Individualizing Care Plans for Infants and Toddlers

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Donna R. Britt
Training Coordinator
Senior Training Specialist
dbritt@zerotothree.org

Marie Natrall
Senior Writer/Training Specialist
mnatrall@zerotothree.org

Objectives

- Explain how developing and using individualizing care plans supports infants' and toddlers' development, learning, and school readiness
- Discuss key factors that influence the development and use of infant and toddler individual care plans
- Identify strategies that support staff in acquiring and using data to develop and use individualize care plans for infants and toddlers

Getting to Know Each Other

Photo courtesy of EHS NRC

The Power of Observation

- Find someone you do not know to be your partner
- Introduce yourself – your name, where you work, what you do
- Await further instructions

Photo courtesy EHS NRC

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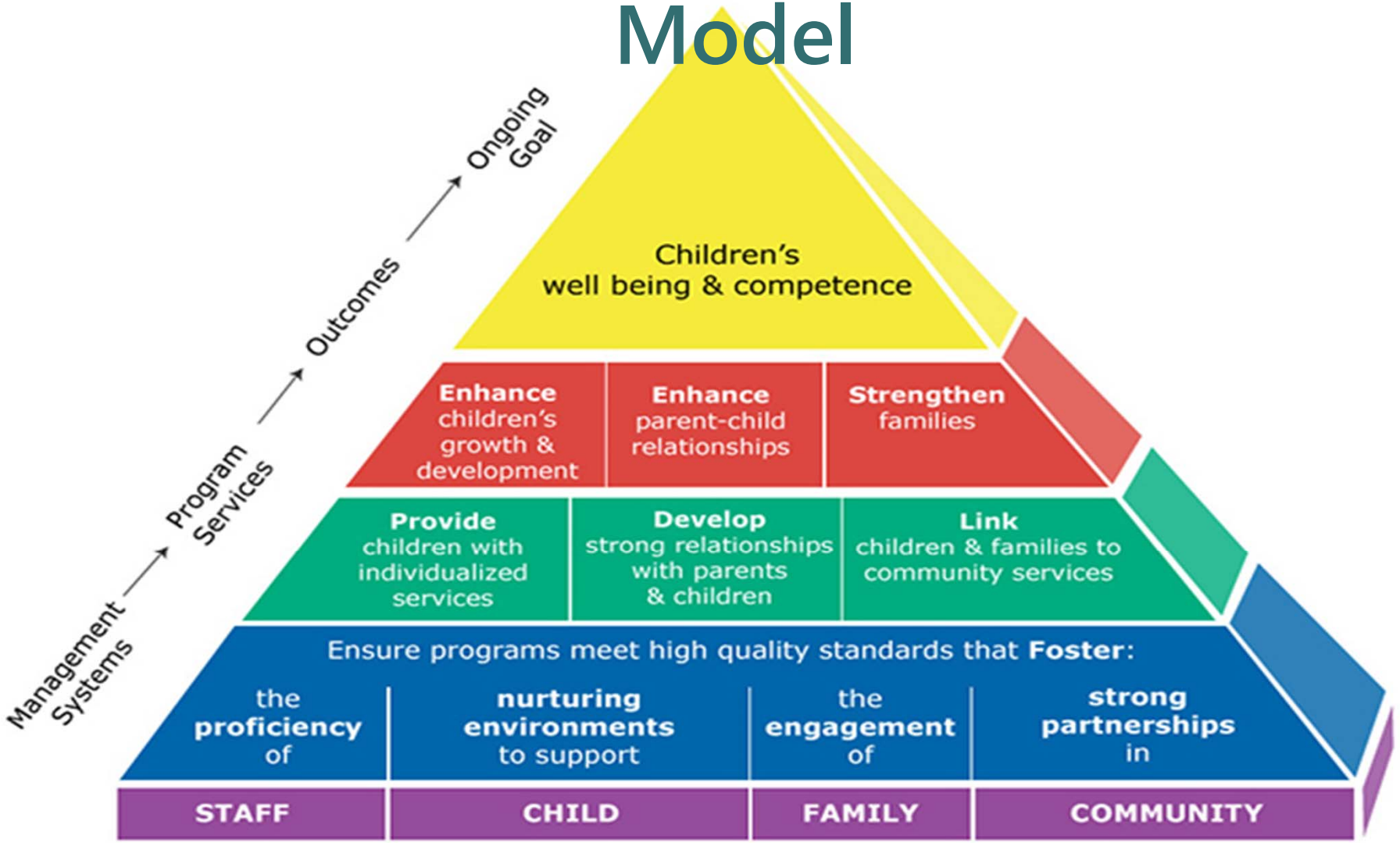
Program Performance Pyramid Model



Office of Planning, Research and Evaluation
http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/index.html

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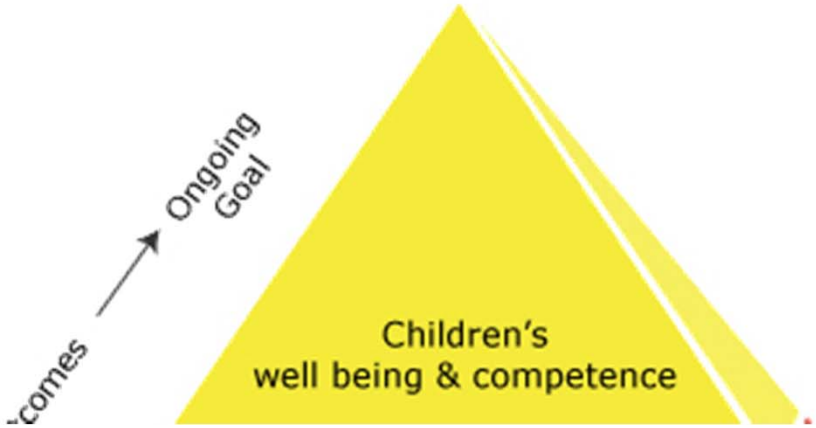
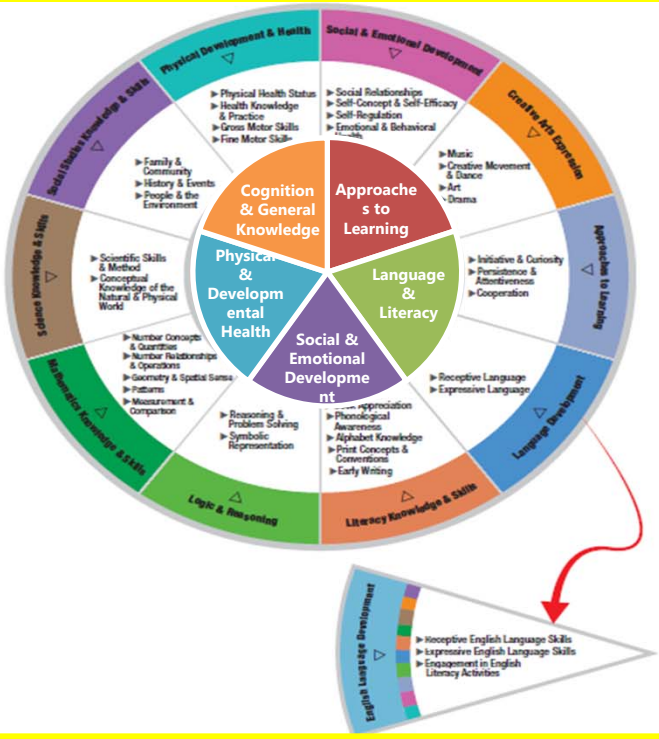
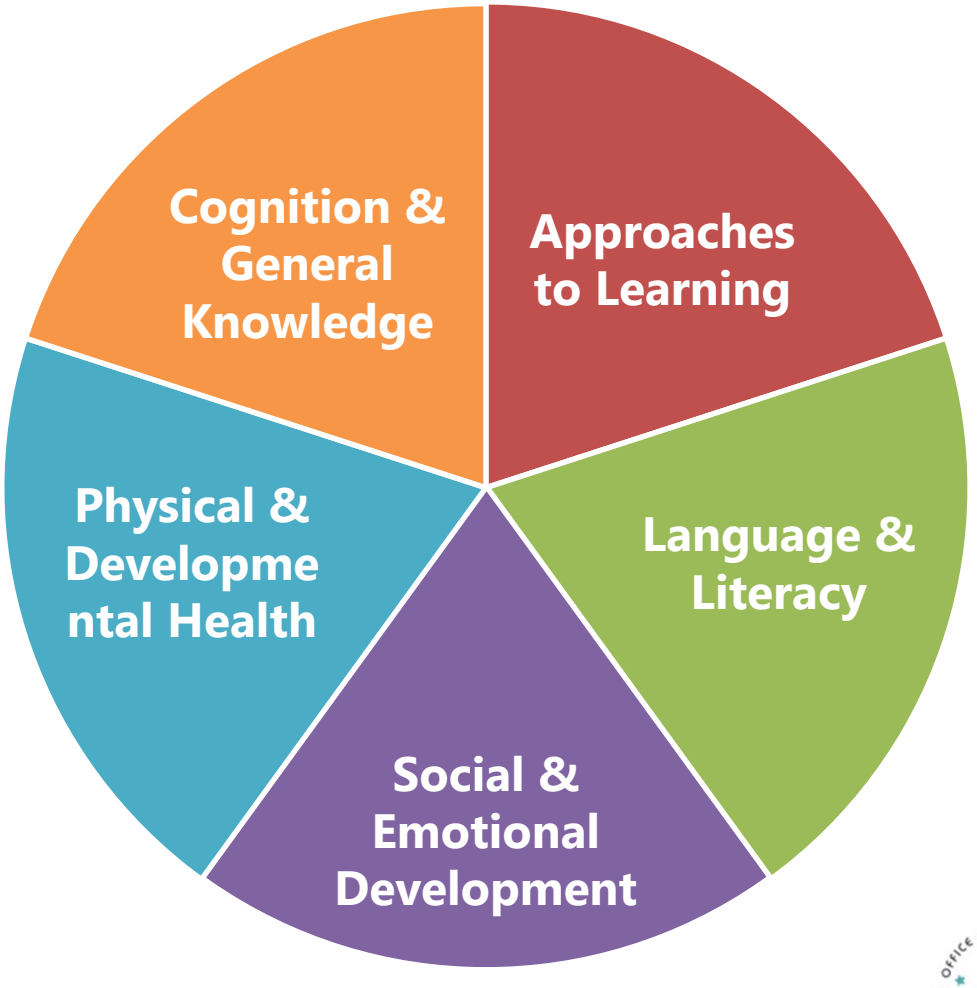


Children are ready for school and sustain development and learning gains through third grade



CHILD OUTCOMES

Five Essential Domains For Birth to Five *School Readiness Goals*



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Head Start Program Performance Standards

1304.21(a)(2)(ii) Parents …

… must be provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences.

Photo courtesy EHS NRC

1304.21(c)(2) Staff …

…must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child.

Individualizing: What Does it Mean?

Tailoring care that is responsive to each infant and toddler to support development and learning based on

- observation and ongoing assessment;
- active partnering with families; and
- knowledge of child development.

Why Do It?

- Provides optimal learning opportunities
- Considers families' goals for their child
- Ensures inclusive care and services

Photo courtesy of EHS NRC

What do staff – teachers, home visitors, and family child care providers – need to know to develop and implement individualized care plans for infants and toddlers?

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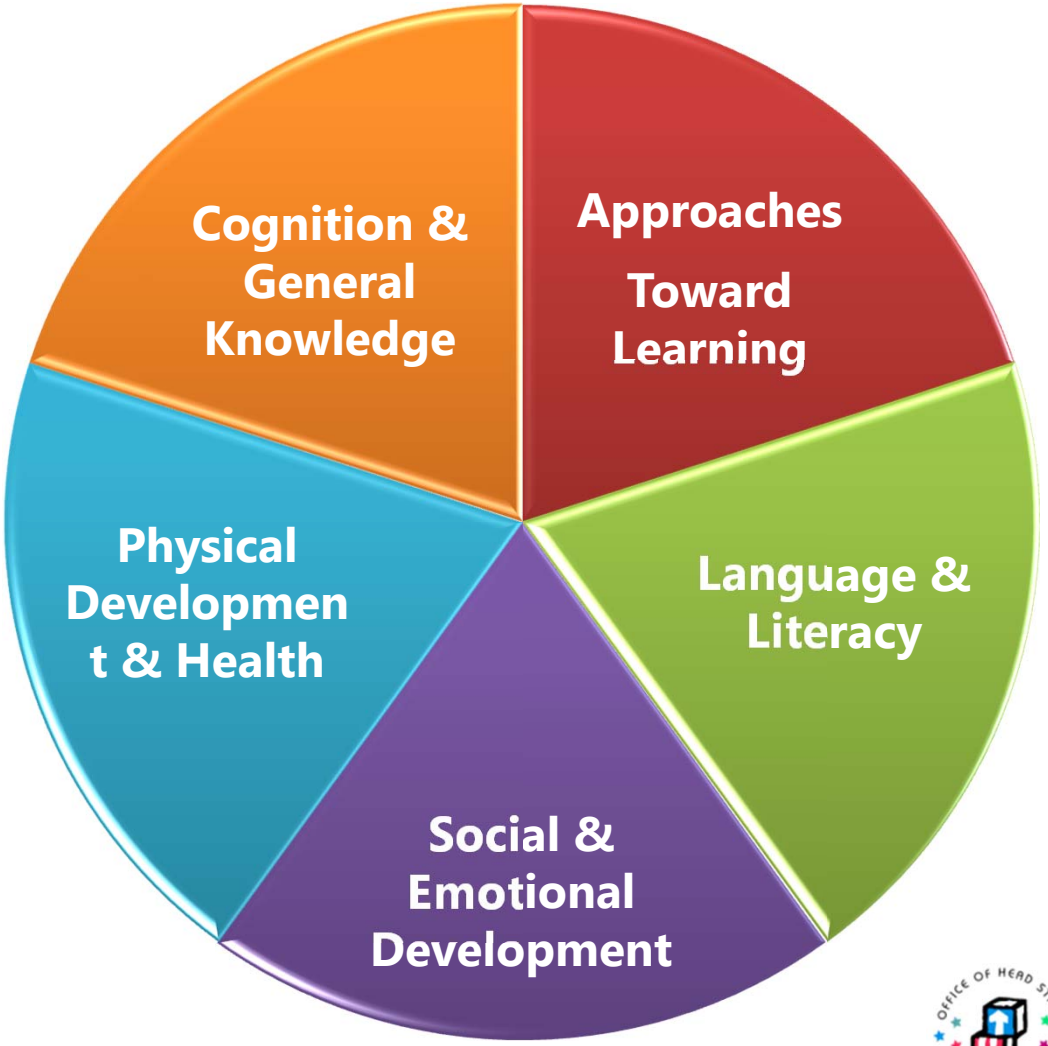
Factors Influencing Staff Development and Use of Individual Care Plans

1. Knowledge of child development
2. Skills of observation and documentation
3. Knowledge, understanding and reliability in use of the assessment tool(s)
4. Program support systems

Five Essential Domains



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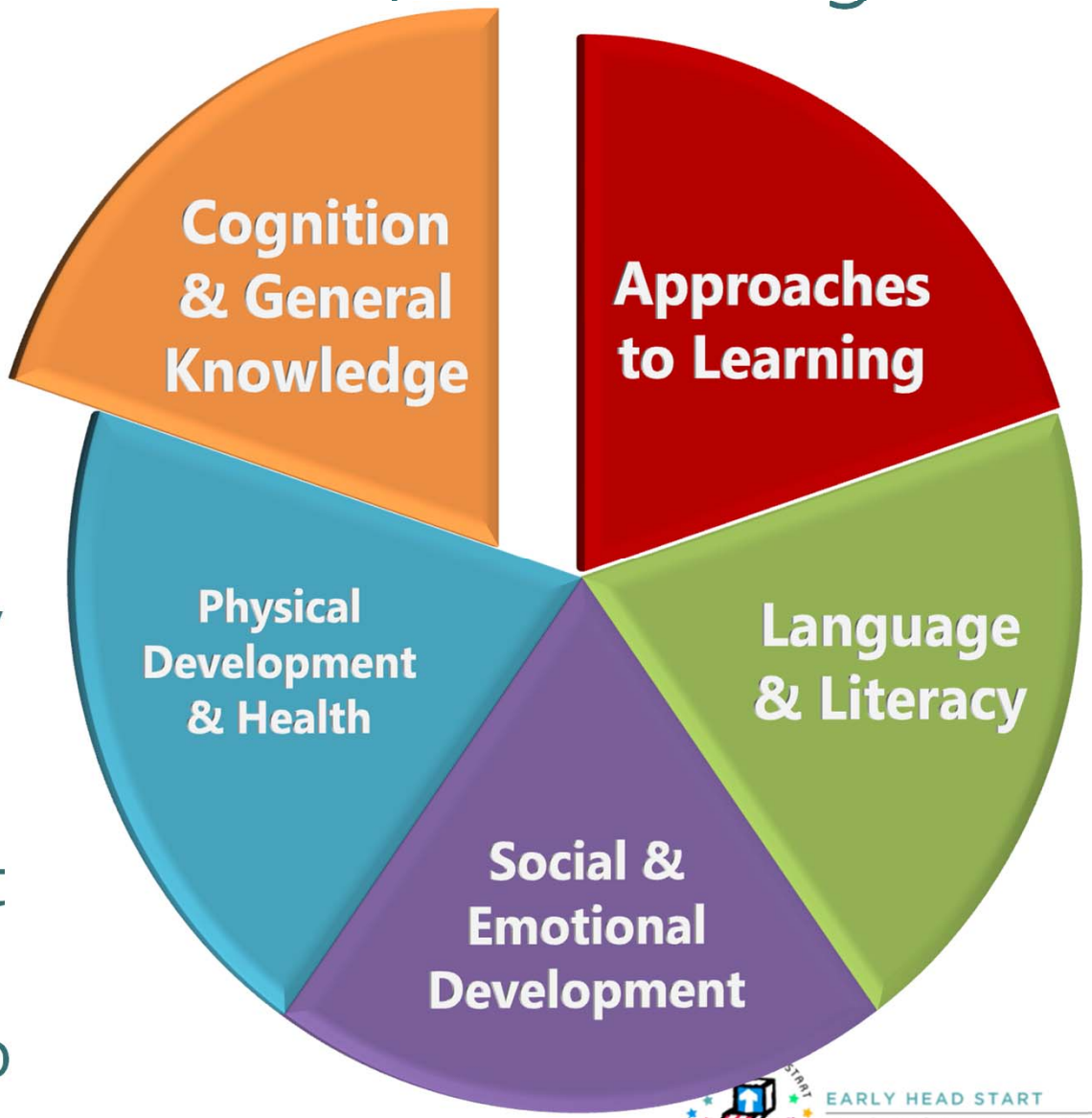
Five Essential Domains, Birth to Age 5

Cognition and general knowledge - refers to thinking and problem-solving, knowledge about particular objects and the way the world works; mathematical knowledge, abstract thought, and imagination are also included.



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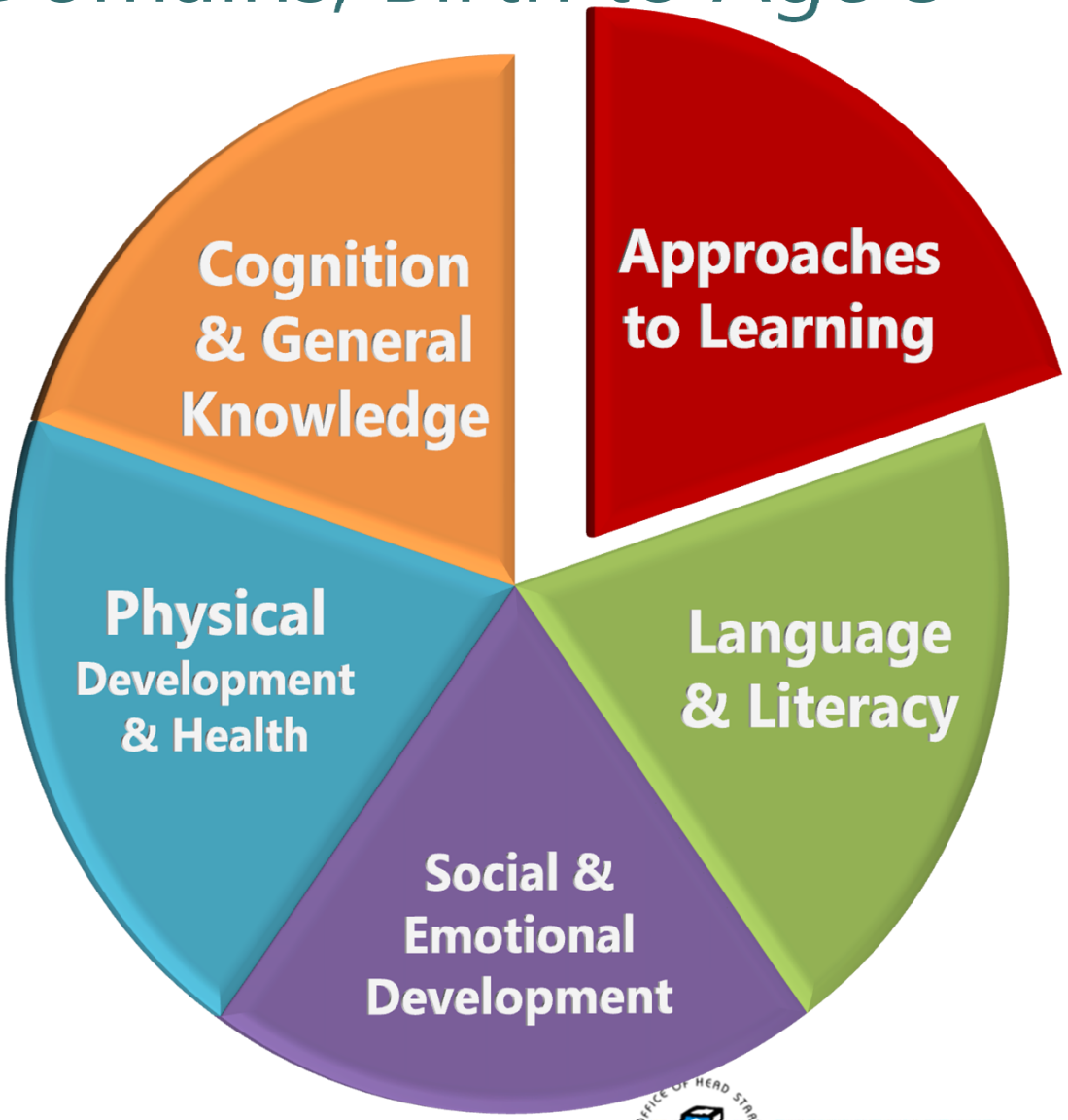
Five Essential Domains, Birth to Age 5

Approaches to Learning refers to observable behaviors that indicate ways children become engaged in social interactions and learning experiences.



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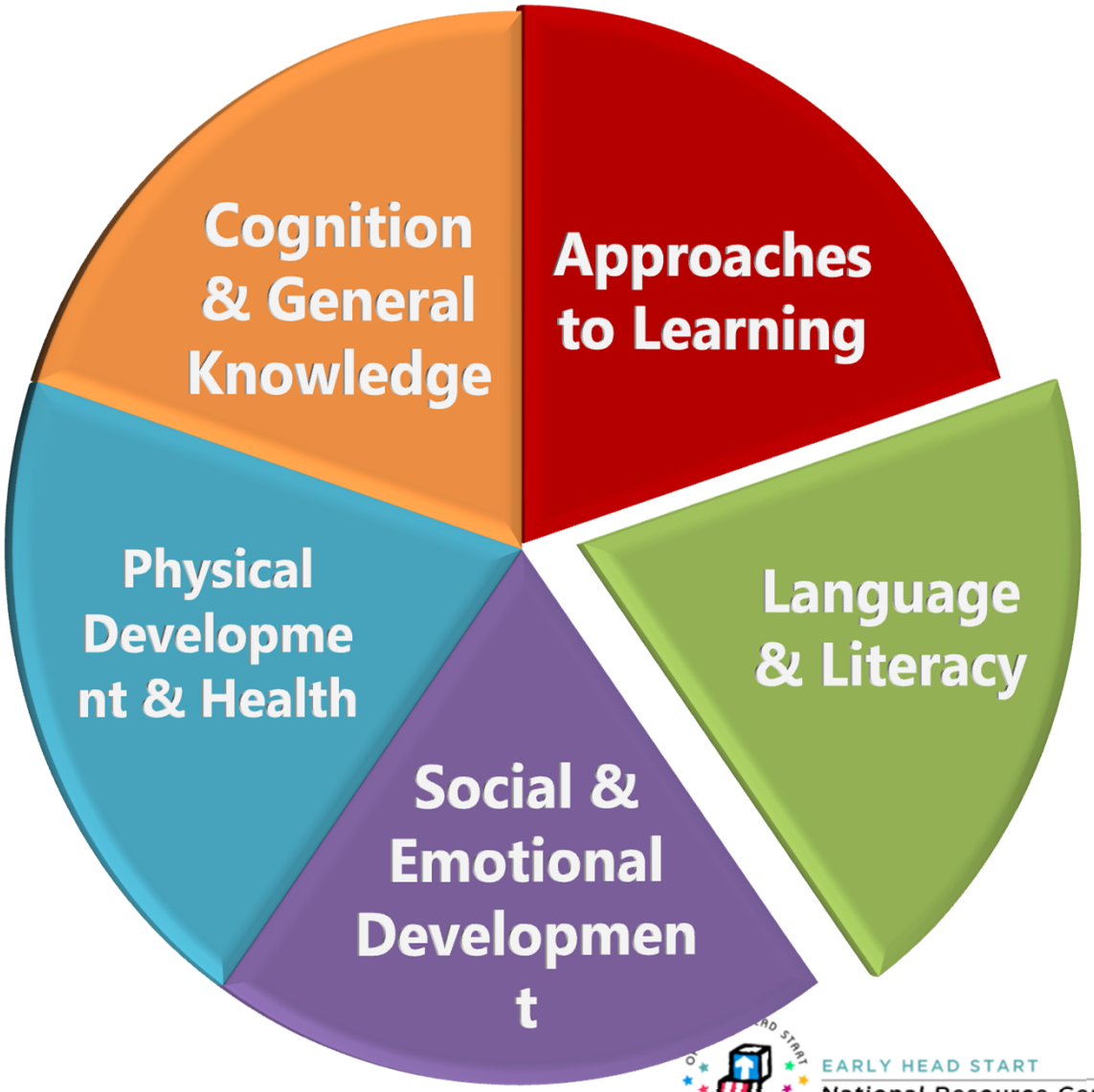
Five Essential Domains, Birth to Age 5

Language is a system to communicate information through signs, gestures, voice sounds, and written symbols.

Literacy is the ability to use and understand written words, signs, gestures, or symbols.



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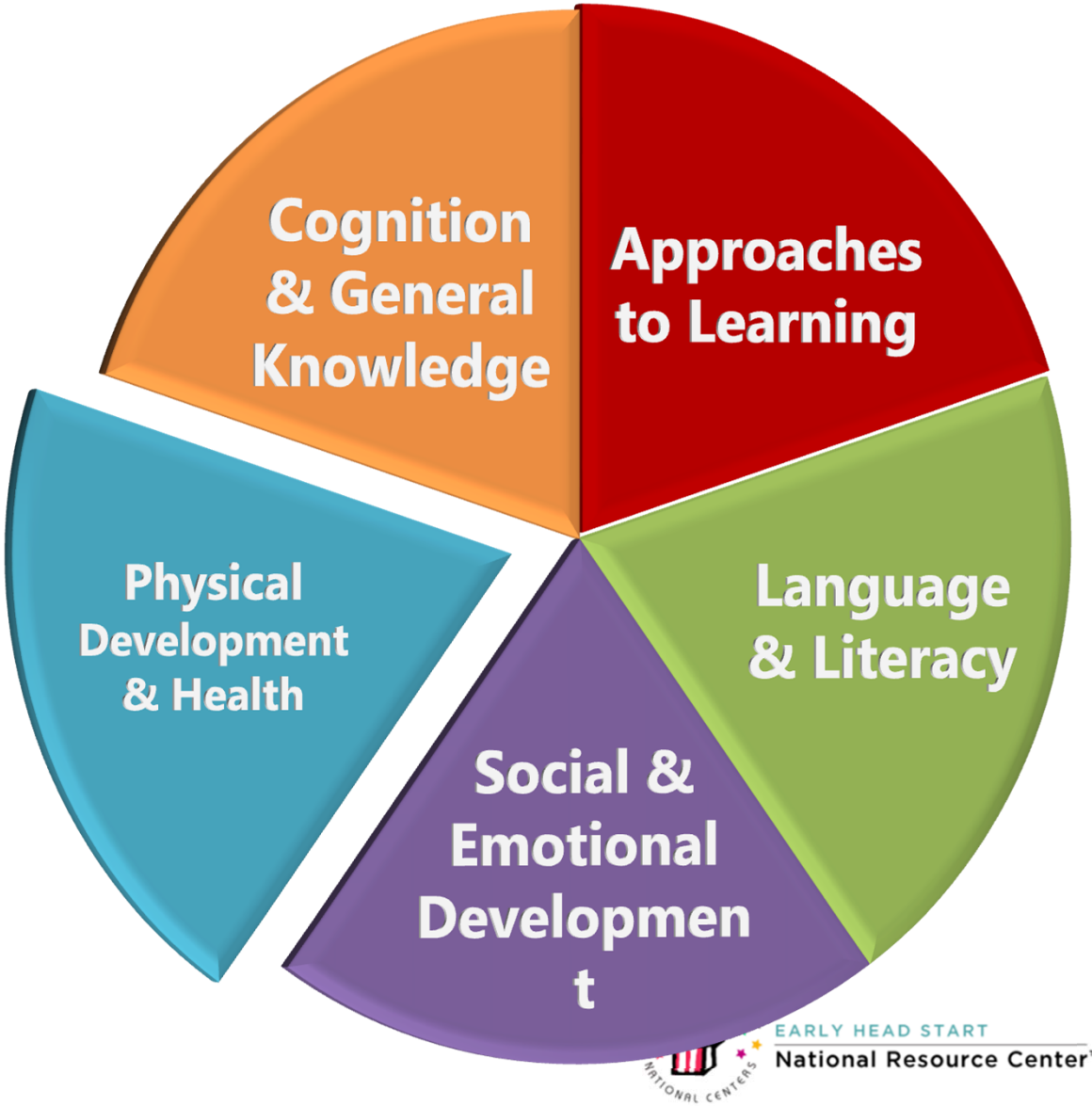
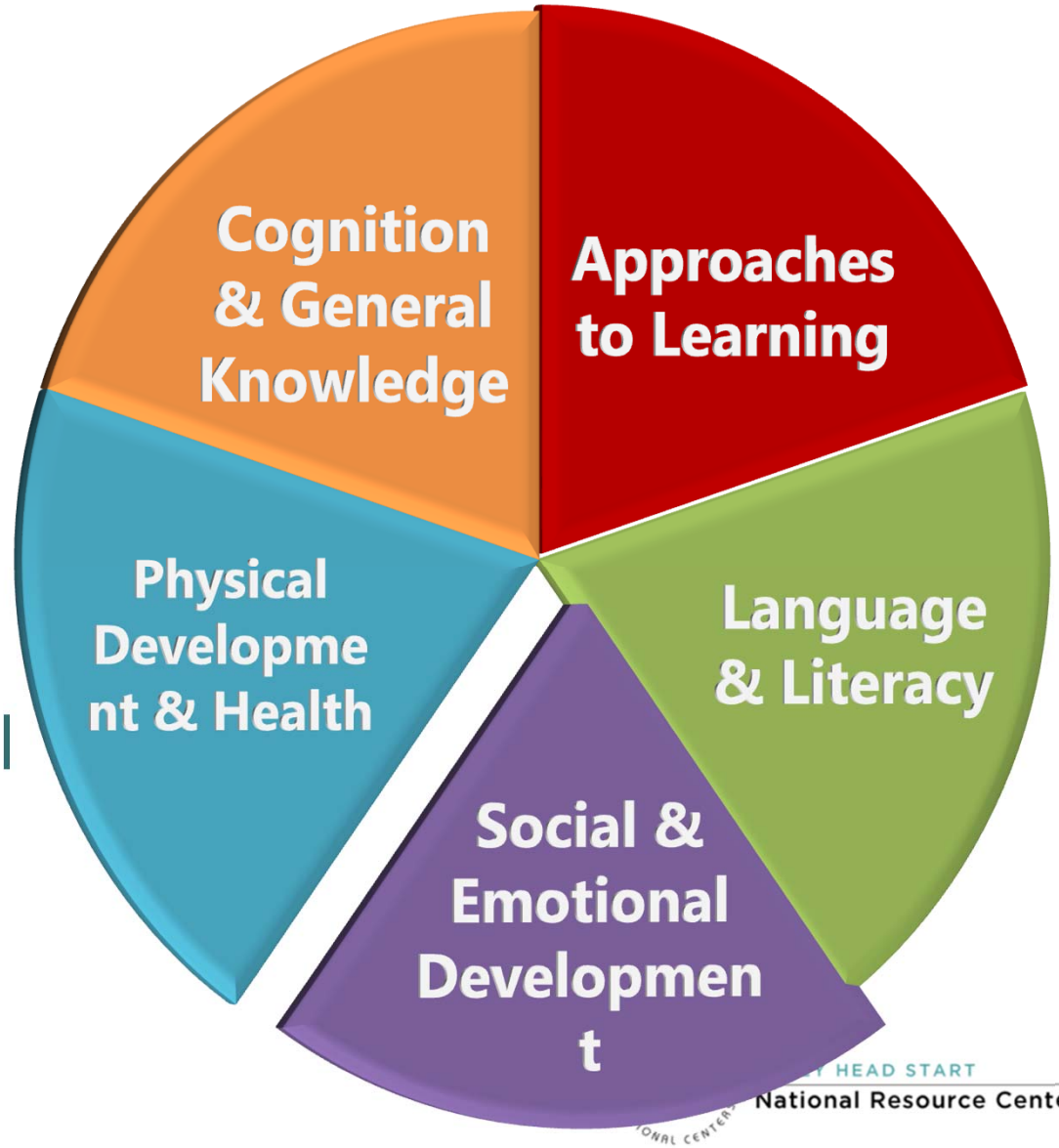
Five Essential Domains, Birth to Age 5

Physical Development & Health refers to physical well-being, use of the body, muscle control, and appropriate nutrition, exercise, hygiene, and safety practices.



Five Essential Domains, Birth to Age 5

Social and emotional development is the developing capacity to experience and regulate emotions, form secure relationships, and explore and learn—all in the context of the child's family, community, and cultural background.



Child Level: What is involved?

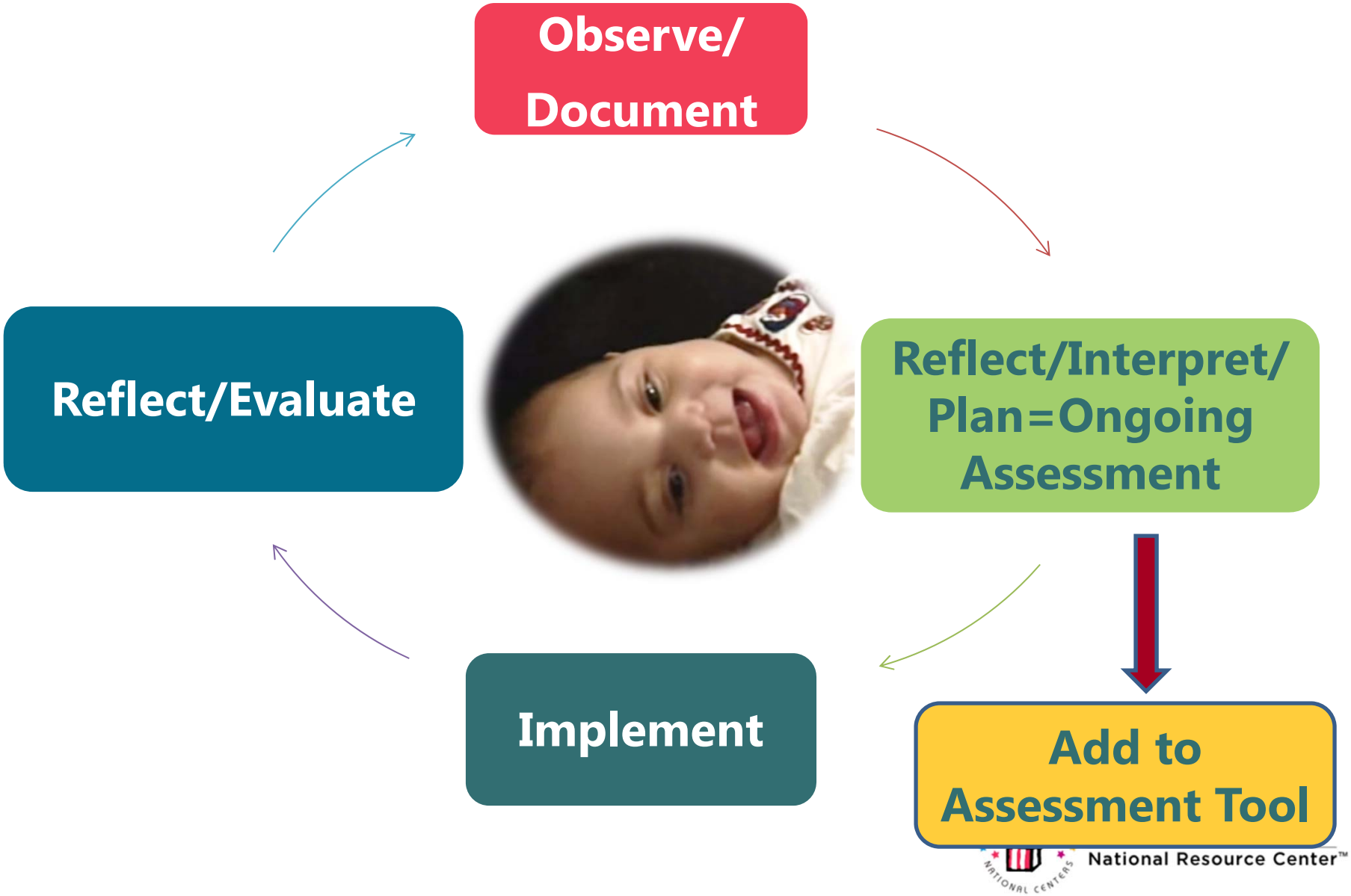


Photo courtesy of EHS NRC

What is observation? Why is it important?

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Using Child Observation to Support School Readiness

What?

- An act or instance of noticing or perceiving[1]
- Watching and listening to learn about individual children[2]
- Paying close attention to each child

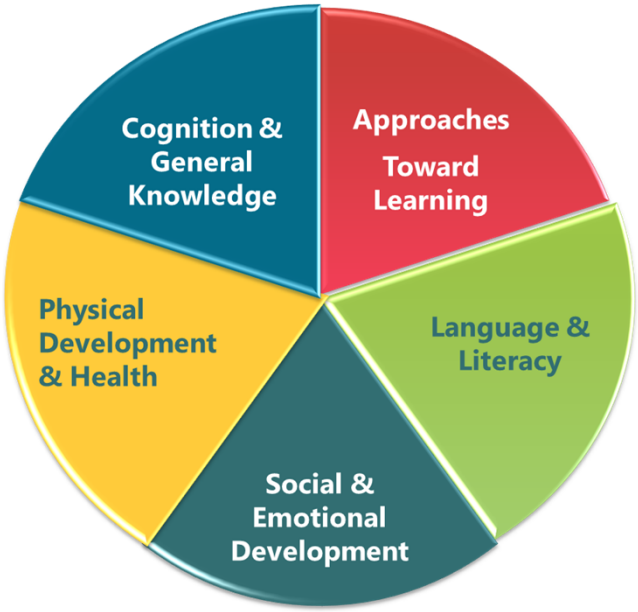
Why?

- Individualize care and learning opportunities
- Measure and check progress
- Understand child's goals and intentions
- Build relationships
  - Children
  - Families

Observation

Video courtesy of EHS NRC

- What indicators of development do you see? Hear?



Documenting Observation Data

Objective

Subjective

Observation Documentation

Does the observation include –

- ✓Descriptions of actions
- ✓Descriptions of vocalizations
- ✓Direct quotes of language
- ✓Descriptions of facial expressions and gestures
- ✓Descriptions of creations

Documenting Observation: Objective vs. Subjective

Photo courtesy of EHS NRC

- Descriptions of actions
- Descriptions of vocalizations
- Direct quotes of language
- Descriptions of facial expressions and gestures
- Descriptions of creations

Documenting Observation: Identifying "Lenses"

Influences

- Culture
- Temperament
- Personal interests and feelings
- Professional knowledge and experience

Photo courtesy of EHS NRC

Reflect and Interpret

Reflect

- Review data.
- Ask questions about what the data say about each child and family.

Interpret

- Answer questions by making educated guesses about what the data reveal.
- Decide next steps.

Reflect and Interpret: Some Things to Consider

- Accuracy and first impressions
- "Lenses"
- Positive, current, flexible expectations
- More than one interpretation
- Changes in behavior or development

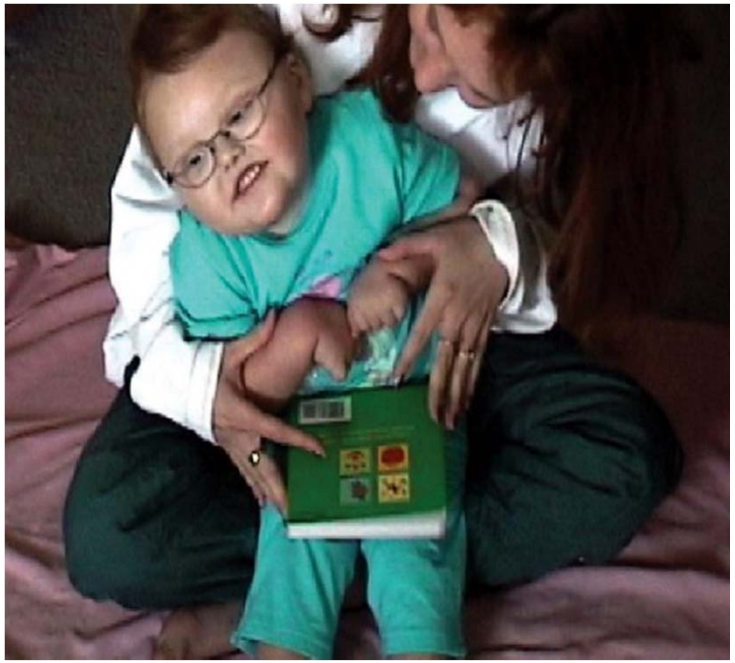


Photo courtesy of EHS NRC

Observing to Individualize

- What?
- Why?
- How?
  - Review
  - Reflect

- Developmental skill?
- Strategies used by the child in play?
- What has changed? What has not changed?
- How do my/parents' interactions affect the outcomes of the child's experience?
- How does the information relate to goals for the child? The family's goals? Program's school readiness goals?
- What other information do I need?
- What questions do I have for the child's family?

Individual Child Care Plans

- ✓Adapt the environment
- ✓Modify daily schedule/routine
- ✓Scaffold child's learning
- ✓Ensure responsive caregiving
- ✓Use information from assessment tools to guide planning
- ✓**Engage with families!**

Considerations for Planning

- School readiness
- Curriculum
- Interactions
- Routines
- Daily Schedule
- Experiences
- Environment

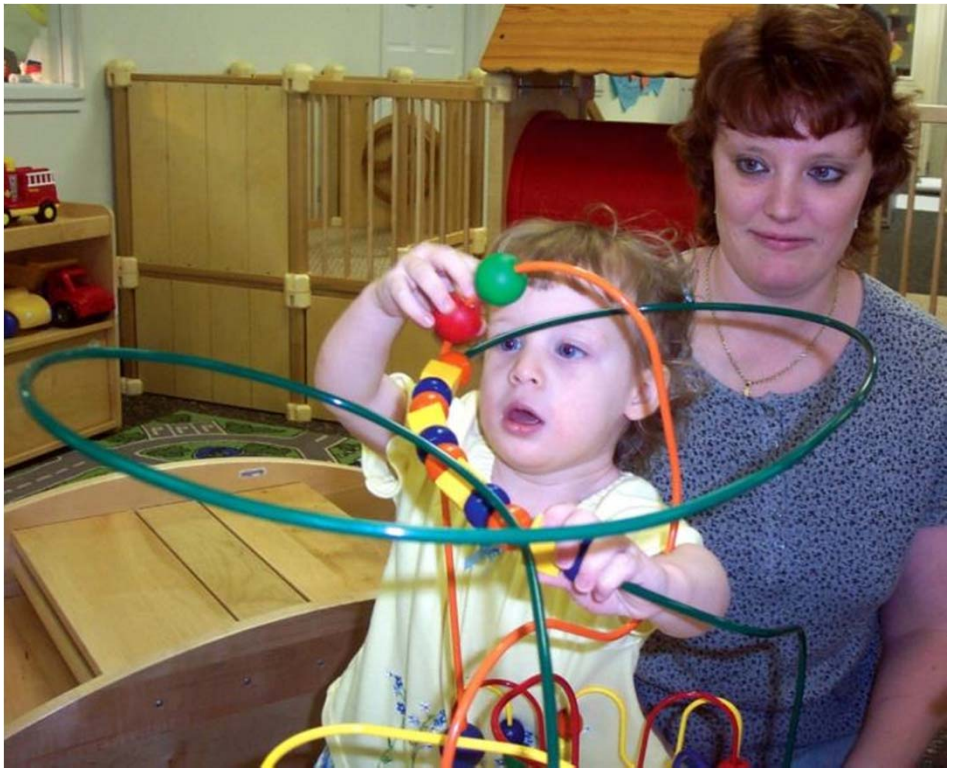


Photo courtesy of EHS NRC

Also . . .

Plan experiences that are:

- Culturally responsive
- Inclusive for ALL children

Individualize facilitation and provide additional support as needed

Implement

Reflect/Evaluate

Ask questions!

- How did it go?
- What worked well? Why?
- What didn't work well? Why?
- What changes could be made?

Screening and Assessment

Are screening and assessment

- the **same?**

Photo source unknown

Answer: **NO**

Although “screening” and “assessment” share many common characteristics, they are fundamentally different.

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What Is Screening? HSPPS 1304.21

(b)(1) Screening is a brief check "to identify a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills."

What Is Assessment? HSPPS 1304.3

(a)(1) ***Assessment :*** ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:

- **(i)** The child's unique **strengths** and needs and the services appropriate to meet those needs; and
- **(ii)** The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

Ongoing Assessment

Ongoing Assessment: What Is It?

- System of regular collection and documentation of child's growth & learning
- Formal and informal
- Identifies a child's strengths, needs, and services to meet those needs.

Photo courtesy of EHS NRC

Ongoing Assessment

Supports :

- Individualizing care plans
- Family engagement
- Positive child outcomes

Informs:

- The curricula to **maximize** child's learning
- Data collection
- Progress of development
- Parents of child's development

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Practices in Assessment: Child-Centered

- Family involvement
- Child is not separated from family or trusted caregiver
- Assessed by someone s/he feels comfortable with
- No "performance" on demand

Photo courtesy of EHS NRC

Considerations for Dual-Language Learners (DLLs)

Who is a dual-language learner and how do you screen and assess a DLL?

1308.6 (b)(3) states: When appropriate standardized developmental screening instruments exist, they must be used

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Considerations for Children with Special Needs

Who is a child with special needs and how do you screen and assess a child with special needs?

Photo courtesy of EHS NRC

Table Talk: Assessment

In small groups please share:

- the types of assessment tools used.
- how you ensure all staff receive appropriate training.
- how you share school readiness data for each child with the staff.
- how you support staff in using the child data in preparing and using individual care plans.
- how you ensure parents are engaged in the process.

Setting Up Systems

Photo courtesy of EHS NRC

Support Systems

What programmatic systems and policies support good data collection for ongoing assessment?

- Time
- Family input
- Autonomy
- Training
- Peer Support

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Ongoing Assessment System #1 is "Seldom" / #5 is "Always"

1. Our program reviews and **provides training** to staff on the written protocol for suspected developmental delays in working with dual-language learners.
2. Our staff have knowledge of the culture of the families and the community.
3. Our staff engage families in the ongoing assessment process.
4. Our staff are trained to assess dual-language learners in a culturally and linguistically appropriate manner.

Ongoing Assessment System
#1 is "Seldom" / #5 is "Always"

1. Our staff know and recognize the developmental indicators of infants and toddlers.
2. Our program has a written protocol for staff when they suspect a child may have a developmental delay.
3. Our program has a written protocol for staff when they suspect a dual-language learner may have a developmental delay.
4. Our program reviews and **provides training** to staff on the written protocol for suspected developmental delays.

Individualizing: Setting Up Systems

- What is working well?
- What could be improved or added?
- What are challenges?
- What are possible solutions?

Photo courtesy of EHS NRC

- **INCLUDE FAMILIES!**
- Plan times to observe.
- Be prepared to be spontaneous.
- Decide how to organize and store.
- Find time to file.
- Decide how often to review.

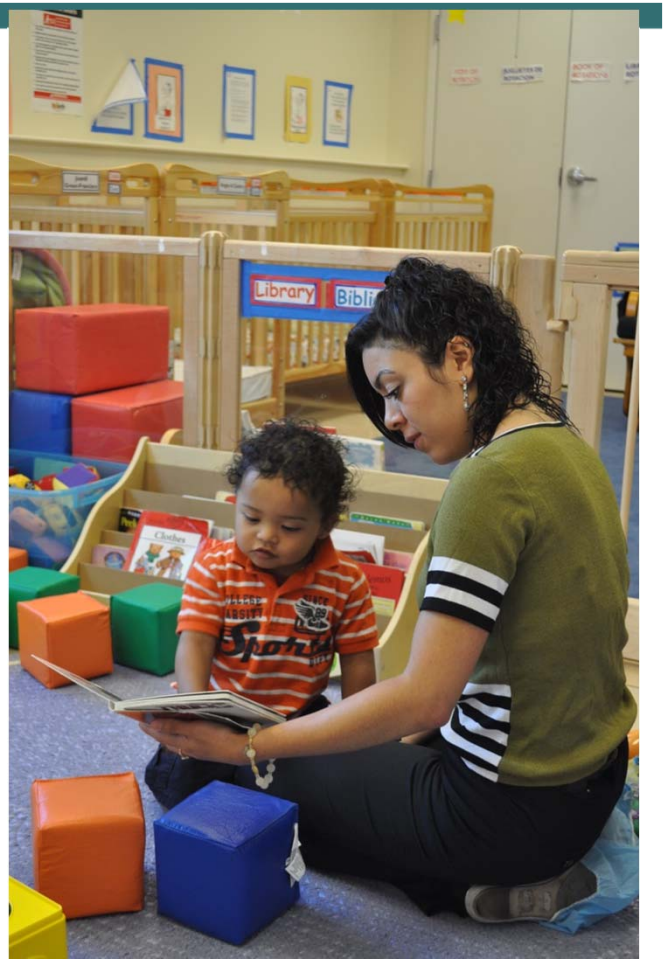
Strategies to Improve Quality of Child-level Data

- Train on assessments
- Require reliability certification (if offered)
- Conduct periodic implementation checks
  - ✓ Review anecdotal notes
  - ✓ Determine appropriateness of observations to rating
  - ✓ Look at trends in data – do they make sense?
  - ✓ Analyze errors – are they random or systematic?

Administrative Support

Program leaders:

- Encourage staff to plan ongoing assessment
- Help staff develop and improve data collection
- Guide staff in using data to improve teaching
- Use collective or aggregated data trends to improve program-wide learning



Ultimately…
How Are the Children Doing?

Photo courtesy of EHS NRC

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References

- 1. "Observation," *Dictionary.com*, accessed November 10, 2010,
- http://dictionary.reference.com/browse/observation?&qsrc=.
- 2. Judy R. Jablon, Amy Laura Dombro, and Margo L. Dichtelmiller, *The Power of Observation for Birth Through Eight, 2nd ed.* (Washington, DC: Teaching Strategies and National Association for the Education of Young Children, 2007), 3.

Resources

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Barrueco et al. *Assessing Spanish-English Preschool Children.* Baltimore, *MD:* Brookes Publishing Co, 2012.

Resources For Measuring Services And Outcomes In Head Start Programs Serving Infants And Toddlers, April 2011. http://www.acf.hhs.gov/sites/default/files/opre/resources_for_measuring_services_and_outcomes.pdf

Look Again:
Using Sensitive, Skilled Observation in Your Program

Head Start Program Performance Standards

§ 1304.21 (a) Child development and education approach for all children.

(1) In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:

(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles.

(2) Parents must be:

(i) Invited to become integrally involved in the development of the program's curriculum and approach to child development and education;

(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and

§ 1304.20 (b) Screening for developmental, sensory, and behavioral concerns.

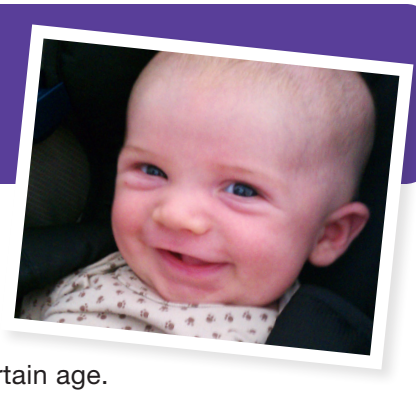
(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

§ 1304.20 (f) Individualization of the program.

(1) Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

Your Baby at 2 Months



Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Begins to smile at people
- ❑ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ❑ Tries to look at parent

Language/Communication

- ❑ Coos, makes gurgling sounds
- ❑ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ❑ Pays attention to faces
- ❑ Begins to follow things with eyes and recognize people at a distance
- ❑ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- ❑ Can hold head up and begins to push up when lying on tummy
- ❑ Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't respond to loud sounds
- ❑ Doesn't watch things as they move
- ❑ Doesn't smile at people
- ❑ Doesn't bring hands to mouth
- ❑ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Su Bebé a los 2 Meses

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 3 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Le sonríe a las personas
- ❑ Puede calmarse sin ayuda por breves momentos (se pone los dedos en la boca y se chupa la mano)
- ❑ Trata de mirar a sus padres

En las áreas del habla y la comunicación

- ❑ Hace sonidos como de arrullo o gorjeos
- ❑ Mueve la cabeza para buscar los sonidos

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Se interesa en las caras
- ❑ Comienza a seguir las cosas con los ojos y reconoce a las personas a la distancia
- ❑ Comienza a demostrar aburrimiento si no cambian las actividades (llora, se inquieta)

En las áreas motora y de desarrollo físico

- ❑ Puede mantener la cabeza alzada y trata de alzar el cuerpo cuando está boca abajo
- ❑ Mueve las piernas y los brazos con mayor suavidad

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No responde ante ruidos fuertes
- ❑ No sigue con la vista a las cosas que se mueven
- ❑ No le sonríe a las personas
- ❑ No se lleva las manos a la boca
- ❑ No puede sostener la cabeza en alto cuando empuja el cuerpo hacia arriba estando boca abajo

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

Tomado de CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Quinta Edición, editado por Steven Shelov y Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 por la Academia Americana de Pediatría y BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, tercera edición, editado por Joseph Hagan, Jr., Judith S. Shaw y Paula M. Duncan, 2008, Elk Grove Village, IL: Academia Americana de Pediatría. Esta lista de verificación de indicadores del desarrollo no es un sustituto de una herramienta de evaluación del desarrollo estandarizada y validada.

Your Baby at 4 Months

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Smiles spontaneously, especially at people
- ❑ Likes to play with people and might cry when playing stops
- ❑ Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- ❑ Begins to babble
- ❑ Babbles with expression and copies sounds he hears
- ❑ Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- ❑ Lets you know if she is happy or sad
- ❑ Responds to affection
- ❑ Reaches for toy with one hand
- ❑ Uses hands and eyes together, such as seeing a toy and reaching for it
- ❑ Follows moving things with eyes from side to side
- ❑ Watches faces closely
- ❑ Recognizes familiar people and things at a distance

Movement/Physical Development

- ❑ Holds head steady, unsupported
- ❑ Pushes down on legs when feet are on a hard surface
- ❑ May be able to roll over from tummy to back
- ❑ Can hold a toy and shake it and swing at dangling toys
- ❑ Brings hands to mouth
- ❑ When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't watch things as they move
- ❑ Doesn't smile at people
- ❑ Can't hold head steady
- ❑ Doesn't coo or make sounds
- ❑ Doesn't bring things to mouth
- ❑ Doesn't push down with legs when feet are placed on a hard surface
- ❑ Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Bebé a los 4 Meses

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 5 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Sonríe espontáneamente, especialmente con otras personas
- ❑ Le gusta jugar con la gente y puede ser que hasta llore cuando se terminan los juegos
- ❑ Copia algunos movimientos y gestos faciales, como sonreír o fruncir el ceño

En las áreas del habla y la comunicación

- ❑ Empieza a balbucear
- ❑ Balbucea con entonación y copia los sonidos que escucha
- ❑ Llora de diferentes maneras para mostrar cuando tiene hambre, siente dolor o está cansado

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Le deja saber si está contento o triste
- ❑ Responde ante las demostraciones de afecto
- ❑ Trata de alcanzar los juguetes con la mano
- ❑ Coordina las manos y los ojos, como cuando juega a esconder la carita detrás de sus manos
- ❑ Sigue con la vista a las cosas que se mueven, moviendo los ojos de lado a lado
- ❑ Observa las caras con atención
- ❑ Reconoce objetos y personas conocidas desde lejos

En las áreas motora y de desarrollo físico

- ❑ Mantiene la cabeza fija, sin necesidad de soporte
- ❑ Se empuja con las piernas cuando tiene los pies sobre una superficie firme
- ❑ Cuando está boca abajo puede darse vuelta y quedar boca arriba
- ❑ Puede sostener un juguete y sacudirlo y golpear a juguetes que estén colgando
- ❑ Se lleva las manos a la boca
- ❑ Cuando está boca abajo, levanta el cuerpo hasta apoyarse en los codos

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No sigue con la vista a las cosas que se mueven
- ❑ No le sonríe a las personas
- ❑ No puede sostener la cabeza con firmeza
- ❑ No gorjea ni hace sonidos con la boca
- ❑ No se lleva las cosas a la boca
- ❑ No empuja con los pies cuando le apoyan sobre una superficie dura
- ❑ Tiene dificultad para mover uno o los dos ojos en todas las direcciones

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Baby at 6 Months

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Knows familiar faces and begins to know if someone is a stranger
- ❑ Likes to play with others, especially parents
- ❑ Responds to other people's emotions and often seems happy
- ❑ Likes to look at self in a mirror

Language/Communication

- ❑ Responds to sounds by making sounds
- ❑ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ❑ Responds to own name
- ❑ Makes sounds to show joy and displeasure
- ❑ Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- ❑ Looks around at things nearby
- ❑ Brings things to mouth
- ❑ Shows curiosity about things and tries to get things that are out of reach
- ❑ Begins to pass things from one hand to the other

Movement/Physical Development

- ❑ Rolls over in both directions (front to back, back to front)
- ❑ Begins to sit without support
- ❑ When standing, supports weight on legs and might bounce
- ❑ Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't try to get things that are in reach
- ❑ Shows no affection for caregivers
- ❑ Doesn't respond to sounds around him
- ❑ Has difficulty getting things to mouth
- ❑ Doesn't make vowel sounds ("ah", "eh", "oh")
- ❑ Doesn't roll over in either direction
- ❑ Doesn't laugh or make squealing sounds
- ❑ Seems very stiff, with tight muscles
- ❑ Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Bebé a los 6 Meses

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 7 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Reconoce las caras familiares y comienza a darse cuenta si alguien es un desconocido
- ❑ Le gusta jugar con los demás, especialmente con sus padres
- ❑ Responde antes las emociones de otras personas y generalmente se muestra feliz
- ❑ Le gusta mirarse en el espejo

En las áreas del habla y la comunicación

- ❑ Copia sonidos
- ❑ Une varias vocales cuando balbucea (“a”, “e”, “o”) y le gusta hacer sonidos por turno con los padres
- ❑ Reacciona cuando se menciona su nombre
- ❑ Hace sonidos para demostrar alegría o descontento
- ❑ Comienza a emitir sonidos de consonantes (parlotea usando la “m” o la “b”)

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Observa a su alrededor las cosas que están cerca
- ❑ Se lleva la cosas a la boca
- ❑ Demuestra curiosidad sobre las cosas y trata de agarrar las cosas que están fuera de su alcance
- ❑ Comienza a pasar cosas de una mano a la otra

En las áreas motora y de desarrollo físico

- ❑ Se da vuelta para ambos lados (se pone boca arriba y boca abajo)
- ❑ Comienza a sentarse sin apoyo
- ❑ Cuando se para, se apoya en sus piernas y hasta puede ser que salte
- ❑ Se mece hacia adelante y hacia atrás, a veces gatea primero hacia atrás y luego hacia adelante

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No trata de agarrar cosas que están a su alcance
- ❑ No demuestra afecto por quienes le cuidan
- ❑ No reacciona ante los sonidos de alrededor
- ❑ Tiene dificultad para llevarse cosas a la boca
- ❑ No emite sonidos de vocales (“a”, “e”, “o”)
- ❑ No rueda en ninguna dirección para darse vuelta
- ❑ No se ríe ni hace sonidos de placer
- ❑ Se ve rígido y con los músculos tensos
- ❑ Se ve sin fuerza como un muñeco de trapo

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Baby at 9 Months

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ May be afraid of strangers
- ❑ May be clingy with familiar adults
- ❑ Has favorite toys

Language/Communication

- ❑ Understands "no"
- ❑ Makes a lot of different sounds like "mamamama" and "bababababa"
- ❑ Copies sounds and gestures of others
- ❑ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ❑ Watches the path of something as it falls
- ❑ Looks for things he sees you hide
- ❑ Plays peek-a-boo
- ❑ Puts things in her mouth
- ❑ Moves things smoothly from one hand to the other
- ❑ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- ❑ Stands, holding on
- ❑ Can get into sitting position
- ❑ Sits without support
- ❑ Pulls to stand
- ❑ Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't bear weight on legs with support
- ❑ Doesn't sit with help
- ❑ Doesn't babble ("mama", "baba", "dada")
- ❑ Doesn't play any games involving back-and-forth play
- ❑ Doesn't respond to own name
- ❑ Doesn't seem to recognize familiar people
- ❑ Doesn't look where you point
- ❑ Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

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Su Bebé a los 9 Meses

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 10 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Puede ser que le tenga miedo a los desconocidos
- ❑ Puede ser que se aferre a los adultos conocidos todo el tiempo
- ❑ Tiene juguetes preferidos

En las áreas del habla y la comunicación

- ❑ Entiende cuando se le dice “no”
- ❑ Hace muchos sonidos diferentes como “mamamama” y “dadadadada”
- ❑ Copia los sonidos que hacen otras personas
- ❑ Señala objetos con los dedos

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Observa el recorrido de las cosas al caer
- ❑ Va en busca de las cosas que usted esconde
- ❑ Juega a esconder su carita detrás de las manos
- ❑ Se pone las cosas en la boca
- ❑ Pasa objetos de una mano a la otra con facilidad
- ❑ Levanta cosas como cereales en forma de “o” entre el dedo índice y el pulgar

En las áreas motora y de desarrollo físico

- ❑ Puede sentarse solo
- ❑ Se sienta sin apoyo
- ❑ Se parar sosteniéndose de algo
- ❑ Gatea

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No se apoya en las piernas con ayuda
- ❑ No se sostiene en las piernas con apoyo
- ❑ No balbucea (“mama”, “baba”, “papa”)
- ❑ No juega a nada que sea por turnos como “me toca a mí, te toca a ti”
- ❑ No responde cuando le llaman por su nombre
- ❑ No parece reconocer a las personas conocidas
- ❑ No mira hacia donde usted señala
- ❑ No pasa juguetes de una mano a la otra

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que se evalúe el desarrollo general de los niños a los 9 meses. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

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Your Child at 1 Year

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Is shy or nervous with strangers
- ❑ Cries when mom or dad leaves
- ❑ Has favorite things and people
- ❑ Shows fear in some situations
- ❑ Hands you a book when he wants to hear a story
- ❑ Repeats sounds or actions to get attention
- ❑ Puts out arm or leg to help with dressing
- ❑ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- ❑ Responds to simple spoken requests
- ❑ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ❑ Makes sounds with changes in tone (sounds more like speech)
- ❑ Says "mama" and "dada" and exclamations like "uh-oh!"
- ❑ Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- ❑ Explores things in different ways, like shaking, banging, throwing
- ❑ Finds hidden things easily
- ❑ Looks at the right picture or thing when it's named
- ❑ Copies gestures
- ❑ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ❑ Bangs two things together
- ❑ Puts things in a container, takes things out of a container
- ❑ Lets things go without help
- ❑ Pokes with index (pointer) finger
- ❑ Follows simple directions like "pick up the toy"

Movement/Physical Development

- ❑ Gets to a sitting position without help
- ❑ Pulls up to stand, walks holding on to furniture ("cruising")
- ❑ May take a few steps without holding on
- ❑ May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't crawl
- ❑ Can't stand when supported
- ❑ Doesn't search for things that she sees you hide.
- ❑ Doesn't say single words like "mama" or "dada"
- ❑ Doesn't learn gestures like waving or shaking head
- ❑ Doesn't point to things
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Hijo de 1 Año

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 1 año de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Actúa con timidez o se pone nervioso en presencia de desconocidos
- ❑ Llora cuando la mamá o el papá se aleja
- ❑ Tiene cosas y personas preferidas
- ❑ Demuestra miedo en algunas situaciones
- ❑ Le alcanza un libro cuando quiere escuchar un cuento
- ❑ Repite sonidos o acciones para llamar la atención
- ❑ Levanta un brazo o una pierna para ayudar a vestirse
- ❑ Juega a esconder la carita y a las palmaditas con las manos

En las áreas del habla y la comunicación

- ❑ Entiende cuando se le pide que haga algo sencillo
- ❑ Usa gestos simples, como mover la cabeza de lado a lado para decir “no” o mover la mano para decir “adiós”
- ❑ Hace sonidos con cambios de entonación (se parece más al lenguaje normal)
- ❑ Dice “mamá” y “papá” y exclamaciones como “oh-oh”
- ❑ Trata de copiar palabras

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Explora los objetos de diferentes maneras (los sacude, los golpea o los tira)
- ❑ Encuentra fácilmente objetos escondidos
- ❑ Cuando se nombra algo mira en dirección a la ilustración o cosa que se nombró
- ❑ Copia gestos
- ❑ Comienza a usar las cosas correctamente, por ejemplo, bebe de una taza, se cepilla el pelo
- ❑ Golpea un objeto contra otro
- ❑ Mete cosas dentro de un recipiente, las saca del recipiente
- ❑ Suelta las cosas sin ayuda
- ❑ Pide atención tocando a las personas con el dedo índice
- ❑ Sigue instrucciones sencillas como “recoge el juguete”

En las áreas motora y de desarrollo físico

- ❑ Se sienta sin ayuda
- ❑ Se para sosteniéndose de algo, camina apoyándose en los muebles, la pared, etc.
- ❑ Puede ser que hasta dé unos pasos sin apoyarse
- ❑ Puede ser que se pare solo

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No gatea
- ❑ No puede permanecer de pie con ayuda
- ❑ No busca las cosas que la ve esconder
- ❑ No dice palabras sencillas como “mamá” o “papá”
- ❑ No aprende a usar gestos como saludar con la mano o mover la cabeza
- ❑ No señala cosas
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Child at 18 Months (1½ Yrs)

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Likes to hand things to others as play
- ❑ May have temper tantrums
- ❑ May be afraid of strangers
- ❑ Shows affection to familiar people
- ❑ Plays simple pretend, such as feeding a doll
- ❑ May cling to caregivers in new situations
- ❑ Points to show others something interesting
- ❑ Explores alone but with parent close by

Language/Communication

- ❑ Says several single words
- ❑ Says and shakes head "no"
- ❑ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ❑ Knows what ordinary things are for; for example, telephone, brush, spoon
- ❑ Points to get the attention of others
- ❑ Shows interest in a doll or stuffed animal by pretending to feed
- ❑ Points to one body part
- ❑ Scribbles on his own
- ❑ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- ❑ Walks alone
- ❑ May walk up steps and run
- ❑ Pulls toys while walking
- ❑ Can help undress herself
- ❑ Drinks from a cup
- ❑ Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't point to show things to others
- ❑ Can't walk
- ❑ Doesn't know what familiar things are for
- ❑ Doesn't copy others
- ❑ Doesn't gain new words
- ❑ Doesn't have at least 6 words
- ❑ Doesn't notice or mind when a caregiver leaves or returns
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Su Bebé a los 18 Meses (1½ Años)

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 19 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Le gusta alcanzarle cosas a los demás como un juego
- ❑ Puede tener rabietas
- ❑ Puede ser que le tenga miedo a los desconocidos
- ❑ Le demuestra afecto a las personas conocidas
- ❑ Juega a imitar cosas sencillas, como alimentar a una muñeca
- ❑ Se aferra a la persona que le cuida en situaciones nuevas
- ❑ Señala para mostrarle a otras personas algo interesante
- ❑ Explora solo, pero con la presencia cercana de los padres

En las áreas del habla y la comunicación

- ❑ Puede decir varias palabras
- ❑ Dice “no” y sacude la cabeza como negación
- ❑ Señala para mostrarle a otra persona lo que quiere

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Sabe para qué sirven las cosas comunes; por ejemplo, teléfono, cepillo, cuchara
- ❑ Señala una parte del cuerpo
- ❑ Señala para llamar la atención de otras personas
- ❑ Demuestra interés en una muñeca o animal de peluche y hace de cuenta que le da de comer
- ❑ Hace garabatos sin ayuda
- ❑ Puede seguir instrucciones verbales de un solo paso que no se acompañan de gestos; por ejemplo, se sienta cuando se le dice “siéntate”

En las áreas motora y de desarrollo físico

- ❑ Camina solo
- ❑ Jala juguetes detrás de él mientras camina
- ❑ Puede subir las escaleras y corer
- ❑ Puede ayudar a desvestirse
- ❑ Bebe de una taza
- ❑ Come con cuchara

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No señala cosas para mostrárselas a otras personas
- ❑ No puede caminar
- ❑ No sabe para qué sirven las cosas familiares
- ❑ No copia lo que hacen las demás personas
- ❑ No aprende nuevas palabras
- ❑ No sabe por lo menos 6 palabras
- ❑ No se da cuenta ni parece importarle si la persona que le cuida se va a o regresa
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 18 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

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Your Child at 2 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies others, especially adults and older children
- ❑ Gets excited when with other children
- ❑ Shows more and more independence
- ❑ Shows defiant behavior (doing what he has been told not to)
- ❑ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- ❑ Points to things or pictures when they are named
- ❑ Knows names of familiar people and body parts
- ❑ Says sentences with 2 to 4 words
- ❑ Follows simple instructions
- ❑ Repeats words overheard in conversation
- ❑ Points to things in a book

Cognitive (learning, thinking, problem-solving)

- ❑ Finds things even when hidden under two or three covers
- ❑ Begins to sort shapes and colors
- ❑ Completes sentences and rhymes in familiar books
- ❑ Plays simple make-believe games
- ❑ Builds towers of 4 or more blocks
- ❑ Might use one hand more than the other
- ❑ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ❑ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- ❑ Stands on tiptoe
- ❑ Kicks a ball
- ❑ Begins to run
- ❑ Climbs onto and down from furniture without help
- ❑ Walks up and down stairs holding on
- ❑ Throws ball overhand
- ❑ Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't use 2-word phrases (for example, "drink milk")
- ❑ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ❑ Doesn't copy actions and words
- ❑ Doesn't follow simple instructions
- ❑ Doesn't walk steadily
- ❑ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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Su Hijo de 2 Años

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 2 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Copia a otras personas, especialmente a adultos y niños mayores
- ❑ Se entusiasma cuando está con otros niños
- ❑ Demuestra ser cada vez más independiente
- ❑ Demuestra un comportamiento desafiante (hace lo que se le ha dicho que no haga)
- ❑ Comienza a incluir otros niños en sus juegos, como jugar a sentarse a comer con las muñecas o a correr y perseguirse

En las áreas del habla y la comunicación

- ❑ Señala a objetos o ilustraciones cuando se los nombra
- ❑ Sabe los nombres de personas conocidas y partes del cuerpo
- ❑ Dice frases de 2 a 4 palabras
- ❑ Sigue instrucciones sencillas
- ❑ Repite palabras que escuchó en alguna conversación
- ❑ Señala las cosas que aparecen en un libro

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Encuentra cosas aun cuando están escondidas debajo de dos o tres sábanas
- ❑ Empieza a clasificar por formas y colores
- ❑ Completa las frases y las rimas de los cuentos que conoce
- ❑ Juega con su imaginación de manera sencilla
- ❑ Construye torres de 4 bloques o más
- ❑ Puede que use una mano más que la otra
- ❑ Sigue instrucciones para hacer dos cosas como por ejemplo, “levanta tus zapatos y ponlos en su lugar”
- ❑ Nombra las ilustraciones de los libros como un gato, pájaro o perro

En las áreas motora y de desarrollo físico

- ❑ Se para en las puntas de los dedos
- ❑ Patea una pelota
- ❑ Empieza a correr
- ❑ Se trepa y baja de muebles sin ayuda
- ❑ Sube y baja las escaleras agarrándose
- ❑ Tira la pelota por encima de la cabeza
- ❑ Dibuja o copia líneas rectas y círculos

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No usa frases de 2 palabras (por ejemplo, “toma leche”)
- ❑ No sabe cómo utilizar objetos de uso común, como un cepillo, teléfono, tenedor o cuchara
- ❑ No copia acciones ni palabras
- ❑ No puede seguir instrucciones sencillas
- ❑ No camina con estabilidad
- ❑ Pierde habilidades que había logrado

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 24 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

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Your Child at 3 Years

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies adults and friends
- ❑ Shows affection for friends without prompting
- ❑ Takes turns in games
- ❑ Shows concern for a crying friend
- ❑ Understands the idea of "mine" and "his" or "hers"
- ❑ Shows a wide range of emotions
- ❑ Separates easily from mom and dad
- ❑ May get upset with major changes in routine
- ❑ Dresses and undresses self

Language/Communication

- ❑ Follows instructions with 2 or 3 steps
- ❑ Can name most familiar things
- ❑ Understands words like "in," "on," and "under"
- ❑ Says first name, age, and sex
- ❑ Names a friend
- ❑ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ❑ Talks well enough for strangers to understand most of the time
- ❑ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- ❑ Can work toys with buttons, levers, and moving parts
- ❑ Plays make-believe with dolls, animals, and people
- ❑ Does puzzles with 3 or 4 pieces
- ❑ Understands what "two" means
- ❑ Copies a circle with pencil or crayon
- ❑ Turns book pages one at a time
- ❑ Builds towers of more than 6 blocks
- ❑ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- ❑ Climbs well
- ❑ Runs easily
- ❑ Pedals a tricycle (3-wheel bike)
- ❑ Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Falls down a lot or has trouble with stairs
- ❑ Drools or has very unclear speech
- ❑ Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- ❑ Doesn't speak in sentences
- ❑ Doesn't understand simple instructions
- ❑ Doesn't play pretend or make-believe
- ❑ Doesn't want to play with other children or with toys
- ❑ Doesn't make eye contact
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Hijo de 3 Años

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 3 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Copia a los adultos y los amigos
- ❑ Demuestra afecto por sus amigos espontáneamente
- ❑ Espera su turno en los juegos
- ❑ Demuestra su preocupación por un amigo que está llorando
- ❑ Entiende la idea de lo que “es mío”, “de él” o “de ella”
- ❑ Expresa una gran variedad de emociones
- ❑ Se separa de su mamá y su papá con facilidad
- ❑ Se molesta con los cambios de rutina grandes
- ❑ Se viste y desviste

En las áreas del habla y la comunicación

- ❑ Sigue instrucciones de 2 o 3 pasos
- ❑ Sabe el nombre de la mayoría de las cosas conocidas
- ❑ Entiende palabras como “adentro”, “arriba” o “debajo”
- ❑ Puede decir su nombre, edad y sexo
- ❑ Sabe el nombre de un amigo
- ❑ Dice palabras como “yo”, “mi”, “nosotros”, “tú” y algunos plurales (autos, perros, gatos)
- ❑ Habla bien de manera que los desconocidos pueden entender la mayor parte de lo que dice
- ❑ Puede conversar usando 2 o 3 oraciones

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Puede operar juguetes con botones, palancas y piezas móviles
- ❑ Juega imaginativamente con muñecas, animales y personas
- ❑ Arma rompecabezas de 3 y 4 piezas
- ❑ Entiende lo que significa “dos”
- ❑ Copia un círculo con lápiz o crayón
- ❑ Pasa las hojas de los libros una a la vez
- ❑ Arma torres de más de 6 bloquecitos
- ❑ Enrosca y desenrosca las tapas de jarras o abre la manija de la puerta

En las áreas motora y de desarrollo físico

- ❑ Trepa bien
- ❑ Corre fácilmente
- ❑ Puede pedalear un triciclo (bicicleta de 3 ruedas)
- ❑ Sube y baja escaleras, un pie por escalón

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ Se cae mucho o tiene problemas para subir y bajar escaleras
- ❑ Se babea o no se le entiende cuando habla
- ❑ No puede operar juguetes sencillos (tableros de piezas para encajar, rompecabezas sencillos, girar una manija)
- ❑ No usa oraciones para hablar
- ❑ No entiende instrucciones sencillas
- ❑ No imita ni usa la imaginación en sus juegos
- ❑ No quiere jugar con otros niños ni con juguetes
- ❑ No mira a las personas a los ojos
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Child at 4 Years

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Enjoys doing new things
- ❑ Plays "Mom" and "Dad"
- ❑ Is more and more creative with make-believe play
- ❑ Would rather play with other children than by himself
- ❑ Cooperates with other children
- ❑ Often can't tell what's real and what's make-believe
- ❑ Talks about what she likes and what she is interested in

Language/Communication

- ❑ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ❑ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ❑ Tells stories
- ❑ Can say first and last name

Cognitive (learning, thinking, problem-solving)

- ❑ Names some colors and some numbers
- ❑ Understands the idea of counting
- ❑ Starts to understand time
- ❑ Remembers parts of a story
- ❑ Understands the idea of "same" and "different"
- ❑ Draws a person with 2 to 4 body parts
- ❑ Uses scissors
- ❑ Starts to copy some capital letters
- ❑ Plays board or card games
- ❑ Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- ❑ Hops and stands on one foot up to 2 seconds
- ❑ Catches a bounced ball most of the time
- ❑ Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Can't jump in place
- ❑ Has trouble scribbling
- ❑ Shows no interest in interactive games or make-believe
- ❑ Ignores other children or doesn't respond to people outside the family
- ❑ Resists dressing, sleeping, and using the toilet
- ❑ Can't retell a favorite story
- ❑ Doesn't follow 3-part commands
- ❑ Doesn't understand "same" and "different"
- ❑ Doesn't use "me" and "you" correctly
- ❑ Speaks unclearly
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Hijo de 4 Años

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 4 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Disfruta haciendo cosas nuevas
- ❑ Juega a "papá y mamá"
- ❑ Cada vez se muestra más creativo en los juegos de imaginación
- ❑ Le gusta más jugar con otros niños que solo
- ❑ Juega en cooperación con otros
- ❑ Generalmente no puede distinguir la fantasía de la realidad
- ❑ Describe lo que le gusta y lo que le interesa

En las áreas del habla y la comunicación

- ❑ Sabe algunas reglas básicas de gramática, como el uso correcto de "él" y "ella"
- ❑ Canta una canción o recita un poema de memoria como "La araña pequeñita" o "Las ruedas de los autobuses"
- ❑ Relata cuentos
- ❑ Puede decir su nombre y apellido

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Nombra algunos colores y números
- ❑ Entiende la idea de contar
- ❑ Comienza a entender el concepto de tiempo
- ❑ Recuerda partes de un cuento
- ❑ Entiende el concepto de "igual" y "diferente"
- ❑ Dibuja una persona con 2 o 4 partes del cuerpo
- ❑ Sabe usar tijeras
- ❑ Empieza a copiar algunas letras mayúsculas
- ❑ Juega juegos infantiles de mesa o de cartas
- ❑ Le dice lo que le parece que va a suceder en un libro a continuación

En las áreas motora y de desarrollo físico

- ❑ Brinca y se sostiene en un pie hasta por 2 segundos
- ❑ La mayoría de las veces agarra una pelota que rebota
- ❑ Se sirve los alimentos, los hace papilla y los corta (mientras usted lo vigila)

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No puede saltar en el mismo sitio
- ❑ Tiene dificultades para hacer garabatos
- ❑ No muestra interés en los juegos interactivos o de imaginación
- ❑ Ignora a otros niños o no responde a las personas que no son de la familia
- ❑ Rehúsa vestirse, dormir y usar el baño
- ❑ No puede relatar su cuento favorito
- ❑ No sigue instrucciones de 3 partes
- ❑ No entiende lo que quieren decir "igual" y "diferente"
- ❑ No usa correctamente las palabras "yo" y "tú"
- ❑ Habla con poca claridad
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

Tomado de CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Quinta Edición, editado por Steven Shelov y Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 por la Academia Americana de Pediatría y BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, tercera edición, editado por Joseph Hagan, Jr., Judith S. Shaw y Paula M. Duncan, 2008, Elk Grove Village, IL: Academia Americana de Pediatría. Esta lista de verificación de indicadores del desarrollo no es un sustituto de una herramienta de evaluación del desarrollo estandarizada y validada.

Your Child at 5 Years

Child's Name **Child's Age** **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Wants to please friends
- ❑ Wants to be like friends
- ❑ More likely to agree with rules
- ❑ Likes to sing, dance, and act
- ❑ Is aware of gender
- ❑ Can tell what's real and what's make-believe
- ❑ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ❑ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ❑ Speaks very clearly
- ❑ Tells a simple story using full sentences
- ❑ Uses future tense; for example, "Grandma will be here."
- ❑ Says name and address

Cognitive (learning, thinking, problem-solving)

- ❑ Counts 10 or more things
- ❑ Can draw a person with at least 6 body parts
- ❑ Can print some letters or numbers
- ❑ Copies a triangle and other geometric shapes
- ❑ Knows about things used every day, like money and food

Movement/Physical Development

- ❑ Stands on one foot for 10 seconds or longer
- ❑ Hops; may be able to skip
- ❑ Can do a somersault
- ❑ Uses a fork and spoon and sometimes a table knife
- ❑ Can use the toilet on her own
- ❑ Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't show a wide range of emotions
- ❑ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ❑ Unusually withdrawn and not active
- ❑ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ❑ Doesn't respond to people, or responds only superficially
- ❑ Can't tell what's real and what's make-believe
- ❑ Doesn't play a variety of games and activities
- ❑ Can't give first and last name
- ❑ Doesn't use plurals or past tense properly
- ❑ Doesn't talk about daily activities or experiences
- ❑ Doesn't draw pictures
- ❑ Can't brush teeth, wash and dry hands, or get undressed without help
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Su Hijo de 5 Años

Nombre del niño **Edad del niño** **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 5 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Quiere complacer a los amigos
- ❑ Quiere parecerse a los amigos
- ❑ Es posible que haga más caso a las reglas
- ❑ Le gusta cantar, bailar y actuar
- ❑ Está consciente de la diferencia de los sexos
- ❑ Puede distinguir la fantasía de la realidad
- ❑ Es más independiente (por ejemplo, puede ir solo a visitar a los vecinos de al lado) [para esto todavía necesita la supervisión de un adulto]
- ❑ A veces es muy exigente y a veces muy cooperador

En las áreas del habla y la comunicación

- ❑ Habla con mucha claridad
- ❑ Puede contar una historia sencilla usando oraciones completas
- ❑ Puede usar el tiempo futuro; por ejemplo, “la abuelita va a venir”
- ❑ Dice su nombre y dirección

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Cuenta 10 o más cosas
- ❑ Puede dibujar una persona con al menos 6 partes del cuerpo
- ❑ Puede escribir algunas letras o números
- ❑ Puede copiar triángulos y otras figuras geométricas
- ❑ Conoce las cosas de uso diario como el dinero y la comida

En las áreas motora y de desarrollo físico

- ❑ Se para en un pie por 10 segundos o más
- ❑ Brinca y puede ser que dé saltos de lado
- ❑ Puede dar volteretas en el aire
- ❑ Usa tenedor y cuchara y, a veces, cuchillo
- ❑ Puede ir al baño solo
- ❑ Se columpia y trepa

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No expresa una gran variedad de emociones
- ❑ Tiene comportamientos extremos (demasiado miedo, agresión, timidez o tristeza)
- ❑ Es demasiado retraído y pasivo
- ❑ Se distrae con facilidad, tiene problemas para concentrarse en una actividad por más de 5 minutes
- ❑ No le responde a las personas o lo hace solo superficialmente
- ❑ No puede distinguir la fantasía de la realidad
- ❑ No juega a una variedad de juegos y actividades
- ❑ No puede decir su nombre y apellido
- ❑ No usa correctamente los plurales y el tiempo pasado
- ❑ No habla de sus actividades o experiencias diarias
- ❑ No dibuja
- ❑ No puede cepillarse los dientes, lavarse y secarse las manos o desvestirse sin ayuda
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Look Again:
Using Sensitive, Skilled Observation in Your Program

THE WHY: Why Observe?

Observation creates an attitude of openness and wonder in your work with infants, toddlers and their families. It helps staff and families to know and understand the children they serve.

Use observation to:

- connect with the children
- enhance relationships with children and families
- provide information that staff and families can share
- determine each child's skills, interest and needs
- identify necessary changes in the environment:
- make meaningful changes to the curriculum
- identify concerns
- determine strategies for handling problems
- measure children's growth and development over time

Adapted from U.S. Department of Health and Human Services. Administration for Children and Families, Administration for Children, Youth, and Families, Head Start Bureau. "Observation and Recording: Tools for Decision-Making," *Training Guides for the Head Start Learning Community*. CD-ROM. Washington, DC: 1998.

Look Again:
Using Sensitive, Skilled Observation in Your Program

THE WHY: Responsive Process

WestEd's Program for Infant Toddler Caregivers uses a simple three-step process for learning about and providing nurturing, responsive care to infants and toddlers. The first step is careful observation. Overall, the process recognizes the diversity of children and that children are best supported in their development by adults who can recognize and respond to their individual needs and temperaments.

***Watch:**

Observe the child – without interpreting what you see. Use all of your senses to understand what the child is experiencing. Look (and listen!) for what happens before and after behaviors of concern. Think about both the physical environment and the social environment.

Ask "I Wonder" Questions:

Young children communicate through their behavior. Ask questions that help you wonder about and understand what you have observed. Consider the following:

- *Development:* I wonder what is happening developmentally for this child?
- *Temperament:* I wonder what this child's temperament is (and the goodness-of-fit with mine?)
- *Physical factors:* I wonder how this child is feeling physically? Could the child be hungry/tired/sick?
- *Emotional factors:* I wonder how this child is feeling emotionally? Is s/he comfortable, feeling safe, anxious, angry?
- *Self-regulation*, defined as the child's ability to gain mastery in controlling bodily functions, managing powerful emotions constructively, and keeping attention focused (National Research Council and Institute of Medicine, 2000): I wonder how this child calms him or herself? I wonder how this child expresses his or her emotions or needs?
- *Environment (physical and social)*: I wonder what is triggering or reinforcing this behavior in the moment? Does there seem to be a pattern?
- *Home environment:* I wonder if something is happening in the home environment that can help me understand this behavior?
- *Staff, family and cultural understanding:* I wonder how I/how the family understands/ experiences/interprets/responds to this behavior? The wider community?

Adapt:

Use the information you gather to develop a theory: What do you think the child is communicating? How can you help? Is it a matter of changing the environment? Is the behavior less challenging for you now that you understand it differently? How can you respond to that child's need before the behavior begins? How can you help the child develop different ways of communicating the message?

Keep in mind that this is a dynamic process. Use Watch, Ask, and Adapt at different times, as appropriate. And, after you adapt, always observe again to make sure that the adaptations are working! Remember, too, that children are constantly growing and changing. Continue to use this process, in formal and informal ways, to inform your work in providing children and their families responsive services.

Look Again:
Using Sensitive, Skilled Observation in Your Program

THE HOW:
Tips for Using Sensitive, Skilled Observation in Your Program

1. **Recognize the child's capacities.** There is so much to do in a day! But young children learn the most when they are given the opportunity to follow their interests, explore, and problem-solve. Understanding all that children can do offers adults permission to slow down and allow them that time.

2. **Plan it!** It can be hard to make observation a priority unless it is actively built into the schedule. Discuss observation in your program with your team: Why is it important, and how will you use it? Consider how observation may fit into your routines and activities and how staff can work together to make it possible. Develop systems that allow communication about and planning and reflecting on observation.

3. **Attend to time and setting.** Like all of us, children are affected by their environments and daily routines. As you observe, note the time of day and the environment.

4. **Make documentation convenient – and family- and staff-friendly.** Keeping notes from observation helps families and staff identify patterns in behavior and document changes in skills. Keep paper and pens handy in homes, classrooms, socialization spaces, outdoor areas, etc.

5. **Engage families in shared observation.** Engaging families in shared observation is required by the *Standards*, and such an important piece of learning about the child and parent education. Talk with families about the value of observation to both shared learning about the child and the child's joy in being the center of attention. For staff, shared observation with families provides rich opportunities to learn from the experts on young children.

6. **Start concrete!** For beginning observers, it can be helpful to start with specific questions to guide observation. Look at the Starting Points for Observation on page 8 and 9 for some ideas of how to begin.

7. **Recognize observation as a skill.** Observation is not just a strategy, it is a skill. Observation requires practice and reflection with a supervisor or with peers. Staff may benefit from learning more about observation and sharing observation with families.

8. **Use tools.** Many screening and assessment tools offer structure and guidance for observation. They also offer developmental information that can provide staff development and parent education opportunities.

9. **Be objective . . .** In order to learn about a child from that child's perspective, it is important to be objective in your observation. This is hard! You are in relationship with the child! Describe behaviors rather than feelings, and choose language that describes what you see objectively.

10. **. . . and monitor your own responses.** Still, your own emotional responses can often give you clues about what you observe. Consider your responses and what they might tell you even as you remain calm and objective.

11. **Watch before, during, and after.** If you are observing a child for specific behaviors, notice what happens before, during and after that behavior. This information can give you clues as to what triggers the behavior and whether it is being rewarded or punished in some way.

THE HOW:
Sample Form for Documenting Observation

Age of child: 12 weeks

Time of observation: *3:00, after LS's nap*

Setting of observation (where is the child?): *Room 3, on blanket on floor*

Observed behaviors	Wondering questions/interpretations
Ex: *LS on his tummy on blanket on floor. RM, a toddler, plopped down on his tummy next to LS, his face a few inches from LS. LS pushed his hands on the floor, tensed his body, and breathed in. He frowned slightly. Then he laughed.*	Ex: *I wonder if RM startled LS? But he seemed to recover quickly, and seemed delighted to see his friend! I wonder if his older brother plays with him this way at home?*

THE HOW:
Starting Points for Observation

Sometimes, staff and families are motivated to observe, but aren't sure how to begin. Consider first your purpose in observation: what is it you hope to learn? Observation is a developed skill. The following questions can help staff and families build skills in observation at the same time they learn about the child they observe.

Observe for particular behaviors:

How many times are behaviors observed in an hour, day, or specified time?
At what time of day? During particular experiences and/or routines?
Who is around?
What happens before and/or after they occur?
Does there seem to be a goal to the behaviors of the child?

Particular behaviors can include:

For infants:

- Gaze and gaze aversion (looking away)
- Yawning
- Vocalizations (including giggling, squealing and crying)
- Expressions (including pushing out of lips, wrinkling the brow, lip grimace or lip compression; smiling; tongue show; brow raising, dull look)
- Movements (including pulling away, joining of hands, arching back, stiffening, clinging posture, lowering the head, hand to eye, hand to ear, hand to mouth, hand to stomach, reaching for caregiver)
- Etc.

For toddlers:

- Words
- Sentences
- Pointing
- Eye gaze or eye aversion
- Pulling adult
- Smiling or laughing
- Crying
- Biting
- Tantrums or other behaviors of concern
- Etc.

THE HOW:
Starting Points for Observation (cont'd.)

Observe for relationship behaviors:

How does the child respond to and approach different adults during the observation?
How does the child respond when those individual adults come close or leave?
Does the child refer back to his/her parent or caregiver in his or her play and exploration?
How does the child respond to and approach different peers?
Is adult intervention needed as the child interacts with peers?
If so, who intervenes and how does the child respond?

Observe the child in the indoor and outdoor environment:

What are the objects in the environment that are most interesting to the child?
How does the child use the objects?
How does the child respond to the environment?
Are there places in the environment where there is often conflict or injury?

Look Again:
Using Sensitive, Skilled Observation in Your Program

Applying the Information

The questions below are meant as a guide for either personal reflection or group discussion. Ideally, teams will work together to consider their program's approach to using or enhancing the use of observation in the program.

1. Consider the *Head Start Program Performance Standards* on page 4. Why do you think these particular requirements are included as part of the *Standards?* How does your program meet these requirements?

2. Consider the reasons for observation shared by faculty and listed on page 5. Why do you think that observation is important? How do you use observation in these ways? Are there uses for observation listed here that you have not considered before? Does/ how does this list make you think differently about observation in your program?

3. How do you work with families to build observation skills and/or share observation? Do you/why do you think that work with families is so important?

4. In your preactivity, you were asked to do a five-minute observation of a child. What challenged you about that activity? What did you learn about the child through that activity? What did you learn about observation? What resources (e.g., additional time, extra staff) or information (e.g., more specifics on goals for the observation) would have been helpful to you?

5. How do you already use the *Responsive Process* described on page 6 in your work? How does observation provide a foundation for work with young children and their families?

6. Consider the Tips for Observation listed on page 7. In what ways are you already using these ideas in your observation in your program? What strategies did you hear that might enhance your use of observation?

7. Faculty talk about how observation is a developed skill. What is your level of skill and experience? Will you/How will you use the list of Starting Points for Observation listed on page 9 and 10 in your work? Is there anything you might add? *More experienced observers:* Would you be interested in mentoring others in your program? How can you build a system of support for building skill in observation?

8. What opportunities are there for skill development in observation at your program? Are there more practiced staff who can mentor others on the team? Do staff get opportunities with peers or supervision where they can share and reflect on what they observe?

9. How is data from observation used in your program? What works about this system? What doesn't? How can you address some of the challenges?

10. The Office of Head Start is providing a number of resources to your program. Look through the information on pages 12-15 of this packet. How can you/your program use these resources?

Questions to Consider

- Developmental skill?
- Strategies used by the child in play?
- What has changed? What has not changed?
- How do my/parents' interactions affect the outcomes of the child's experience?
- How does the information relate to goals for the child? The family's goals? Program's school readiness goals?
- What other information do I need?
- What questions do I have for the child's family?