

# Developmental Screening

## Patient Information

- **Name:**
- **Date of Birth:**
- **Parent/Guardian Name:**
- **Medical History:**

**Instructions:** Please mark "Yes," "No," or "Not Applicable" for each milestone based on the patient's current development.

## Developmental Milestones

### Gross Motor Skills

Gross Motor Skills	Yes	No	Not Applicable	Notes
Holds head up steadily (3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rolls over (6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sits without support (9 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawls (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stands with support (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walks independently (15 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Fine Motor Skills**

Fine Motor Skills	Yes	No	Not Applicable	Notes
Reaches for and grabs objects (3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Holds and manipulates objects (6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pincer grasp (9 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stacks blocks (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scribbles with crayon (15 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Language and Communication**

Language and Communication Skills	Yes	No	Not Applicable	Notes
Coos and babbles (3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to name (6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Says first words (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses simple phrases (18 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows simple instructions (24 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Cognitive Skills

Cognitive Skills	Yes	No	Not Applicable	Notes
Engages in peek-a-boo (6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays with cause-and-effect toys (9 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sorts shapes and colors (18 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Matches objects (24 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Social and Emotional Development

Social and Emotional Development Skills	Yes	No	Not Applicable	Notes
Smiles in response to others (3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows interest in other children (9 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in pretend play (18 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates empathy (24 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Comments/Concerns