



**ATTACHMENT B, WORKING WITH THE BIRTH THROUGH FIVE POPULATION:
DEVELOPMENTAL CHECKLIST FOR CHILDREN AGE BIRTH THROUGH FIVE**

FIRST MONTH (BY THE END OF THIS PERIOD)

CHILD'S NAME: _____

DATE: _____

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I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Moves arms and legs (not necessarily smooth or symmetrical)	_____	_____
Brings hands within range of eyes and mouth	_____	_____
Moves head from side to side while lying on stomach	_____	_____
Head flops backward if unsupported	_____	_____
Keeps hands predominantly closed	_____	_____
Strong reflex movements:		
▪ Moro reflex	_____	_____
▪ Walking/stepping	_____	_____
▪ Rooting	_____	_____
▪ Sucking	_____	_____
▪ Tonic neck reflex	_____	_____
▪ Palmar grasp	_____	_____
▪ Plantar grasp	_____	_____
 <u>Visual</u>		
Eyes wander (may occasionally cross)	_____	_____
 <u>Hearing</u>		
May turn toward familiar sounds and voices	_____	_____



FIRST MONTH (BY THE END OF THIS PERIOD)

II. DEVELOPMENTAL RED FLAGS

- Sucks poorly and feeds slowly
- Choking, gagging or leakage due to poor swallowing
- Doesn't blink when shown a bright light
- Doesn't focus and follow a nearby object moving side to side
- Rarely moves arms and legs; seems stiff
- Seems excessively loose in limbs, or floppy
- Lower jaw trembles constantly, even when not crying or excited
- Doesn't respond to loud sounds
- Not demonstrating all reflexive movements

Comments:

Behavioral Health Servicing Provider (**PLEASE PRINT**)

Name of Behavioral Health Personnel (**PLEASE PRINT**)

Signature of Behavioral Health Personnel with credentials, if applicable (**BHT/BHPP**)

Date

Time: Begin/End

Behavioral Health Professional Reviewer (**BHP**) (**PLEASE PRINT**)

Signature of Licensed BHP

BHP Reviewer: Professional Credential(s) (LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD)

Date

Time: Begin/End



ONE THROUGH THREE MONTHS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Raises head and chest when lying on stomach	_____	_____
Supports upper body with arms when lying on stomach	_____	_____
Stretches legs out and kicks when lying on stomach or back	_____	_____
Opens and shuts hands	_____	_____
Pushes down on legs when feet are placed on a firm surface	_____	_____
Brings hand to mouth	_____	_____
Takes swipes at dangling objects with hands	_____	_____
Grasps and shakes hand toys	_____	_____
<u>Visual</u>		
Watches faces intently	_____	_____
Follows moving objects	_____	_____
Recognizes familiar objects and people at a distance	_____	_____
Starts using hands and eyes in coordination	_____	_____
<u>Hearing and Speech</u>		
Responds to the sound of a voice	_____	_____
Cooing noises; vocal play begins	_____	_____
Begins to imitate some sounds	_____	_____
Turns head toward direction of sound	_____	_____
<u>Social and Emotional</u>		
Begins to develop a social smile	_____	_____
Enjoys playing with other people and may cry when playing stops	_____	_____
Becomes more communicative and expressive with face and body	_____	_____
Imitates some movements and facial expressions	_____	_____



ONE THROUGH THREE MONTHS (BY THE END OF THIS PERIOD)

II. DEVELOPMENTAL RED FLAGS

- Doesn't seem to respond to loud sounds
Doesn't smile at the sound of your voice by 2 mos.
Doesn't follow moving objects with eyes by 2-3 mos.
Doesn't vocalize vowel sounds (cooing) by 2 mos.
Doesn't vocalize consonant sounds (babbling) by 4 mos.
Begins babbling but doesn't try to imitate any of your sounds by 4 mos.
Doesn't push down with legs when feet are placed on a firm surface by 4 mos.
Doesn't pay attention to new faces, or seems very frightened by new faces or surroundings
Doesn't easily move head from side to side (torticollis)
Tremors or jerky movements persist after 2 mos.
Has trouble moving one or both eyes in all directions
Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
Doesn't notice own hands by 2 mos.
Doesn't grasp and hold objects by 3 mos.
Doesn't smile at people by 3 mos.
Cannot support head well at 3 mos.
Doesn't bring objects to mouth by 4 mos.
Doesn't reach for and grasp toys by 3-4 mos.
Still has Moro reflex after 4 mos.
Poor eye contact

COMMENTS:

Large empty rectangular box for handwritten or typed comments.

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Signature of Licensed BHP

BHP Reviewer: Professional Credential(s) (LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD)

Date

Time: Begin/End

FOUR THROUGH SEVEN MONTHS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Pushes up on extended arms	_____	_____
Rolls both ways (front to back, back to front)	_____	_____
Sits with, and then without support of own hands	_____	_____
Pulls to sitting with no head lag	_____	_____
Grasps feet	_____	_____
Supports his/her whole weight on legs	_____	_____
Reaches with one hand	_____	_____
Transfers objects from hand to hand	_____	_____
Uses raking grasp (not pincer)	_____	_____
<u>Visual</u>		
Tracks moving objects with ease	_____	_____
Looks for toy beyond tracking range	_____	_____
Grasps objects dangling in front of him/her	_____	_____
Looks for fallen toys	_____	_____
<u>Language</u>		
Responds to own name	_____	_____
Begins to respond to “no”	_____	_____
Distinguishes emotions by tone of voice	_____	_____
Responds to sounds by making sounds	_____	_____
Uses voice to express joy and displeasure	_____	_____
Babbles chains of consonants	_____	_____
<u>Cognitive</u>		
Finds partially hidden objects	_____	_____
Explores with hands and mouth	_____	_____
Struggles to get objects that are out of reach	_____	_____



FOUR THROUGH SEVEN MONTHS (BY THE END OF THIS PERIOD)

<u>Social and Emotional</u>	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
Enjoys social play	_____	_____
Interested in mirror images	_____	_____
Responds to other people's expressions of emotion & often appears joyful	_____	_____

II. Developmental Red Flags

- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled up to a sitting position
- Persistent tearing, eye drainage, or sensitivity to light
- Has difficulty getting objects to his/her mouth
- Doesn't roll over in either direction by 5 mos.
- Doesn't smile spontaneously by 5 mos.
- Doesn't laugh or make squealing sounds by 6 mos.
- Doesn't follow objects with both eyes at near (1 ft.) and far (6 ft.) ranges by 7 mos.
- Doesn't try to attract attention through actions by 7 mos.
- Doesn't show interest in social games (e.g., peek-a-boo or patty cake) by 8 mos.
- Poor eye contact
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for caregiver
- One or both eyes consistently turn in or out
- Doesn't respond to sound around him/her
- Doesn't turn head to locate sounds by 4 mos
- Seems inconsolable at night after 5 mos.
- Cannot sit with help by 6 mos.
- Doesn't actively reach for objects (6-7 mos.)
- Doesn't bear some weight on legs by 7 mos.
- Doesn't babble by 8 mos.
- Still has tonic neck reflex at end of 7 mos.
- Doesn't seem to enjoy being around people

Comments:

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Signature of Behavioral Health Personnel with credentials, if applicable (BHT/BHPP)

Date

Time: Begin/End

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Signature

BHP Reviewer: Professional Credential(s) (LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD)

Date

Time: Begin/End

EIGHT THROUGH TWELVE MONTHS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Gets to sitting position without assistance	_____	_____
Crawls forward on belly by pulling with arms & pushing with legs	_____	_____
Assumes hands and knees position	_____	_____
Creeps on hands and knees supporting trunk on hands and knees	_____	_____
Gets from sitting to crawling or prone (lying on stomach) position	_____	_____
Pulls self up to standing position	_____	_____
Walks holding on to furniture	_____	_____
Stands momentarily without support	_____	_____
May walk two or three steps without support	_____	_____
<u>Hand and Finger Skills</u>		
Uses pincer grasp	_____	_____
Bangs two cubes together	_____	_____
Puts objects into container	_____	_____
Takes objects out of container	_____	_____
Releases objects purposefully	_____	_____
Pokes with index finger	_____	_____
Tries to imitate scribbling	_____	_____
<u>Language</u>		
Responds to simple verbal requests	_____	_____
Responds to “no”	_____	_____
Uses simple gestures, such as shaking head for “no”	_____	_____
Babbles with inflection	_____	_____
Says “dada” and/or “mama” (may not be person specific)	_____	_____
Uses exclamations, such as “oh-oh!”	_____	_____
Tries to imitate words	_____	_____



EIGHT THROUGH TWELVE MONTHS (BY THE END OF THIS PERIOD)

<u>Cognitive</u>	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
Explores objects in many different ways: shaking, banging, throwing, dropping	_____	_____
Finds hidden objects easily	_____	_____
Looks at correct picture when the image is named	_____	_____
Imitates gestures	_____	_____
Begins to use objects correctly: drinking from cup, brushing hair, dialing phone	_____	_____
<u>Social and Emotional</u>		
Shy or anxious with strangers	_____	_____
Cries when primary caregiver leaves	_____	_____
Enjoys imitating people in play	_____	_____
Shows specific preferences for certain people and toys	_____	_____
May be fearful in some situations	_____	_____
Prefers mother and/or regular caregiver over all others	_____	_____
Repeats sounds or gestures for attention	_____	_____
Finger-feeds him/herself	_____	_____
Extends arm or leg to help when being dressed	_____	_____



EIGHT THROUGH TWELVE MONTHS (BY THE END OF THIS PERIOD)

II. DEVELOPMENTAL RED FLAGS

- Doesn't crawl
Drags one side of body while crawling (for over one month)
Cannot stand when supported
Doesn't search for objects that are hidden while s/he watches
Doesn't learn to use gestures, such as waving or shaking head
Doesn't show interest in social games (e.g., peek-a-boo or patty cake) by 8 mos.
Doesn't babble by 8 mos.
Doesn't sit steadily by 10 mos.
Doesn't point to objects or pictures
Says no single words ("mama, dada, baba")
Poor eye contact

COMMENTS:

Large empty rectangular box for entering comments.

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Time: Begin/End

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Date

Time: Begin/End

TWELVE TO TWENTY-FOUR MONTHS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Stands momentarily without support	_____	_____
Walks alone (12-16 mos.)	_____	_____
Pulls toys behind him/her while walking (13-16 mos.)	_____	_____
Carries large toy or several toys while walking (12-15 mos.)	_____	_____
Begins to run (16-18 mos.)	_____	_____
Stands on tiptoe	_____	_____
“Kicks” ball (e.g., by running into it)	_____	_____
Climbs onto and down from furniture unassisted (16-24 mos.)	_____	_____
Walks up and down stairs holding on to support	_____	_____
<u>Hand and Finger Skills</u>		
Scribbles spontaneously (14-16 mos.)	_____	_____
Turns over container to pour out contents (12-18 mos.)	_____	_____
Builds tower of four blocks or more (20-24 mos.)	_____	_____
Might use one hand more frequently than the other	_____	_____
<u>Language</u>		
Points to object or picture when it’s named for him/her (18-24 mos.)	_____	_____
Recognizes names of familiar people, objects and body parts (18-24 mos.)	_____	_____
Says several single words by 15-18 mos.	_____	_____
Uses simple phrases (two- to four-word sentences) by 18-24 mos.	_____	_____
Follows simple instructions (14-18 mos.)	_____	_____
Repeats words overheard in conversation (16-18 mos.)	_____	_____



TWELVE TO TWENTY-FOUR MONTHS (BY THE END OF THIS PERIOD)

<u>Cognitive</u>	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
Finds objects even when hidden under two or three covers	_____	_____
Begins to sort shapes and colors (20-24 mos.)	_____	_____
Begins make-believe play (20-24 mos.)	_____	_____
<u>Social and Emotional</u>		
Imitates behavior of others, especially adults and older children (18-24 mos.)	_____	_____
Increasingly enthusiastic about company of other children (20-24 mos.)	_____	_____
Demonstrates increasing independence (18-24 mos.)	_____	_____
Begins to assert will or show defiant behavior (18-24 mos.)	_____	_____
Increasing episodes of separation anxiety toward midyear, then fades	_____	_____

II. DEVELOPMENTAL RED FLAGS

- Cannot walk by 18 mos.
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on his/her toes
- Doesn't speak at least fifteen words by 18 mos.
- Doesn't seem to know the function of common household objects (brush, telephone, bell, fork, spoon) by 15 mos.
- Poor eye contact
- Doesn't imitate actions or words by age 2
- Doesn't follow simple instructions by age 2
- Cannot push a wheeled toy by age 2
- Doesn't use two-word sentences by age 2
- Shows asymmetry in body movements or limb dominance for one side of the body

COMMENTS:

<i>Behavioral Health Servicing Provider (PLEASE PRINT)</i>	<i>Name of Behavioral Health Personnel (PLEASE PRINT)</i>	
<i>Signature of Behavioral Health Personnel with credentials, if applicable (BHT/BHPP)</i>	<i>Date</i>	<i>Time: Begin/End</i>
<i>Behavioral Health Professional Reviewer (BHP) (PLEASE PRINT)</i>	<i>Signature</i>	
<i>BHP Reviewer: Professional Credential(s) (LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD)</i>	<i>Date</i>	<i>Time: Begin/End</i>

TWENTY-FOUR MONTHS TO THIRTY-SIX MONTHS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Climbs well (24-30 mos.)	_____	_____
Walks up and down stairs, alternating feet (24-30 mos.)	_____	_____
Kicks ball with purpose by swinging leg (24-30 mos.)	_____	_____
Runs easily (24-26 mos.)	_____	_____
Pedals tricycle (30-36 mos.)	_____	_____
Bends over easily without falling (24-30 mos.)	_____	_____
<u>Hand and Finger Skills</u>		
Makes vertical, horizontal, circular strokes w/pencil or crayon (30-36 mos.)	_____	_____
Turns book pages one at a time (24-30 mos.)	_____	_____
Builds a tower of six blocks (24-30 mos.)	_____	_____
Holds a pencil in writing position (30-36 mos.)	_____	_____
Screws and unscrews jar lids, nuts and bolts (24-30 mos.)	_____	_____
Turns rotating handles (24-30 mos.)	_____	_____
<u>Language</u>		
Follows a two- or three-part command	_____	_____
Recognizes & identifies almost all common objects & pictures (26-32 mos.)	_____	_____
Understands most sentences (24-40 mos.)	_____	_____
Understands physical relationships (“on,” “in,” “under”) (30-36 mos.)	_____	_____
Uses four- and five-word sentences	_____	_____
Can say name, age and sex (30-36 mos.)	_____	_____
Uses pronouns (I, you, me, we, they) and some plurals (cars, dogs, cats)	_____	_____
Strangers can understand most of his/her words (30-36 mos.)	_____	_____



TWENTY-FOUR MONTHS TO THIRTY-SIX MONTHS (BY THE END OF THIS PERIOD)

Cognitive

Date Observed

Date Reported/By Whom

Makes mechanical toys work (30-36 mos.)

Matches an object in his/her hand or room to a picture in a book (24-30 mos.)

Plays make-believe with dolls, animals, and people (24-36 mos.)

Sorts objects by shape and color (30-36 mos.)

Completes puzzles with three or four pieces (24-36 mos.)

Understands concept of “two” (26-32 mos.)

Social and Emotional

Imitates adults and playmates

Spontaneously shows affection for familiar playmates

Engages in reciprocal and flexible play

Can take turns in games

Understands concept of “mine” and “his/hers”

Expresses affection openly

Expresses a wide range of emotions (24-36 mos.)

Able to separate from primary caregiver(s) (by 36 mos.)

Objects to major changes in routine (24-36 mos.)



TWENTY-FOUR MONTHS TO THIRTY-SIX MONTHS (BY THE END OF THIS PERIOD)

II. DEVELOPMENTAL RED FLAGS

- Frequent falling and difficulty with stairs
Persistent drooling or very unclear speech
Inability to build a tower of more than four blocks
Difficulty manipulating small objects
Inability to copy a circle by age 3
Inability to communicate in short phrases
Limited interest in toys
No involvement in "pretend" play
Failure to understand simple instructions
Little interest in other children
Extreme difficulty separating from primary caregiver
Poor eye contact

COMMENTS:

Large empty rectangular box for handwritten or typed comments.

Behavioral Health Servicing Provider (PLEASE PRINT)

Name of Behavioral Health Personnel (PLEASE PRINT)

Signature of Behavioral Health Personnel with credentials, if applicable (BHT/BHPP)

Date

Time: Begin/End

Behavioral Health Professional Reviewer (BHP) (PLEASE PRINT) (print name)

Signature of Licensed BHP

BHP Reviewer: Professional Credential(s) (LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD)

Date

Time: Begin/End

THREE TO FOUR YEARS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Hops and stands on one foot up to five seconds	_____	_____
Goes upstairs and downstairs without support	_____	_____
Kicks ball with control and directionality	_____	_____
Throws ball overhand	_____	_____
Catches bounced ball most of the time	_____	_____
Moves forward and backward with agility	_____	_____
Uses riding toys	_____	_____
<u>Hand and Finger Skills</u>		
Copies square shapes	_____	_____
Uses scissors	_____	_____
Draws circles and squares	_____	_____
Begins to copy some capital letters	_____	_____
Can feed self with spoon with minimal spilling	_____	_____
<u>Language</u>		
Has mastered some basic rules of grammar	_____	_____
Speaks in sentences of five to six words	_____	_____
Speaks clearly enough for strangers to understand	_____	_____
Tells stories	_____	_____
Asks questions	_____	_____

THREE TO FOUR YEARS (BY THE END OF THIS PERIOD)

<u>Cognitive</u>	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
Correctly names some colors	_____	_____
Understands the concept of counting and may know a few numbers	_____	_____
Approaches problems from a single point of view	_____	_____
Begins to have a clearer sense of time	_____	_____
Follows three-step related commands	_____	_____
Recalls parts of a story	_____	_____
Understands the concepts of “same” and “different”	_____	_____
Engages in fantasy play	_____	_____
 <u>Social and Emotional</u>		
Interested in new experiences	_____	_____
Cooperates/plays with other children	_____	_____
Plays “Mom” or “Dad”	_____	_____
Increasingly inventive in fantasy play	_____	_____
Dresses and undresses	_____	_____
Negotiates solutions to conflicts	_____	_____
More independent	_____	_____
Imagines that many unfamiliar images may be “monsters”	_____	_____
Views self as a whole person involving body, mind, and feelings	_____	_____
Moves freely back and forth between fantasy and reality	_____	_____

THREE TO FOUR YEARS (BY THE END OF THIS PERIOD)

II. DEVELOPMENTAL RED FLAGS

- Cannot throw a ball overhand
- Cannot jump in place
- Cannot ride a tricycle
- Cannot stack four blocks
- Cannot grasp a crayon between thumb and fingers
- Has difficulty scribbling
- Cannot copy a circle
- Lashes out without any self-control when angry or upset
- Still clings or cries whenever parents leave him/her
- Doesn't respond to people outside the family
- Doesn't use sentences of more than 3 words
- Shows no interest in interactive games
- Ignores other children
- Doesn't engage or gets stuck in fantasy play
- Resists dressing, sleeping, using toilet
- Doesn't use "me" and "you" appropriately
- Poor eye contact

COMMENTS:

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Date

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Signature of Licensed BHP

BHP Reviewer: Professional Credential(s) (LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD)

Date

Time: Begin/End

FOUR TO FIVE YEARS (BY THE END OF THIS PERIOD)

I. DEVELOPMENTAL CHECKLIST

	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
<u>Movement</u>		
Stands on one foot for ten seconds or longer	_____	_____
Hops, somersaults	_____	_____
Swings, climbs	_____	_____
May be able to skip	_____	_____
<u>Hand and Finger Skills</u>		
Copies triangle and other geometric patterns	_____	_____
Prints some letters	_____	_____
Dresses and undresses without assistance	_____	_____
Uses fork, spoon, and (sometimes) a table knife	_____	_____
Usually cares for own toilet needs	_____	_____
<u>Language</u>		
Recalls part of a story	_____	_____
Speaks sentences of more than five words	_____	_____
Uses future tense	_____	_____
Tells longer stories	_____	_____
Says full name	_____	_____
<u>Cognitive</u>		
Can count ten or more objects	_____	_____
Correctly names at least four colors	_____	_____
Better understands the concept of time	_____	_____
Knows about things used every day in the home (money, food, appliances)	_____	_____

FOUR TO FIVE YEARS (by the end of this period)

<u>Social and Emotional</u>	<u>Date Observed</u>	<u>Date Reported/By Whom</u>
Wants to please friends	_____	_____
Wants to be like his/her friends	_____	_____
More likely to agree to rules	_____	_____
Likes to sing, dance, and act	_____	_____
Aware of sexuality	_____	_____
Increased ability to distinguish fantasy from reality	_____	_____
Sometimes demanding, sometimes eagerly cooperative	_____	_____

II. DEVELOPMENTAL RED FLAGS

- Exhibits extremely fearful or timid behavior
- Exhibits extremely aggressive behavior
- Is unable to separate from primary caregiver(s) without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Can't differentiate between fantasy and reality
- Avoids or seems aloof with other children and adults
- Cannot understand two-part commands using prepositions ("Put the cup on the table." "Get the ball under the couch.")
- Doesn't use plurals or past tense properly when speaking
- Poor eye contact
- Doesn't express a wide range of emotions
- Has trouble eating, sleeping, or using toilet
- Doesn't engage in a variety of activities
- Seems unusually passive
- Can't correctly give first and last name
- Doesn't talk about his/her daily activities and experiences
- Cannot build a tower of 6-8 blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off his/her clothing
- Cannot brush his/her teeth efficiently
- Cannot wash and dry his/her hands
- Seems unhappy or sad much of the time



FOUR TO FIVE YEARS (BY THE END OF THIS PERIOD)

COMMENTS:

Empty box for comments.

Behavioral Health Servicing Provider (**PLEASE PRINT**)

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