



Boulder Community Hospital

DEVELOPMENTAL CHECKLIST Ages Birth – 3 Years

Name of Child: _____

Date: _____

Check areas of difficulty. Star (*) items of particular concern to you.

Key: N = Never

S = Sometimes;

F = Frequently

Touch

N	S	F	Behavior
			Distressed when diapered or when diaper needs changing.
			Prefers certain clothing or complains that certain clothes are too tight or itchy (over 15 months).
			Distressed by bathing, having hair or face washed.
			Resists cuddling, pulls away or arches.
			Wants hands cleaned immediately when dirty.
			Doesn't notice pain when falling or bumping into things.
			Reacts strongly to pain.
			Difficulty participating in group activities (over 18 months).
Comments:			

Eating and Sleeping Habits

N	S	F	Behavior
			Requires extensive help to fall asleep or awaken..
			Difficulty sleeping through the night.
			Difficulty sucking on breast or bottle. Have you tried different brands? What types? What nipples? _____ _____
			Diet: <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Formula
			Drinks from: <input type="checkbox"/> Sippee cup <input type="checkbox"/> Straw <input type="checkbox"/> Open cup
			Difficulty with chewing and swallowing. (choking/coughing)
			Difficulty with transition to new food textures.
			Extreme food preferences for extended time periods.
			Excessive drooling other than when teething.
			State food aversions:
			Sleep schedule:
Comments:			

Self Regulation

N	S	F	Behavior
			Excessively irritable, fussy, colicky.
			Easily upset with change.
			Difficulty calming when upset.
			Difficulty changing from one activity to another, or from sleep to wakefulness without distress.
			Must be prepared in advance several times before change is introduced.
Comments, overall disposition:			

Movement

N	S	F	Behavior
			In constant motion: rocking, running about, unable to sit still for age appropriate activity.
			Distressed by being swung in air, swinging, merry-go-rounds, car rides.
			Craves swinging and moving upside down.
			Clumsy, poor balance, bumps into things more than others of same age.
			Fearful or hesitant moving over changing surfaces (e.g. carpet to wood floor, sidewalk to grass).
			Absent or brief crawling before walking (over 1 year old).
Comments:			

Listening, Language and Sound

N	S	F	Behavior
			Sensitive to common sounds; vacuum, blender, music, singing, raised voices, flushing toilet.
			Doesn't respond to verbal directions (over 12 months old).
			Absent or little vocalizing or babbling. When did babbling begin? _____
			Did the jargon (babbling that sounds like speech)? Which age? _____
			Distracted by sounds not normally noticed by average person (e.g. refrigerator, furnace).
			Slow to learn new words compared to others of same age.
			Difficulty learning imitation games (peek-a-boo, pat-a-cake).
			Speech difficult to understand more than others of same age (over 36 months old).
			Doesn't use words or pointing to get needs met.
			Not able to follow simple directions. How many are followed?
Comments:			

Play Abilities

N	S	F	Behavior
			Difficulty engaging in imaginative play (over 10 months).
			Wanders around aimlessly without focused exploration or purposeful play (over 15 months).
			Breaks toys and other things destructively (over 15 months).
			Difficulty amusing self for more extended periods of time.
			Engages in repetitive play for long periods of time.
			Prefers to play with objects rather than with people.
			Hurts self or others (e.g. head banging, biting, pinching).
			Eye contact is fleeting or absent.
			Doesn't seek connection with familiar people.
Comments:			

Developmental Milestones

Age Met	Not Yet	Milestone	Age Met	Not Yet	Milestone
		Establish eye contact.			Used gestures – pointing, nodding
		Smile Responsively.			Speak first words.
		Hold head up.			Put 2 words together.
		Roll Over.			Speak in simple sentences.
		Sit without support.			Feed self with a spoon.
		Crawl.			Drink from a cup.
		Pulls to standing			Potty trained.
		Walk alone.			Ride a tricycle.
		Babble.			Run well.

Person(s) filling out this form: _____

Date: _____