
Child's Name



DEVELOPMENTAL MILESTONES

Please list what **age (in months)** that your child achieved the following skills:

Roll over _____ Sit unsupported _____ Crawl (belly) _____ (hands & knees) _____
Walk _____

Walk up/downstairs _____ Run _____ Clap hands together _____

Wave bye-bye _____ Began saying words _____

Finger feed _____ Use spoon _____ Drink from cup _____

Dress independently _____ Use 2-3 words together _____ Toilet Trained _____

Do you feel your child has lost or regressed in any skills? Yes ____ No ____ If yes, what skills and when were they lost?
