

Parent's Concerns

Child's Development

Talking With Parents

CHILD DEVELOPMENT REVIEW

Child Development Review is a research-based system for obtaining information from parents, making your own observations of the child and integrating these two sources of information in order to appreciate the child's functioning and needs.

Child Development Review helps you:

- Obtain information from parents about their child, including strengths and any concerns the parents may have about the child's health, development and behavior.
- Determine whether a child's development is typical for age or is delayed in some regard.
- Talk with parents and involve them more effectively.

"Child Development Review" describes the process of integrating information from parents with your own observations of their child. It is also the name of the tool described in this manual.

The Child Development Review (CDR) tool is for developmental screening of toddlers

and preschoolers. It includes a **Parent Questionnaire** and a **Child Development Chart**. The parent questionnaire is brief yet comprehensive. It saves time by helping you focus your talk with parents to identify their concerns. There is a similar questionnaire and chart for parents of infants called the Infant Development Inventory (see Appendix).

The CDR helps you answer questions such as the following:

- **How satisfied or concerned is the parent about the child's health, development and/or behavior?**
- **Child's Health:** Are there any health, sensory or physical problems that could compromise the child's ability to learn?
- **Child's Development:** How well is the child doing in the major areas of development? What are the child's abilities, strengths and possible problems?
- **Child's Behavior:** Is the child's behavior and adjustment a concern?

- **How satisfied or concerned is the parent about his or her own functioning as a parent?**

The **CDR Parent Questionnaire** asks parents of toddlers and preschool age children to briefly describe their child and report any questions or concerns. The parent responds briefly to six questions and a 25-item *Problems Checklist*.

The **Child Development Chart** on the backside of the questionnaire covers development in the first five years in five areas: **social, self-help, gross motor, fine motor and language**. This chart can be used to interview the parent and record information about the child's present development, and to directly observe the child's skills.

The CDR is used in a variety of educational and health care settings. In Early Childhood Education, schools use the CDR as a screening tool. Teachers also use it for conferences and as a parent education tool. In Health Care, the CDR is commonly used for screening at Well Child visits.

Using the CDR to involve parents makes it easier to talk and work with them to benefit their children.

If a parent's ability to read is in question, the information requested in the parent questionnaire may be obtained by interviewing the parent.

Research Base: The CDR format and content are the result of over thirty years of research and clinical experience with longer Child Development Inventories (Ireton 1972, 1992), followed by briefer screening inventories including the Infant Development Inventory (Ireton, 1988) and the Preschool Development Inventory (Ireton, 1987).

Research using these inventories with typical children, children at risk, and children with developmental disabilities has demonstrated the validity of parents' reports of their children's development. This includes international research. See pages 16-39.

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CHILD STUDY

The following pages display the CDR Parent Questionnaire and Child Development Chart and show the results for a three-year-old boy.

CDR Parent Questionnaire: This child is described as "Friendly, affectionate, but sometimes very aggressive," and "Talking a lot more, asking for things. Sits still longer."

Child's strengths include: "Usually happy, good helper, good physical coordination."

Parent's Concerns include speech and "overly aggressive" behavior.

Parent's Functioning: "My hectic schedule gets pretty crazy, but I will survive."

Child Development Chart: Results suggest development typical for age except for language, which is borderline at the two-year level.

Recommendation: Check hearing and assess language development. Talk with mother about child's aggressive behavior.

Age 18 months to kindergarten

child development review

Harold Ireton, Ph. D.

Child's Name <u>John</u>			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	Initial	
Birthdate <input type="text"/>	<input type="text"/>	<input type="text"/>	Today's Date <input type="text"/>
Month	Day	Year	Month Day Year
Age <u>3</u> <u>0</u>		Years Months	
Your Name _____		Relationship to Child <u>mother</u>	
Your Address _____		Telephone _____	

A WORD TO PARENTS: Your answers to these questions can help us to understand your child. They also let us know what questions and concerns you may have about your child. The possible problems list at the bottom of the page provides another way of knowing your concerns about your child.

1. Please describe your child briefly? Friendly, affectionate, but sometimes very aggressive. ?	4. Does your child have any special problems or disabilities? What are they? Speech ?
2. What has your child been doing lately? Talking a lot more, asking for things. Sits still longer. OK	5. What questions or concerns do you have about your child? Sometimes overly aggressive. ?
3. What are your child's strengths? Usually happy, good helper, good physical coordination. OK	6. How are you doing, as a parent and otherwise, at this time? My hectic schedule. Gets pretty crazy, but I will survive. OK

The following statements describe possible problems that your child may have. Read each statement carefully and check (✓) those statements that describe your child.


1. () Health problems.	14. () Clumsy; walks or runs poorly, stumbles or falls (Age 2 and older.)
2. () Growth, height, or weight problems.	15. () Clumsy in doing things with his/her hands.
3. () Eating problems — eats poorly or too much, etc.	16. () Immature; acts much younger than age.
4. () Bowel and bladder problems, toilet training.	17. () Dependent and clingy.
5. () Sleep problems.	18. () Passive; seldom shows initiative.
6. () Aches and pains; earaches, stomachaches, headaches, etc.	19. () Disobedient; does not mind well.
7. () Energy problems; appears tired and sluggish.	20. () Temper Tantrums.
8. () Seems to have trouble seeing.	21. (✓) Overly Aggressive.
9. () Seems to have trouble hearing.	22. () Can't sit still; may be hyperactive.
10. () Does not pay attention; poor listener.	23. () Timid, fearful, or worries a lot.
11. (✓) Does not talk well for age.	24. () Often seems unhappy.
12. (✓) Speech is difficult to understand (Age 3 and older.)	25. () Seldom plays with other children.
13. () Does not seem to understand well; is slow to "catch on."	26. () Other? ?

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STOP

Child Development — First Five Years

Harold Ireton, Ph.D.

	Social	Self-Help	Gross Motor	Fine Motor	Language	
5-0 yrs.	Shows leadership among children.	Goes to the toilet without help.	Swings on swing, pumping by self.	Prints first name (four letters).	Tells meaning of familiar words.	5-0 yrs.
4-6	Follows simple game rules in board games or card games.	Usually looks both ways before crossing street.	Skips or makes running "broad jumps."	Draws a person that has at least three parts - head, eyes, nose, mouth, etc.	Reads a few letters (five+).	4-6
4-0 yrs.		Buttons one or more buttons.	Hops on one foot repeatedly, without support.	Draws recognizable pictures.	Follows a series of three simple instructions.	4-0 yrs.
3-6	Protective toward younger children.	Dresses and undresses without help, except for tying shoelaces.	Hops on one foot, without support.	Cuts across paper with small scissors.	Understands concepts - size, number, shape.	3-6
3-0 yrs.	Plays cooperatively, with minimum conflict and supervision.	Washes face without help.	Rides around on a tricycle, using pedals.	Draws or copies a complete circle.	Counts 5 or more objects when asked "How many?"	3-0 yrs.
2-6	Gives directions to other children.	Toilet trained.	Walks up and down stairs - one foot per step.	Cuts with small scissors.	Identifies four colors correctly.	2-6
2-0 yrs.	Plays a role in "pretend" games - mom-dad, teacher, space pilot.	Dresses self with help.	Stands on one foot without support.	Draws or copies vertical () lines.	Combines sentences with the words "and," "or," or "but."	2-0 yrs.
18 mos.	Plays with other children - cars, dolls, building.	Washes and dries hands.	Climbs on play equipment - ladders, slides.	Scribbles with circular motion.	Understands four prepositions - in, on, under, beside.	18 mos.
12 mos.	"Helps" with simple household tasks.	Opens door by turning knob.	Walks up and down stairs alone.	Turns pages of picture books, one at a time.	Talks clearly - is understandable most of the time.	12 mos.
9 mos.	Usually responds to correction - stops.	Takes off open coat or shirt without help.	Runs well, seldom falls.	Builds towers of four or more blocks.	Talks in two-three word sentences.	9 mos.
6 mos.	Shows sympathy to other children, tries to comfort them.	Eats with spoon, spilling little.	Kicks a ball forward.	Picks up two small toys in one hand.	Follows two-part instructions.	6 mos.
Birth	Sometimes says "No" when interfered with.	Eats with fork.	Walks without help.	Stacks two or more blocks.	Uses at least ten words.	Birth
	Greets people with "Hi" or similar.	Insists on doing things by self such as feeding.	Runs.	Scribbles with crayon.	Follows simple instructions.	
	Gives kisses or hugs.	Feeds self with spoon.	Walks without help.	Picks up small objects - precise thumb and finger grasp.	Asks for food or drink with words.	
	Wants stuffed animal, doll or blanket in bed.	Lifts cup to mouth and drinks.	Stands without support.	Transfers toy from one hand to the other.	Talks in single words.	
	Plays patty-cake.	Picks up a spoon by the handle.	Walks around furniture or crib while holding on.	Picks up object with thumb and finger grasp.	Uses one or two words as names of things or actions.	
	Plays social games, peek-a-boo, bye-bye.	Feeds self cracker.	Sits alone . . . steady, without support.	Looks at and reaches for faces and toys.	Understands words like "No," "Stop," or "All gone."	
	Pushes things away he/she doesn't want.	Comforts self with thumb or pacifier.	Rolls over from back to stomach.		Word sounds - says "Ma-ma" or "Da-da."	
	Reaches for familiar persons.	Reacts to sight of bottle or breast.	Turns around when lying on stomach.		Wide range of vocalizations (vowel sounds, consonant-vowel combinations).	
	Distinguishes mother from others.		Lifts head and chest when lying on stomach.		Responds to name - turns and looks.	
	Social smile.				Vocalizes spontaneously, social.	
					Reacts to voices. Vocalizes, coos, chuckles.	

USING THE CHILD DEVELOPMENT REVIEW

Most often, the CDR is used for brief screening to help identify children with health problems, developmental delays and behavior problems. It may also be used for a more thorough review of a child's developmental skills, including strengths as well as weaknesses.

For screening, use the Parent Questionnaire and/or the Child Development Chart. The Chart is used to ask the parent about the child's present development and for direct observation.

Many physicians use the Child Development Chart for screening (and no Parent Questionnaire) because it is similar to the Denver and they are not accustomed to using parent questionnaires. However, the questionnaire can help them save time by acquiring valuable information from parents before a Well Child visit.

Schools and teachers also value the Parent Questionnaire because it provides a parent-

centered point of view for screening and parent conferences.

Combining parents' concerns from the Parent Questionnaire with developmental status information from the Child Development Chart provides the most powerful option.

The comprehensive Child Development Review approach starts with the parent's picture of their child, including the child's abilities, strengths and possible problems. It considers the parent's functioning as well as the child's. It is parent education and community resource focused, providing information to parents about both child development and community resources for parents of young children. It provides information and support to parents and is less intimidating than the traditional "screening for deficits" approach. *For more details, see "Child Development Days" article, page 18, in Uses in Education section.*

Parent Questionnaire: Interpreting Responses

When reviewing the parent's answers to the six questions, do the answers suggest that . . .

- The child and parent are doing well or okay?
- Some possible problem or cause for concern exists?
- A major problem may be present?

The parent's responses to the six questions may be marked accordingly with one of the following symbols:

- | | |
|-----------|---|
| OK | No problems or doing well |
| ? | Possible Problem – ask for more information |
| P | Possible Major Problem – ask for more information and consider referral |

Question Ratings, including frequencies:

1) Please describe your child briefly:

Parents' descriptions range all the way from very positive, enthusiastic descriptions that suggest the parent's delight in the child to very negative descriptions, i.e. "aggressive, stubborn" children who may be provoking strong negative reactions from their parents. Strongly negative child descriptions may express a parent's frustration and be a risk factor for potential child abuse.

In one preschool screening study¹ of the CDR, only 2% of parent's descriptions of their children were classified as strongly negative.

2) What has your child been doing lately?

This question asks the parent to describe their child's present skills and is most useful when you decide to do a developmental interview (see page 10).

3) What are your child's strengths?

The parent's description of the child's strengths helps you get a more balanced picture of the child's functioning, ie, strengths vs. problems and concerns.

4) Does your child have any special problems or disabilities?

Some children may have major health problems or physical or sensory disabilities. Others may have serious developmental disabilities or behavioral/emotional disorders. Still more children have lesser problems such as speech, attention, or behavioral problems that are developmental in nature.

The purpose of the questions, "Does your child have special problems or disabilities? What are they?" is to identify any "condition" of the child that has been

identified by the parent or some professional as a significant, possibly major, problem or "disability."

In the CDR research, this question was answered with some reported problem by 15% of parents. Only 3% of parents described a problem that was classified as a major problem or disability. Reported problems or disabilities ranged from "left-handed" to "allergies" to "hearing" to "multiple disabilities – attending a developmental learning center." The majority were physical-health problems that could interfere with learning.

5) "What questions or concerns do you have about your child?"

The purpose of this question is to obtain information about the child's less serious problems and the parent's concerns. Thirty-eight percent of parents indicated that they had some question or concern about their child. Only 4% expressed concerns that were rated as a possible major concern. The majority of concerns were about behavioral problems, speech, attention, motor coordination, or pre-academic skills.

6) "How are you doing as a parent and otherwise, at this time?"

This question gives parents an opportunity to report any problems of their own. They may choose to ignore this question, say "fine" or report distress. Including this question recognizes the fact that children's and parents' functioning are intimately related and that parents also need support and assistance.

Unfortunately, the parent's functioning is seldom asked about in screening. It is probably as important as the child's functioning, as it affects the child directly.

¹ Based on results for 220 3 and 4 –year-olds. See page 16.

Problems Checklist:

The **Problems Checklist** helps parents systematically report their concerns and the child's possible problems. This 25-item list covers health, development and behavioral concerns.

Parents of one to five-year-olds commonly check one or more problems regarding their child's health, development and behavior.

Health: Parents report relatively few health problems (4–5 percent).

Development: When parents are concerned about their child's development, it is most often that the child “does not talk well” (9 percent) and more often for boys than girls.

Behavior: Starting at age two, behavior problems are the most commonly reported concerns, more often for boys than girls.

CDR Problems Checklist - with Freq./Percentages reported for 1 to 5 Year-Olds (N=411)

1. Health Problems	4.5	14. Clumsy, walks or runs poorly, stumbles or falls (ages 2 or older)	1.5
2. Growth, height or weight problems	5.5	15. Clumsy in doing things with his hands	2.5
3. Eating problems – eats poorly or too much, etc.	10.5	16. Immature; acts much younger than age	2.5
4. Bowel and bladder problems, toilet training	6.5	17. Dependent and clingy	5.0
5. Sleep problems	4.5	18. Passive; seldom shows initiative	3.0
6. Aches and pains: earaches, stomach aches, head aches, etc.	11.5	19. Disobedient; does not mind well	6.5
7. Energy problems; appears tired and sluggish	<1.0	20. Temper tantrums	No data
8. Seems to have trouble seeing.	<1.0	21. Overly aggressive	10.0
9. Seems to have trouble hearing	1.5	22. Can't sit still; may be hyperactive	6.5
10. Does not pay attention; poor listener	3.5	23. Timid, fearful, or worries a lot	3.0
11. Does not talk well for age	9.0	24. Often seems unhappy	5.5
12. Speech is difficult to understand	6.0	25. Seldom plays with other children	4.5
13. Does not seem to understand well, slow to “catch on”	2.5	26. Other?	<1.0

CHILD DEVELOPMENT CHART

Use the Child Development Chart to determine WHAT and HOW WELL the child is doing in five areas of development – social, self help, gross motor, fine motor and language. Use the parent's report of the child's present skills along with your own observations.

After you have determined the child's skills, compare them to the AGE NORMS for young children. The behaviors on the chart are placed at the age level during which at least 75% of children display the skill, for example, *walks without help (13-14months)*.

Use the Infant Chart (see Appendix) to age 18 months, then 5 Year Chart up to kindergarten.

Directions: Draw a line across the chart at the child's exact age, including years and months.

For each area of development, start with behaviors just below the child's age. Ask the parent, "Is your child doing this regularly, just beginning to do this, or not doing this yet?" Also, make your own observations when possible.

Check (✓) the behaviors that describe the things that the child does *regularly* or *pretty well*. **Mark B** for behaviors that the child is *just beginning to do or only does sometimes*.

If the child is doing things around age level in an area, you may want to ask about more mature behaviors to determine just how well the child is doing. If the child is well below age level in an area, ask about younger age behaviors to determine the child's highest level of functioning.

If the child is lagging behind in an area of development, draw a line across the chart at the below-age cutoff line, which is 70% of the child's age (Child Development Chart Below-Age Cutoff Conversion Table on next page).

Results:

For screening, use the checked behaviors to appreciate the child's highest level of function in an area. Use the **B**'s as additional information about anticipated development.

For each area of development, classify the results as suggesting typical, borderline or delayed development.

- Delayed = development below the below-age cutoff line (70% of age)
- Borderline= development on the below-age cutoff line or just above
- Typical = development around age level

Try to appreciate the child's profile of development, ranging from doing well in all 5 areas - to delayed in one or more areas - to delayed in all 5 areas. Consider strengths as well as weaknesses. Use these results in relation to any parental concerns about Health, Development or Behavior.

This **Below-Age Cutoff Conversion Table** shows where to draw the cutoff line on the CDC.

Current Age	70% of Age	Current Age	70% of Age
6 m	4 m	3 y, 3 m	2 y, 3 m
7 m	5 m	3 y, 4 m	2 y, 4 m
8 m	5.5 m	3 y, 5 m	2 y, 4 m
9 m	6.5 m	3 y, 6 m	2 y, 5 m
10 m	7 m	3 y, 7 m	2 y, 6 m
11 m	7.5 m	3 y, 8 m	2 y, 6 m
12 months	8.5 m	3 y, 9 m	2 y, 7 m
13 m	9 m	3 y, 10 m	2 y, 8 m
14 m	10 m	3 y, 11 m	2 y, 9 m
15 m	10.5 m	Four Years Old	2 y, 9 m
16 m	11 m	4 y, 1 m	2 y, 10 m
17 m	12 m	4 y, 2 m	2 y, 11 m
18 m	12.5 m	4 y, 3 m	2 y, 11 m
19 m	13 m	4 y, 4 m	3 y, 0 m
20 m	14 m	4 y, 5 m	3 y, 1 m
21 m	14.5 m	4 y, 6 m	3 y, 1 m
22 m	15 m	4 y, 7 m	3 y, 2 m
23 m	16 m	4 y, 8 m	3 y, 3 m
Two Years Old	16.5 m	4 y, 9 m	3 y, 4 m
2 y, 1 m	17.5 m	4 y, 10 m	3 y, 4 m
2 y, 2 m	18 m	4 y, 11 m	3 y, 5 m
2 y, 3 m	19 m	Five Years Old	3 y, 6 m
2 y, 4 m	19 m	5 y, 1 m	3 y, 6 m
2 y, 5 m	20 m	5 y, 2 m	3 y, 7 m
2 y, 6 m	21 m	5 y, 3 m	3 y, 8 m
2 y, 7 m	21 m	5 y, 4 m	3 y, 8 m
2 y, 8 m	22 m	5 y, 5 m	3 y, 9 m
2 y, 9 m	23 m	5 y, 6 m	3 y, 10 m
2 y, 10 m	23 m	5 y, 7 m	3 y, 11 m
2 y, 11 m	2y, 0 m	5 y, 8 m	3 y, 11 m
Three Years Old	2 y, 1 m	5 y, 9 m	4y, 0 m
3 y, 1 m	2 y, 2 m	5 y, 10 m	4 y, 1 m
3 y, 2 m	2 y, 2 m	5 y, 11 m	4 y, 1 m

Child Development Interview

Review the CDR Parent Questionnaire before interviewing the parent. When reviewing the parent's answers, determine whether this is a child about whom the parent has no particular concern or whether the parent is concerned or worried about the child. Then review the parent's responses with them, giving them a chance to clarify or add to what they have written. Identify the child's strengths and special abilities as well as any problems, along with the parent's questions and concerns about the child.

If the parent has not completed the questionnaire, offer them a chance to do so, or the alternative of simply talking to you about these questions. If you are aware that the parent has a limited educational background (less than high school) or that there are cultural or language factors that may cause difficulty completing the questionnaire, simply include the questions on the questionnaire as the initial part of your developmental interview.

The parent interview may be limited to reviewing and discussing the parents' answers to the questionnaire. Alternatively, the interviewer may proceed to do a full developmental interview.

The purpose of the developmental interview is to determine what the child is doing in the five areas of development listed on the back of the questionnaire. The developmental interview is keyed to the parent's description of "what your child has been doing lately" and to the behaviors on the chart.

The specific wording of your questions is less important than a natural approach that is comfortable to the parent.

1. "Please tell me what (child's name) has been doing lately."

Preview the parent's response to this question on the Parent Questionnaire and/or ask the parent this question as a first step in the developmental interview.

The parent's spontaneous report gives the parent a chance to talk about their child in her own way. It also gives the interviewer an opportunity to note behaviors that are reported and to tentatively determine the age level behaviors that may need to be surveyed. When a parent mentions a behavior from the developmental chart, check (✓) the behavior on the chart.

2. "Please tell me more about . . ."

Begin the second level of questioning by asking for more information in the area of development that the parent has mentioned the most. For example, if the area is gross motor: "Tell me more about how your child is getting around from place to place." If it is in language: "How much is your child talking? What is he saying?"

The language area is the most complex area to review. You need to determine:

- how much the child is talking.
- how understandable his or her speech is.
- how much he or she understands.

3. "Does your child _____?" or "Is your child _____?"

At the third level of questioning, within each area of development, you need to ask

specific questions about the behaviors listed on the chart. Ask “Does your child..?” then state the behavior. Check the behaviors to which the parent answers “yes.” You may also mark some behaviors with a **B** for “just beginning.” Repeat this process in all five areas.

When asking about specific behaviors, be careful not to create expectations or to ask leading questions that would influence the parent to answer based on what they think the child “should” be doing. Ask these questions in a “Does?” or “Is?” form. Do not ask, “Can your child . . . ?”

Where to begin the Developmental Interview: You may use the child’s age as your guide and begin with items that are one age interval below the child’s actual age. For example, for an eighteen-month-old, start at age twelve months. This is less threatening to parents who then have some opportunity to report on their child’s achievements before they have to say, “No,

my child doesn’t do that.” In this regard, it is encouraging to parents to end by briefly summarizing some of the child’s developmental achievements.

When to stop: For each area of development, there is no point in asking about developmentally more mature items when the child is reported as “not doing” less mature items. STOP when all items within a given age interval are answered “No.” STOP when three items in a row are answered “No.” STOP when the child has demonstrated functioning at least at age level, unless you are interested in evaluating advanced development. STOP when you think it makes sense to stop.

The full developmental interview is conducted in this three-step fashion.
***To save time, the interviewer may omit steps one and two, refer to the Child Development Chart, and simply ask about behaviors in each area around the child’s age level.**

Using the Child Development Chart for Observation

You may also use the Child Development Chart to observe what a child is doing. Whether you observe the child in your office, a child care setting, or at home, the child’s spontaneous behavior provides critical information about his or her development, adjustment, and well-being.

When age-appropriate play materials are available, the child will naturally seek them out and use them in different ways, depending on their level of development. Small play blocks may be picked up, stacked, used to build, or play cars and trucks. Crayons and pencils will be used in very simple, complex, or even symbolic ways – from marking and scribbling to

drawing and printing. Similarly, when a child follows directions or answers questions, she reveals her level of understanding.

The areas of development and the behaviors described in the CDR Child Development Chart can be used to assist your observation of the child’s behavior. They also function as indicators of what to ask the child to do or say at various ages.

You can use the Parent Questionnaire questions to ask parents to describe the child as you observe him or her, making special note of the child’s social behavior and response to the parent or to you.

Child Development Chart: Educating Parents and Professionals

The Child Development Chart can also be used as a handout to parents and professionals in order to provide them with an overview of child development in the first five years. The following information describes the major areas of development and guidelines for appreciating a range of normal. If a child is functioning below this range in some area of development, this is a basis for concern and referral.

Areas of Development – First Five Years

- Social
- Self Help
- Gross Motor
- Fine Motor
- Language
- Numbers and Letters (Age 2, 3+)

Social Development includes response to and interaction with parents, other caregivers and children – from individual interaction to group participation.

Self Help skills include eating, dressing, bathing, toileting, independence and responsibility.

Gross Motor skills include moving about by rolling over, walking, running, jumping or riding. Balance and coordination are important. Clumsiness for age can be a symptom of a physical problem.

Fine Motor includes eye-hand coordination – visually following objects, reaching for and picking up objects (small toys, blocks, cereal bits), scribbling and drawing pictures.

Language includes three components: talking, speech intelligibility, and language

comprehension. Simple expressive communication may be exhibited by gestures (pointing), sounds and words, or simple and complex sentences. Speech refers to how understandable the child is and how well the child articulates speech sounds. Comprehension or understanding of language, from simple instructions to concepts, is a critical issue. Low language comprehension may reflect a hearing problem or a problem in understanding.

Numbers and Letters – from age two to three years, children show a beginning understanding of quantity, numbers and counting, letters and reading. These are the “readiness skills” we look for in preschoolers as they approach kindergarten age, along with language comprehension.

Developmental Milestones - The Developmental skills listed in each area of the Child Development Chart are placed in the age range by which children have typically developed these skills (75% of children). For example, 75% of children are walking independently by age 12-15 months, so this behavior sits in the chart in the 12-15 month range.

Range of “Normal” - “How Well is This Child Doing?” This is the question that parents and professionals all want to answer. Is this child doing well, doing and learning the things that you would expect for a child this age? Or is this child’s development in some area(s) less than would be expected for his/her age? For example, is this three-year-old talking like a three-year-old, or like a two-year-old, or less than a two-year-old?