

## 9 Months (9 Months 0 days through 9 months 30 days)

### COMMUNICATION

- |  | YES                   | SOMETIMES             | NOT YET               |       |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. Does your baby make sounds like "da," "ga," "ka," and "ba"?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? <i>(The sounds do not need to mean anything.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 6. Does your baby say three words, such as "Mama," "Dada," and "Baba"? <i>(A "word" is a sound or sounds your baby says consistently to mean someone or something.)</i>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

COMMUNICATION TOTAL \_\_\_\_\_

### GROSS MOTOR

- |   | YES                   | SOMETIMES             | NOT YET               |       |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. If you hold both hands just to balance your baby, does she support her own weight while standing?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using his hands for support?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 6. Does your baby walk beside furniture while holding on with only one hand?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

GROSS MOTOR TOTAL \_\_\_\_\_

### FINE MOTOR

- |   | YES                   | SOMETIMES             | NOT YET               |       |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. Does your baby pick up a small toy with only one hand?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. Does your baby <i>successfully</i> pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? <i>(If she already picks up a crumb or Cheerio, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. Does your baby pick up a small toy with the <i>tips</i> of his thumb and fingers? <i>(You should see a space between the toy and his palm.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? <i>(The string may be attached to a toy.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. Does your baby pick up a crumb or Cheerio with the <i>tips</i> of his thumb and a finger? He may rest his arm or hand on the table while doing it.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

FINE MOTOR TOTAL \_\_\_\_\_

\*If Fine Motor Item 6 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."



# PEDS RESPONSE FORM

Provider \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.