four-word sentences.
- ask questions.
- stay with an activity for three or four minutes; play alone several minutes at a time.
- jump in place without falling.
- balance on one foot, at least briefly.
- help with dressing self.

TLC Development Centers

Child's Name: _____
 Observer: _____

Age: _____
 Date: _____

Developmental Checklist (by 5 years)

Does the child...	Yes	No	Sometimes
1 Walk backward, heel to toe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Walk up and down stairs, alternating feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Cut on line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Print some letters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Point to and name three shapes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Group common related objects: shoe, sock, and foot; apple, orange, and plum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Demonstrate number concepts to four or five?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cut food with a knife: celery, sandwich?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Lace shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Read from story picture book - in other words, tell story by looking at pictures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Draw a person with three to six body parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Play and interact with other children; engage in dramatic play that is close to reality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Build complex structures with blocks or other building materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Respond to simple three-step directions: "Give me the pencil, put the book on the table, and hold the comb in your hand"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Respond correctly when asked to show penny, nickel, and dime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Ask "How" questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Respond verbally to "Hi" and "How are you"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Tell about event using past and future tenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Use conjunctions to string words and phrases together - for example, "I saw a bear and a zebra and a giraffe at the zoo"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *fifth* birthday, the child *does not*:

- state own name in full.
- recognize simple shapes: circle, square, triangle.
- catch a large ball when bounced (have child's vision checked).

- speak so as to be understood by strangers (have child's hearing checked).
- have good control of posture and movement.
- hop on one foot.
- appear interested in, and responsive to, surroundings.
- respond to statements without constantly asking to have them repeated.
- dress self with minimal adult assistance; manage buttons, zippers.
- take care of own toilet needs; have good bowel and bladder control with infrequent accidents.

TLC Development Centers

Child's Name: _____
Observer: _____

Age: _____
Date: _____

Developmental Checklist (by 6 years)

Does the child...	Yes	No	Sometimes
1 Walk across a balance beam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Skip with alternating feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Hop for several seconds on one foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Cut out simple shapes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Copy own first name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Show well-established handedness; demonstrate consistent right- or left-handedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sort objects on one or more dimensions; color, shape, or function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Name most letters and numerals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Count by rote to 10; know what number comes next?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Dress self completely; tie bows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Brush teeth unassisted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Have some concept of clock time in relation to daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Cross street safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Draw a person with head, trunk, legs, arms, and features; often add clothing details?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Play simple board games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Engage in cooperative play with other children, involving group decisions, role assignments, rule observance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Use construction toys, such as Legos, blocks, to make recognizable structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Do 15-piece puzzles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Use all grammatical structures: pronouns, plurals, verb tenses, conjunctions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Use complex sentences: carry on conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *sixth* birthday, the child *does not*:

- alternate feet when walking up and down stairs.
- speak in a moderate voice; neither too loud, too soft, too

high, too low.

- follow simple directions in stated order: "Please go to the cupboard, get a cup, and bring it to me."
- use four to five words in acceptable sentence structure.
- cut on a line with scissors.
- sit still and listen to an entire short story (five to seven mins).
- maintain eye contact when spoken to (unless this is a cultural taboo).
- play well with other children.
- perform most self-grooming tasks independently: brush teeth, wash hands and face.

TLC Development Centers

Child's Name: _____
Observer: _____

Age: _____
Date: _____

Developmental Checklist (by 7 years)

Does the child...	Yes	No	Sometimes
1 Concentrate on completing puzzles and board games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ask many questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Use correct verb tenses, word order, and sentence structure in conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Correctly identify right and left hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Make friends easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Show some control of anger, using words instead of physical aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Participate in play that requires teamwork and rule observance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Seek approval for efforts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Enjoy reading and being read to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Use pencil to write words and numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sleep undisturbed through the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Catch a tennis ball, walk across a balance beam, hit a ball with a bat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Plan and carry out simple projects with minimal adult help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Tie own shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Draw pictures with greater detail and sense of proportion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Care for own personal needs with some adult supervision? Wash hands? Brush teeth? Use toilet? Dress self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Show some understanding of cause-and-effect concepts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *seventh* birthday, the child *does not*:

- show signs of ongoing growth, including increasing height and weight and continuing motor development, such as running, jumping, balancing.
- show some interest in reading and trying to reproduce letters, especially own name.
- follow simple, multiple-step directions: "Finish your book,

put it on the shelf, and then get your coat on."

- follow through with instructions and complete simple tasks; putting dishes in the sink, picking up clothes, finishing a puzzle.
(Note: All children forget. Task incompleteness is not a problem unless a child repeatedly leaves tasks unfinished.)
- begin to develop alternatives to excessive use of inappropriate behaviors in order to get own way.
develop a steady decrease in tension-type behaviors that may have developed with starting school: repeated grimacing or facial tics, eye twitching, grinding teeth, regressive soiling or wetting, frequent stomachaches, refusing to go to school.

TLC Development Centers

Child's Name: _____

Age: _____

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Date: _____

Developmental Checklist (by 8 & 9 years)

Does the child...	Yes	No	Sometimes
1 Have energy to play, continuing growth, few illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Use pencil in a deliberate and controlled manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Express relatively complex thoughts in a clear and logical fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Carry out multiple four- to five-step instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Become less easily frustrated with own performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Interact and play cooperatively with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Show interest in creative expression - telling stories, telling jokes, writing, drawing, singing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Use eating utensils with ease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Have a good appetite? Show interest in trying new foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Know how to tell time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Have control of bowel and bladder functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Participate in some group activities - games, sports, plays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Want to go to school? Seem disappointed if must miss a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Demonstrate beginning skills in reading, writing, and math?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Accept responsibility and complete work independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Handle stressful situations without becoming overly upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *eighth* birthday, the child *does not*:

- attend to the task at hand; show longer periods of sitting quietly, listening, responding appropriately.
- follow through on simple instructions.
- go to school willingly most days (of concern are excessive complaints about stomachaches or headaches when getting ready for school.)
- make friends (observe closely to see if the child plays alone most of the time or withdraws consistently from contact with other children).
- sleep soundly most nights (frequent and recurring

nightmares or bad dreams are usually a minimum at this age).

- seem to see or hear adequately at times (squints, rubs eyes excessively, asks frequently to have things repeated).
- handle stressful situations without undue emotional upset (excessive crying, sleeping or eating disturbances, withdrawal, frequent anxiety).
- assume responsibility for personal care (dressing, bathing, feeding self) most of the time.
- show improved motor skills.

Developmental Alerts

Check with a health care provider or early childhood specialist if, by the *ninth* birthday, the child *does not*:

- exhibit a good appetite and continued weight gain (some children, especially girls, may already begin to show early signs of an eating disorder).
- experience fewer illnesses.
- show improved motor skills, in terms of agility, speed and balance.
- understand abstract concepts and use complex thought processes to problem solve.
- enjoy school and the challenge of learning.
- follow through on multiple-step instructions.
- express ideas clearly and fluently.
- form friendships with other children and enjoy participating in group activities.