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# Bouse Elementary School District Special Education Child Find Procedures

Procedures used to follow up on new student screening:

- All new students must be screened using the "45 Day Student Screening Report"
  - Within 35 days of student enrollment, the Special Education Coordinator will facilitate a Child Find professional development.
  - o Teacher will complete the 45 Day Student Screening Instrument.
- No Problem Noted
  - o If there is no problem noted in all areas, the following must be completed:
    - Administrative Action
      - [] NO PROBLEM NOTED AT THIS TIME
        - o Administrator's Signature and Date
- If an area of concern has been noted
  - If there is a problem noted in any of the areas, the following must be completed:
    - 10-day letter must be completed indicating the action taken
      - Administrative Action
        - o [] PROBLEM NOTED: Action Taken Below
          - [] Parents notified in 10 school days if concerns were noted.
          - [] Current IEP / Special Education Records Received / Reviewed
          - [] Other
            - Administrator's Signature and Date
    - A letter to the teacher requesting teachers indicate specific behaviors of concern.
      - Teacher will complete behavior checklist and return to Special Education Coordinator
      - Once teachers complete the behavior checklist
        - A letter to the teacher indicating suggested interventions.
          - The teacher will determine appropriate interventions.
          - Teacher will document interventions/progress.
- Completed 45-day screeners and additional related documentation are to be kept in a file titled "45-Day Screeners", housed in the Special Education Office.
- Student Referral

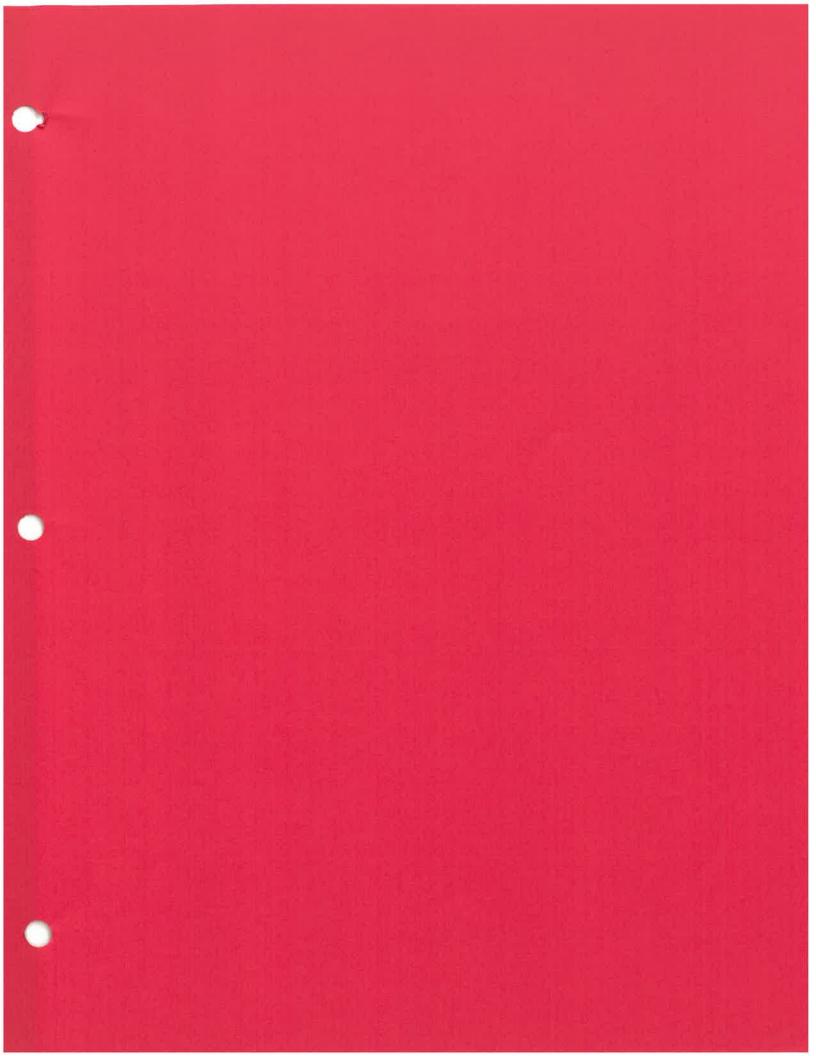
- o If the teacher has tried interventions with fidelity and the child continues to struggle, the following must be completed:
  - Teacher will refer student, and all documents will be given to the Special Education Coordinator.
    - Teacher will complete "Student Referral Form"
    - Teacher will provide documentation of interventions.
- Special Education Team begins the evaluation process.

Procedures used to follow up on private school and/or home-schooled students (ages  $2.10 \frac{1}{2}$  - 22 years) screening:

- Private school/home-school Child Find meeting
  - o Topics to be discussed
    - Evaluation Information
    - Types of services available in the event of determination
    - How such services are funded
    - Protocol for decision-making
  - If a child of a private school/home school parent expresses concern, the Special Education Coordinator will schedule a meeting.
    - Meeting agenda
      - Conduct a screener
      - Review results
  - If a problem is noted, the Special Education Team begins the evaluation process.
- Private school/home school parent contacts the school regarding Child Find.
  - Bouse Elementary School office clerk will collect parent and student contact information and send to the Special Education Coordinator.
    - Within 10 days, the special education coordinator will contact the parent and schedule a meeting.
    - Meeting agenda
      - Conduct a screener
      - Review results
    - If a problem is noted, the Special Education Team begins the evaluation process.

Procedures used to follow up on student screening (ages birth-2.10 ½ years):

- Parent contacts the school regarding Child Find.
  - o Bouse Elementary School office clerk will collect parent and student information. This will be sent to the Special Education Coordinator.
  - Within 2 days, the Special Education Coordinator will complete a Child Find Referral Form to AzEIP through the AZ Department of Education website.
  - o Should the online referral malfunction, the Special Education Coordinator will immediately contact AzEIP for technical assistance.



#### Arizona Department of Education, Exceptional Student Services

#### **Child Find Referral Form**

#### Instructions

- Children Birth to 2 years 10.5 months—Referral from a PEA (including a Union High School District or Charter School) to AzEIP. When any PEA receives a statement of concern from a parent about the development of their child aged birth to 2 years 10.5 months, the following process will take place within two (2) business days of the date of the parental referral.
  - a. The PEA will submit an online referral at www.azdes.gov/AzEIP and print a copy for verification purposes. Should the online application malfunction, the PEA will immediately contact AzEIP for technical assistance.
  - b. This date is considered the initial referral to AzEIP.
- Children 2 years 10.5 months to Five—Referral from AzEIP, a PEA (including a Union High School District or Charter School) to the District of Residence. When an AzEIP Early Intervention Program (EIP), a union high school district, or a public charter school receives a statement of concern from a parent about the development of their child between the ages of 2 years and 10.5 months and older, or a request for an evaluation, the following process will take place within two (2) business days of the date of the parental referral.
  - a. The AzEIP Central Referral System or the local AzEIP EIP will assist the family to (1) make a referral to the District of Residence using the Child Find Referral Form, after obtaining written consent or (2) provide the parent with district contact information, should the parent choose not to provide written consent.
  - b. Union high school districts and charter schools will complete the *Child Find Referral Form*, fax the form with a cover sheet marked 'confidential' to the District of Residence, and maintain a copy of the form for verification purposes.
  - c. The date the District of Residence receives the referral begins the timeline requirement for eligibility determination (45 calendar days to screen and 60 calendar days to evaluate).

Child and Parent Information Child's Name:		Date of Parental Referral:		
Date of Birth:				
Parent/Guardian Name:		Primary Language:		
Parent's Address:				
City:		Zip Code:		
lome Phone #:	Market Annual Control of the Control	Alternative #:		
Best Time to Contact:	Email:			
District of Reside Agency Name:	ence Information			
Contact Name:				
Phone #:				
FAX #:				
Email:				
Receiving Agency Agency Name:	<u> Information</u>	Date Referral Received:	_	
Contact Name:				
Phone #:				
FAX #:				
Email:				

Technical Assistance is available from:
ADE/Exceptional Student Services
AZ FIND Coordinator
(928) 637-1871
AZFIND@azed.gov
www.azed.gov/specialeducation/az-find

ADES/Arizona Early Intervention Program (AzEIP)
ADES/AzEIP Executive Director
(602) 532-9960
allazeip2@azdes.gov
www.azdes.gov/azeip

Rev. 6/15

# Arizona Department of Education, Exceptional Student Services

#### Child Find Referral Form

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Child and Parent Information Child's Name:		Date of Parental Referral:		
Date of Birth:				
Parent/Guardian Name:		Primary Language:		
Parent's Address:				
City:		Zip Code:		
ome Phone #:		Alternative #:		
Best Time to Contact:	Email:			
District of Residence Agency Name:	<u>Information</u>			
Contact Name:				
Phone #:				
FAX #:			_	
Email:	-		_	
Receiving Agency Inf Agency Name:	formation	Date Referral Received:	-	
Contact Name:				
Phone #:			_	
FAX #:			_	
Email:			_	

Technical Assistance is available from:
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ADES/Arizona Early Intervention Program (AzEIP)
ADES/AzEIP Executive Director
(602) 532-9960
allazeip2@azdes.gov
www.azdes.gov/azeip

Rev. 6/15

# AZEIP Eligibility

A child is considered to be developmentally delayed when s/he has not reached 50% of the developmental milestones expected at her/his chronological age, in one or more of the following areas:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Self-help/adaptive development

Established conditions that have a high probability of developmental delay include, but are not limited to:

- Chromosomal abnormalities
- Significant auditory impairment
- Intraventricular hemorrhage
- Cerebral palsy
- Significant visual impairment
- Metabolic disorders
- Neural tube defects
- Periventricular leukomalacia
- Hydrocephalus
- Failure to thrive

For local AzEIP on the information, or contact the **Arizona Early** www.azdes.gov/azeip Intervention Program 3839 N. 3rd St., Ste. 304 or to refer a child, Phoenix, AZ 85012

allazeip2@azdes.gov E-mail:

602-532-9960 Phone:

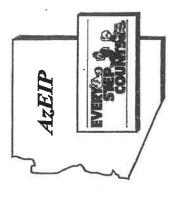
Toll Free: 1-888-439-5609

needs in advance if at all possible. To request this about this policy, contact your local office; TTY/TDD services is available upon request. • Disponible en must make a reasonable accommodation to allow a or activity. For example, this means if necessary, the for people who are deaf, a wheelchair accessible activity. If you believe that you will not be able to document in alternative format or for further information Services: 7-1-1. \* Free language assistance for DES Section 504 of the Rehabilitation Act of 1973, the Age information Nondiscrimination Act (GINA) of 2008; the disability, genetics and retaliation. The Department person with a disability to take part in a program, service Department must provide sign language interpreters or activity, including making reasonable changes to an understand or take part in a program or activity because Fax: 602-200-9820 (92.8.) 72.7-1.71 Equal Opportunity Employer/Program - Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and Discrimination Act of 1975, and Title II of the Genetic programs, services, activities, or employment based ocation, or enlarged print materials. It also means that the Department will take any other reasonable action of your disability, please let us know of your disability the Americans with Disabilities Act of 1990 (ADA). Department prohibits discrimination in admissions, on race, color, religion, sex, national origin, age, that allows you to take part in and understand a program



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DEPARTMENT OF ECONOMIC SECURITY IN THE SECURITY 3CI-1007APAMNA (11-11)



# The Arizona Early Intervention Program

developmental needs, helping them to build on their child's strengths, and to enhance and promote the provides support to families of children birth to three years of age with disabilities or special child's growth, development and learning.



birth to 36 months of age who is of resulting in developmental delay, as AzEIP services may be available to any child outlined in the State of Arizona definition (see developmentally delayed, or has an estabished condition, which has a high probability "AzEIP Eligibility," over).

are explored. Information may be gathered early intervention services and eligibility. If made to meet at a time and place convenient for the family, in order to begin the initial planning process (IPP). The IPP determination, and the development of an Individualized Family Service Plan (IFSP) for health and medical history is gathered, and the familiy's concerns, interests and priorities is confacted and given information about the family is interested, arrangements are eligible children. During visits with the family, information about the child's development, by reviewing existing medical records, When a child is referred to AzEIP, the family includes evaluation/assessment, eligibility

observation, and/or formal evaluation.

If the child is eligible for the early intervention to develop desired outcomes related to the child's development. These outcomes are and identify strategies, activities, supports program, family members, a service coordinator, individuals involved in the evaluation/assessment process, and others the family wishes to include, work as a team the foundation of the IFSP. The team members share information and resources, and services related to these outcomes. A family may be enrolled in AzEIP until the needs early intervention services. As the child nears 30 months of age, the IFSP team members will begin planning the child's child reaches three years of age, or no longer transition from AZEIP to another program.

connects families with A referral to AzEIP these participating agencies:



DEPARTMENT OF ECONOMIC SECURITY Your Partner For A Stranger Arizona

Division of Developmental Disability



for the Deaf and the Blind Arizona State Schools



Arizona Health Care Cost Containment System





Arizona Department of Education

> www.azdes.gov/azeip Child to AZEIP: To Refer A

# What Is Child Find?

Child find is a component of the Individuals with Disabilities Education Act 2004 (IDEA '04) that requires states to locate, identify, and evaluate all children with disabilities, aged birth through 21, who are in need of early intervention or special education services. This includes children who are highly mobile, such as migrant or homeless children, children suspected of having a disability even though they are advancing from grade to grade, private school students, and homeschool students.

The Arizona initiative for child find is referred to as AZ FIND.

Local public education agency contact:

# AZ FIND

1-800-352-4558 or 928-637-1871

azfind@azed.gov or www.azed.gov/specialeducation/az-find



Arizona Department of Education Exceptional Student Services

# Developmental and Educational Services for Children Ages Birth through 21 Years

Some children have more difficulty learning than others. They may have trouble achieving milestones in one or more of the following developmental or academic areas:

- Vision and Hearing
- Motor Control or Coordination
- Behavior or Social Skills
- Speech or Communication Skills
- Cognitive or Academic Skills

A referral for early intervention or special education services can come from a parent, guardian, foster parent, family member, teacher, counselor, or the student who finds learning difficult.

The earlier you express your concerns, the sooner your child's needs will be identified and the sooner he or she will receive the help needed to succeed.





# Helping All Children Succeed

Do you have concerns about your child's development or progress in school?



# Help for Infants and Toddlers

Children ages **birth to 2 years 10 1/2 months** are screened through the Arizona Early Intervention Program (AzEIP) to determine if early intervention services are needed.

Early intervention brings professionals, working in partnership with parents and families of children with special needs, together to support infants' or toddlers' growth, development, and learning.

If you have questions about your child's development an AzEIP specialist will talk with you about your concerns and observe your child. If your child is found eligible, a plan will be designed to include strategies, activities, and supports to achieve desired outcomes related to your child's needs.

# Make an online referral at

www.azdes.gov/azeip. For more information, call (602) 532-9960.



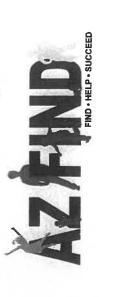
# Help for Preschool and School-Aged Children

Your local school district, or the charter school your child attends (for school-aged students), screens children ages **2 years 10 1/2 months through 21 years.** Public schools use an informal screening process to check your child's development and academic progress.

- Screening must be completed within 45 calendar days of the date you notify the school of your concerns.
- When a concern is identified through screening procedures, you must be notified within 10 school days and informed of procedures to follow up on your child's needs. For example:
- Your child may be referred to the school's study team for pre-intervention services; or,
- If screening results indicate your child may have a disability, a comprehensive evaluation will be necessary to determine your child's eligibility for special education and related services. A team, of which you will be a member, will meet to begin the process.

Screening and evaluation are free, All information contained in the screening or evaluation is confidential.

Contact your local school district or the charter school your child attends. For children attending private schools, contact the principal at the school district in which the private school is located



# Be involved!

Family engagement has a positive influence on your child's academic success and emotional development.

- Set high expectations and establish goals.
- Communicate frequently with teachers to monitor your child's achievements.
- Ask for ideas and materials to help your child learn at home.
- Reward progress and celebrate accomplishments.
- Volunteer for classroom and schoolwide activities.
- Attend community events and workshops that promote learning and social growth.



# **Special Education Process**

#### Child Find

Shall be completed within 45 calendar days

- After entry of each preschool or kindergarten student and any student enrolling without records of screening, evaluation, or progress in school
- After notification by parents of concerns regarding developmental or educational progress of their child
- Transfer students' educational enrollment data and performance in the prior school must be reviewed
- A student with a history of special education who is not currently eligible shall be considered for referral for a full and individual evaluation or other services

#### **Conduct Screening**

#### **Concerns Noted**

(Parents must be notified of concerns within 10 school days)

#### No Concerns Noted

(No further action necessary)

#### Follow-Up of Concerns Noted

Conduct and document follow-up that may include but is not limited to pre-referral activities, screening, response to intervention strategies

#### Reevaluation

Provide Meeting Notice (if meeting is to take place)

Review existing data

#### **Referral for Evaluation**

#### Initial Evaluation 🕨

Provide Prior Written Notice, Procedural Safeguards and Meeting Notice (if meeting is to take place)

Review existing data

#### \_

Additional Data Needed

Provide Prior Written Notice

Obtain Parental Consent

Gather additional data

Provide Meeting Notice

Review new data

Determine eligibility

Summarize all information in an evaluation report provided to parent

Provide Prior Written Notice

#### No Additional Data Needed

Notify parents of right to request additional data

Determine eligibility

Summarize all information in an evaluation report provided to parent

Provide Prior Written Notice

# No Additional Data Needed

**Provide Meeting Notice** 

Determine eligibility

Summarize all information in an evaluation report provided to parent

Provide Prior Written Notice



# **Additional Data Needed**

Provide Prior Written Notice

Obtain Parental Consent

Gather additional data

**Provide Meeting Notice** 

Review new data

Determine continued eligibility

Summarize all information in an evaluation report provided to parent

Provide Prior Written Notice

#### **IEP Development**

Provide Meeting Notice

Develop IEP

Provide Prior Written Notice

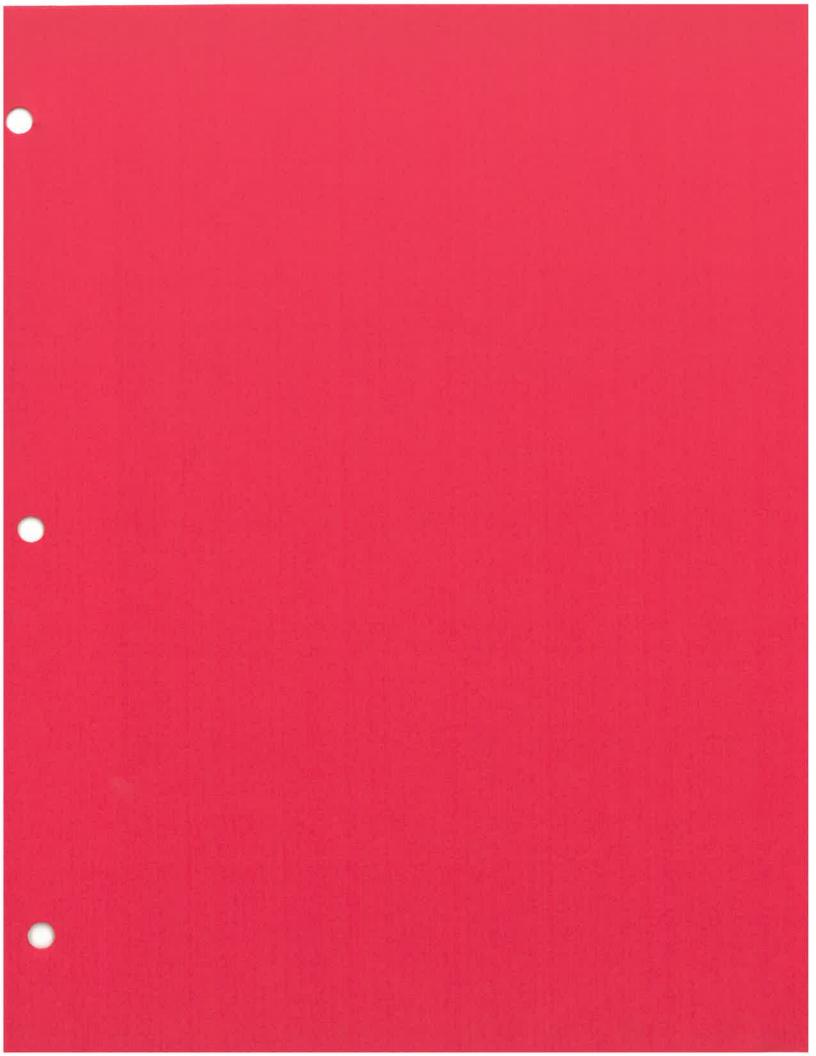


#### IEP Development

Provide Meeting Notice and Procedural Safeguards if not provided to parent yet in current school year

Develop IEP

Provide Prior Written Notice



# Look for these changes in your growing child

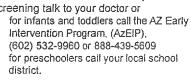
When should he walk? When should she talk?

For the best and brightest future have your child's development checked often during the first five years.



www.azed.gov/special-education/az-find

For more information on developmental screening talk to your doctor or Intervention Program, (AzEIP), (602) 532-9960 or 888-439-5609



# **3 MONTHS**

lifts head regularly when on tummy makes cooing noises quiets when spoken to grasps objects placed in hand begins to bat at objects

# 6 MONTHS

- sits with light support babbles when alone or with someone
- reaches for objects holds objects with either hand
- turns eyes and head toward sounds or voices
- begins to crawl (moves around other than on hands and knees)

# 9 MONTHS

sits without support begins creeping (up on hands and knees) imitates cough, bye-bye, hand clap, ma-ma drops and looks for an object can find a toy hidden under cloth likes to dump out and pick up things

pulls up to a standing position and cruises around

BEGINS to say ma-ma and da-da to refer to parents finger feeds self solid food

follows a simple direction like "bring me the ball" points to object she knows when asked "where is it?" begins to use a spoon and hold a cup

# 1-1/2 YEARS

walks well and runs can push, pull, carry and lift objects names SOME objects can point to simple pictures brings you an object he knows when asked

# 3 YEARS

uses three- to five-word sentences sings simple songs can jump in place begins to ask questions enjoys "pretend" play (for instance, pretending to be mom, dad, brothers and sisters) can help brush teeth, wash hands, undress, etc.

likes playground challenges dresses self completely, including buttons, beginning to zip, tie can play cooperatively with a small group of children draws people in two parts--head and arms or legs can tell parents about something that

happened while they were gone says number words to ten

- walks up and down stairs, two feet on each
- can name more than three body parts scribbles
- stacks two to four objects uses two-word sentences
- enjoys doing things for self
- gets easily frustrated uses objects as they should be used

# **4 YEARS**

- can use the toilet (with few accidents)
- can balance on one foot, then the other
- can name up to three colors
- can retell parts of a familiar story
- begins to play with other children rather than alongside them

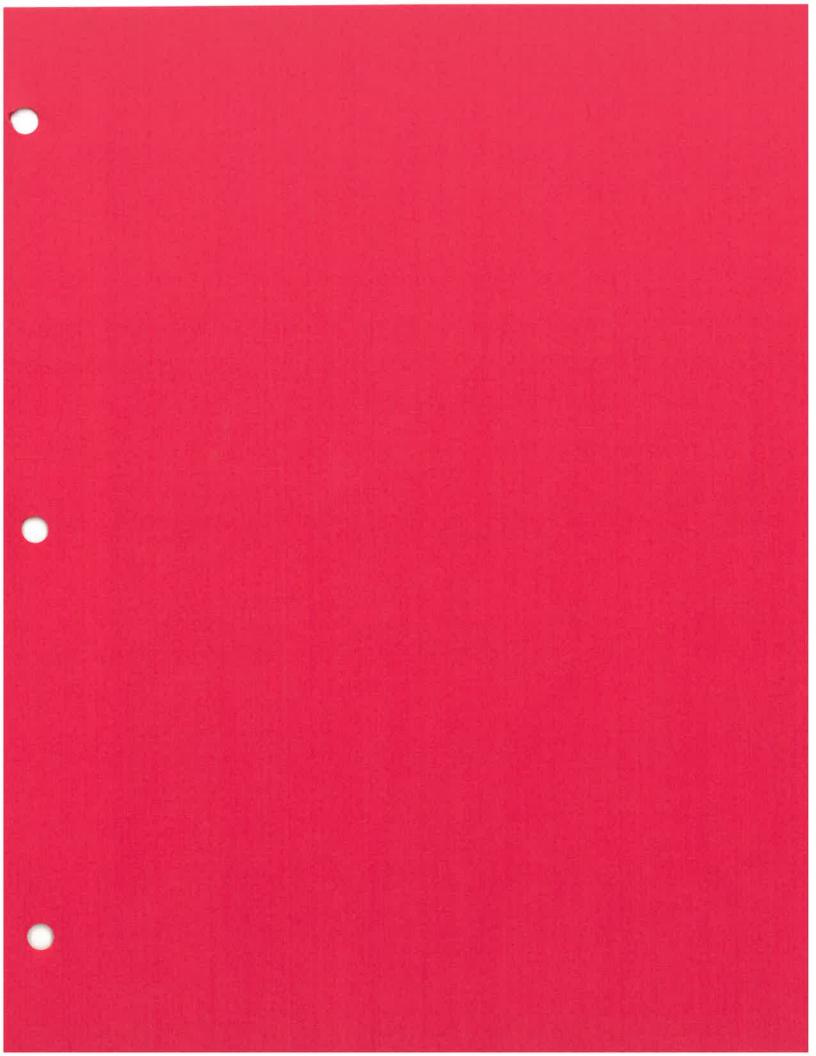


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Department of Education
John Huppenthal, Superintendent of Public Instruction

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# Your Baby at 2 Months

Child's Name Child's Age Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Babies Do at this Age:

#### Social/Emotional

- → Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

# Language/Communication

- → Coos, makes gurgling sounds
- Turns head toward sounds

# Cognitive (learning, thinking, problem-solving)

- → Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- → Begins to act bored (cries, fussy) if activity doesn't change

# Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

# Act Early by Talking to Your Child's Doctor if Your Child:

- → Doesn't respond to loud sounds
- Doesn't watch things as they move
- → Doesn't smile at people
- Doesn't bring hands to mouth
- → Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from CARING FOR YOUR BABY AND YOUNG CHIEU BIRTH TO AGE 5. Firth Edition, edited by Steven Shebov and Tunya Remer Altmann () 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatris and BRIGHT FUTURES GUIDELINGS FOR HEALTH SUPERVISION OF INFARTS CHILDREN, AND ADDIESCENTS. Triad Edition edited by Joseph Hagan Jr. Jungth S Stuvy and Paula M. Dunican, 2008. Elk Grove Village, it. American Academy of Pediatrics. This indestone checklish is not a substitute for a standardized validated developmental screening by

www.cdc.gov/actearly





# Your Baby at 4 Months

Child's Name

Child's Age

Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Babies Do at this Age:

## Social/Emotional

- → Smiles spontaneously, especially at people
- → Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

# Language/Communication

- Begins to babble
- → Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

# Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- → Follows moving things with eyes from side to side
- → Watches faces closely
- Recognizes familiar people and things at a distance

# Movement/Physical Development

- → Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- → Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

# Act Early by Talking to Your Child:

- Doesn't watch things as they move
- → Doesn't smile at people
- Can't hold head steady
- → Doesn't coo or make sounds
- → Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly





# Your Baby at 6 Months

Child's Name Child's Age



How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Babies Do at this Age:

## Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

# Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

# Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

# Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

# Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers

Today's Date

- → Doesn't respond to sounds around him
- → Has difficulty getting things to mouth
- → Doesn't make vowel sounds ("ah", "eh", "oh")
- → Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- → Seems very stiff, with tight muscles
- → Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5. Fifth Edition, edited by Steven Shelov and Tanya Remer Allmann. In 1991. 1993. 1993. 2004. 2009 by the American Academy of Pediatros and BRIGHT FUTURES: SUBELINES FOR HEALTH SUPERVISION of INFAMIS CHILDREN. AND ADDLESCENTS. Third Edition, edited by Joseph Hagan. Jr., Judith S. Shav, and Paula M. Duncan. 2008. Elk Grove Village. It: American Academy of Pediatros. This milestone checkles is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly





# Your Baby at 9 Months

Child's Name

Child's Age

**Today's Date** 

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Babies Do at this Age:

#### Social/Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

# Language/Communication

- → Understands "no"
- Makes a lot of different sounds like "mamamama" and "babababa"
- Copies sounds and gestures of others
- Uses fingers to point at things

# Cognitive (learning, thinking, problem-solving)

- → Watches the path of something as it falls
- Looks for things he sees you hide
- → Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

# Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- → Pulls to stand

# Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't bear weight on legs with support
- → Doesn't sit with help
- → Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- → Doesn't respond to own name
- → Doesn't seem to recognize familiar people
- → Doesn't look where you point
- → Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD, BIRTH TO AGE 5, Firth Edition, Forted by Steven Shalov and Tanya Remer Alfmann D 1991, 1993, 1993, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES, CUIDELINES FOR HEARTH SUPERVISION OF INFAMILS CHILDREN, AND ADOLESCENTS. Third Edition, edited by Joseph Hagan, Jr., Justiti 3, Shaz, and Paula M. Dandan. 2006. Elik Grove Village III. American Adademy of Pediatrics This imbistional children is not a substitute for a standardized. Validated developmental screening traf.

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# Your Child at 1 Year

Child's Name

Child's Age

Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Children Do at this Age:

#### Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- → Has favorite things and people
- → Shows fear in some situations
- → Hands you a book when he wants to hear a story
- → Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

# Language/Communication

- → Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- → Makes sounds with changes in tone (sounds more like speech)
- → Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

# Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

# Movement/Physical Development

- Gets to a sitting position without help
- → Pulls up to stand, walks holding on to furniture ("cruising")
- → May take a few steps without holding on
- → May stand alone

# Act Early by Talking to Your Child:

- → Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide.
- → Doesn't say single words like "mama" or "dada"
- → Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- → Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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# Your Child at 18 Months (11/2 Yrs)

Child's Name

Child's Age

Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Children Do at this Age:

## Social/Emotional

- → Likes to hand things to others as play
- May have temper tantrums
- → May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

# Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

# Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- → Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

# Movement/Physical Development

- → Walks alone
- → May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- → Drinks from a cup
- Eats with a spoon

# Act Early by Talking to Your Child:

- Doesn't point to show things to others
- → Can't walk
- Doesn't know what familiar things are for
- → Doesn't copy others
- → Doesn't gain new words
- → Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5. Birth Edition existed by Steven Shelov and Panya Remer Altmann. 1991, 1993, 1999, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES. GUIDELINES FOR HEALTH SUPERVISION OF INFARITS. CHILDREN. AND ADDLESCENTS. Trind Edition, edited by Joseph Hagan Jr., Justin S. Shaw, and Paula M. Donzan. 2005. Etc. Crow Village. It. American Academy of Pediatrics. This makestonic checklist is not a substitute for a standardized, validated developmental screening tool.

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Your Child at 2 Years

Child's Name

Child's Age

Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Children Do at this Age:

## Social/Emotional

- Copies others, especially adults and older children
- .... Gets excited when with other children
- → Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

# Language/Communication

- Points to things or pictures when they are named
- Says sentences with 2 to 4 words
- Follows simple instructions
- → Repeats words overheard in conversation
- Points to things in a book

# Cognitive (learning, thinking, problem-solving)

- → Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- → Completes sentences and rhymes in familiar books
- → Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

# Movement/Physical Development

- Stands on tiptoe
- → Kicks a ball
- Begins to run

- → Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- → Throws ball overhand
- Makes or copies straight lines and circles

# Act Early by Talking to Your Child's Doctor if Your Child:

- → Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- → Doesn't copy actions and words
- → Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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# Your Child at 3 Years

Child's Name

Child's Age

**Today's Date** 

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Children Do at this Age:

#### Social/Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- → Separates easily from mom and dad
- → May get upset with major changes in routine
- Dresses and undresses self

# Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- → Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars. dogs. cats)
- → Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

# Cognitive (learning, thinking, problem-solving)

- ☐ Can work toys with buttons, levers, and moving parts
- → Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

# Movement/Physical Development

- → Climbs well ...
- → Runs easily
- → Pedals a tricycle (3-wheel bike)
- → Walks up and down stairs, one foot on each step

# Act Early by Talking to Your Child's Doctor if Your Child:

- → Falls down a lot or has trouble with stairs
- → Droots or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- → Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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Learn the Signs. Act Early.

# Your Child at 4 Years

Child's Name

Child's Age

Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Children Do at this Age:

## Social/Emotional

- → Enjoys doing new things
- → Plays "Mom" and "Dad"
- → Is more and more creative with make-believe play
- → Would rather play with other children than by himself
- Cooperates with other children
- → Often can't tell what's real and what's make-believe
- → Talks about what she likes and what she is interested in

# Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- → Tells stories
- Can say first and last name

# Cognitive (learning, thinking, problem-solving)

- → Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- → Plays board or card games
- → Tells you what he thinks is going to happen next in a book.

# Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

# Act Early by Talking to Your Child's Doctor if Your Child:

- Can't jump in place
- → Has trouble scribbling
- → Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside
   the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- ☐ Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- → Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO





Learn the Signs. Act Early.

# Your Child at 5 Years

Child's Name

Child's Age

Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

# What Most Children Do at this Age:

# Social/Emotional

- → Wants to please friends
- → Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- → Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

# Language/Communication

- Speaks very clearly
- → Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

# Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

# Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

# Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- → Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- → Doesn't respond to people, or responds only superficially
- → Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- → Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- → Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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Learn the Signs. Act Early.



# Developmental Checklist for Young Children Birth to 5 years

# 1 Month

# 2 Months

	Able to raise head from surface when	Smiles and coos
	lying on tummy	Says ooo and aah sounds
	Pays attention to someone's face in his or her	Holds head up when lying on tummy
	direct line of vision	
	Moves arms and legs	•
	Responds to noises such as a bell	
	Responds to houses such as a sen	4 Months
		4 1/10/11/113
	3 Months	
		Grasps a rattle
	Able to hold head still when held in	No head lag when pulled into a sitting
		position
	sitting position Babbles, laughs, squeals	position Follows moving object
	Brings hands together	Bears weight on legs
	Diffigs fiditus together	
		6 Months
	5 Months	O MOURIS
_	Holds objects	Turns toward sounds or a voice
<b>)</b>	Stretches out arms to be picked up	Reaches for objects out of his or her reach
\\ 	Looks at small objects	Imitates speech sounds
	Turns to a rattling sound	Feeds self finger food (cracker, cookie)
	Rolls over back to stomach	
		_ 8
		8 Months
		Combines syllables
	. (1)	Takes two small objects
	7 Months	Stands holding onto support
		Says Mama, Dada
	Can transfer object from one hand to the	
	other	<b>€</b> 3
	Can sit for a few minutes without support	10 Months
	Imitates speech sounds	10 Months
	Looks for objects such as rattle	ω.
	EDUNG TOT OBJECTE SHOW A	Bangs two cubes held in hands
	0 8 4 +	Picks things up with thumb and finger
	9 Months	
	Waves bye-bye	
	Can get to sitting position	
)	Jabbers Can pull self up to standing	
	Can pull self up to standing	

# Developmental Checklist for Young Children Birth to 5 years



# 11 Months

Plays pat-a-cakeStands independently for 2 seconds
Indicates wants
18 Months
Can build a tower with two blocks
Can say three words
Drinks from cup held in both hands
Likes to help parent
Walks backwards
Runs
3 Years
Washes and dries hands
Names a friend
Puts on clothing with assistance
Knows the meaning of words like
hot, run, talk, hungry, sleepy
Brushes teeth with help
Speech is understandable half of the time
5 Years
o S blada
Counts five blocksPrepares own cereal
Plays board/card gamesNames four colors
Defines simplé words (ball, house, banana)
Draws person with three body parts
Jiawa person with three body parto

# 15 Months

Walks by self	
Scribbles on paper	
Puts blocks in a cup	
Stands alone	
Uses one to two words	
Imitates activities	

# 2 Years

Points to six body parts	
Removes clothes	
Combines words	
Throws ball overhead	
Names one picture	
Walks up and down stairs	

# 4 Years

Can copy a circle	
Hops in place	
Tells use of three objects	
Names one color	
Understands words like in, on, under	



\*The ADE does not require the use of this form. It is a sample of a best practice document to be used at the discretion of the PEA.



# Possible Developmental Concerns for School-aged Children



Cognitive

- Lack of memory for skills or routines already taught from day to day
- Extreme difficulty with organizing self in time and space
- Extreme difficulty understanding time
- Struggles to apply skills taught into day to day situations
- Struggles to predict outcomes or consequences
- Poor ability to understand directions, communicate needs and express ideas

Social/Emotional Behavioral

- Inability to develop positive relationships with peers or adults
- Aggressive behavior
- Withdrawn
- Lack of motivation
- Extreme sadness or anxiety
- Extreme inattention/Lack of focus/Attention on wrong thing
- Lack of response to typical discipline
- Appears to be shy

# Possible Developmental Concerns for School-aged Children

# Social/Emotional, continued

- Poor social skills related to working cooperatively with peers, social perceptions, responses to social cues, or socially acceptable language
- Lack of coping skills
- Acting out in class

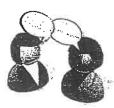


Gross and Fine Motor Skills

- Difficulty holding pencil or utensil
- Difficulty catching a ball, throwing a ball, or kicking a ball
- Difficulty standing up or sitting down
- · Difficulty with walking, running, skipping, or hopping
- Weakness in arms or legs
- Unable to bend at any natural joint (elbow, knee, waist, etc.)

<sup>\*</sup>The ADE does not require the use of this form. It is a sample of a best practice document to be used at the discretion of the PEA.

# Possible Developmental Concerns for School-aged Children



# Communication

- Appears to listen yet unable to comprehend
- Does not pronounce words completely or correctly
- Unable to repeat directions
- Mistakes sounds: cannot distinguish between pen and pin, get and got, ilk and elk
- Uses whole sentences when could use one word
- Uses only one or two words to communicate
- Unable to follow multi-step directions
- Unable to talk about actions or behaviors



#### **Academics**

- Difficulty understanding key concepts
- Extreme difficulty learning to read, write or do mathematics
- Extreme difficulty understanding what is read or how to apply mathematics
- Lack of work completion
- Off-task behaviors/Acting out in class
- Lack of motivation
- Truancy or excessively tardy

# Possible Developmental Concerns for School-aged Children



- Holds printed materials very close or very far away
- Tilts head or squints when looking at print or distance objects
- Unable to see at distances others can see
- Unable to locate objects on a table
- Rubs eyes, complains of headaches
- Eyes red, asymmetrical dilation, or other physical differences



- Unable to hear sounds others hear
- Does not respond to loud or voice range noises
- Repeatedly taps ear or wiggles ear lobe
- Complains of ringing and/or buzzing in ears
- Drops sounds out of words (doesn't pronounce s, c etc.)
- Speaks in a very loud voice

# Bouse Elementary School District STUDENT REFERRAL REPORT

Name of Student:	DOB:		Student ID#	
Date of Entry: Date of Screen	ening: Teach	er:	Grade:	
Date of Date of Bere	Todon			
- TANKON		6 SOCIA	L or BEHAVIORAL	
YES NO  Holds book too close or too far Squints or has trouble seeing board Trouble with eyes Weak note-taking skills Other: Please explain any items marked "yes":  Referred to:		Displays externalizing by Displays internalizing by Difficulty with unstruct activities Difficulty developing of Inappropriate types of by Short attention span	behaviors (fighting, assaulting, va behaviors (fears, phobias, depress tured environments or transitions or maintaining peer or adult relation behavior or feelings under normal	sion, withdrawn) between onships I circumstances
2. HEARING	Please	explain any items marked	d "yes":	
YES NO  Does not respond to name, directions, or question Frequently asks for information to be repeated or Significantly delayed language Frequent ear aches Seems not to pay attention Other: Please explain any items marked "yes":	asks "What?" YES N	Problems with gross me Problems with fine mot objects) Other:	7. MOTOR  otor development (clumsy or awk for skills (reaching, grasping, man	nipulation of
Referred to:		8. NEW STUI	DENT RECORDS REVIEW	
YES NO  Poor speech habits Articulates poorly Often stutters Difficulty expressing ideas Difficulty responding to instructions Other: Please explain any items marked "yes":	Last s Date s Date s YES N	rade attended: chool attended: records requested: records viewed: O History of poor performation, referred to: explain any items marked	Year attended:	
4. COGNITIVE or ACADEMIC	2	9. PRIMAR	Y LANGUAGE SURVEY	
YES NO  Leams very slowly compared to peers.  Attention problems (short attention span, focused) Below grade level in reading Below grade level in writing Below grade level in math Difficulty recalling information	If the on less relevant stimuli) an En	glish language proficiency  10. ADMIN  No problem at this time	questions on the survey was other assessment must be initiated.  NISTRATIVE ACTION 2.	r than English,
Other:  Please explain any items marked "yes":	U	Problem noted. Action	taken below.	
YES NO  Poor self-care skills related to personal hygie personal belongings  Poor social skills related to working cooperative perceptions, response to social cues, or socially according to the process of the perceptions of the perception of the perceptions of the perception of the percept	ne, dress, maintaining Covely with peers, social exceptable language Admin	Parents notified in 10 so Referred for 504 plan Referred to appropriate Other:		
Lack of school coping behaviors related to atter organizational skills, questioning behavior, foll monitoring use of time	ntion to learning tasks, lowing directions, and			
Please explain any items marked "yes":				