Child's name: _____   **PEDS:DM™ Developmental Milestone Screening**   Date of birth: _____

☐ 9 months (8-10 months) Today's date: _____   **Circle one answer for each question**

Do you have any concerns about your child's development?		Yes	No	Explain:	
Can your baby poke at things with just his or her first finger?	Fine motor	No	A little	Yes	Using hands & fingers Pass ☐ Fail ☐
When you say your baby's name, does he or she stop and look at you?	Receptive language	No	Sometimes	Most of the time	Listening Pass ☐ Fail ☐
How many different sounds such as "muh," "bah," "duh," or "guh" does your baby say?	Expressive language	None	1	2 or more	Talking Pass ☐ Fail ☐
Can your baby get around on hands and knees or by scooting on his or her bottom?	Gross motor	No	Sometimes	Yes	Using arms & legs Pass ☐ Fail ☐
Does your baby try to get to toys that are out of reach?	Adaptive behavior	No	A little	Yes	Self-help Pass ☐ Fail ☐
Does your baby like to play peek-a-boo?	Social/ emotional	No / never tried	A little	Yes	Getting along w/others Pass ☐ Fail ☐

STOP: this is the end of the 9 month screening.   **Provider's initials: _____**

☐ 18 months (17-19 months) Today's date: _____   **Circle one answer for each question**

Do you have any concerns about your child's development?		Yes	No	Explain:	
Can your child stack blocks?	Fine motor	No / don't have blocks	1-2 blocks	3 or more blocks	Using hands & fingers Pass ☐ Fail ☐
How many body parts can your child point to if you say, "Where are your eyes? Where is your nose? ...feet? ...hair? ...mouth? ...ears?"	Receptive language	None	1	2 or more	Listening Pass ☐ Fail ☐
Does your child try to get your attention by pointing to things?	Expressive language	No	Sometimes	Most of the time	Talking Pass ☐ Fail ☐
Does your child try to jump, even if both feet don't leave the ground?	Gross motor	No	Feet stay on the ground	1 or both feet off the ground	Using arms & legs Pass ☐ Fail ☐
When you are dressing your child, does he or she help by holding out an arm or lifting a foot?	Adaptive behavior	No	Sometimes	Most of the time	Self-help Pass ☐ Fail ☐
When around other children, does your child try to do things with them, such as feeding or kissing them, or even pushing or taking toys?	Social/ emotional	No	Not very often	Yes	Getting along w/others Pass ☐ Fail ☐

STOP: this is the end of the 18 month screening.   **Provider's initials: _____**

☐ 30 months (29-33 months) Today's date: _____   **Circle one answer for each question**

Do you have any concerns about your child's development?		Yes	No	Explain:	
Can your child scribble with a crayon or marker without going off the page much?	Fine motor	No	Sometimes	Yes	Using hands & fingers Pass ☐ Fail ☐
How many of these body parts can your child point to if you say, "Where is your head? Where are your legs? Arms? Fingers? Teeth? Thumbs? Toes?"	Receptive language	None	1-2	3 or more	Listening Pass ☐ Fail ☐
When your child talks, how many words does he or she usually use at a time?	Expressive language	None	1	2 or more	Talking Pass ☐ Fail ☐
Can your child walk backwards two steps?	Gross motor	No	Yes, shuffles & stops	Yes	Using arms & legs Pass ☐ Fail ☐
Can your child take off loose clothes such as pull-down pants or a coat?	Adaptive behavior	No	Sometimes	Most of the time	Self-help Pass ☐ Fail ☐
Does your child pretend to do grown-up things like taking care of a baby, sweeping, driving or cooking?	Social/ emotional	No	Sometimes	Yes	Getting along w/others Pass ☐ Fail ☐

STOP: this is the end of the 30 month screening.   **Provider's initials: _____**