

Get Started

1 Choose the nearest age

Choose the checklist that matches your child's age. If your child falls between two ages, use the earlier age (if child is 4½ years old, use the 4 year checklist). If your child is 3 or more weeks premature, determine the appropriate checklist at lookseechecklist.com/premature

2 Answer the questions

Answer the questions to the best of your ability. If you are not sure, try the question with your child. Any examples are only suggestions. You may use similar examples from your family experience. Language and communication items can be asked in the child's first language. Items marked with ** may not be common to all cultures.

3 Follow-up with a professional

If you answer "no" to any question or have any concerns about your child's development, follow-up with a health care and/or child care professional.

When you're done

Follow the parenting tips beside the checklist to help your child grow. These tips may be a bit more challenging than the checklist. If you have questions, contact a professional. The tips are organized into the following developmental areas:

♥ Emotional

✋ Fine Motor

👤 Gross Motor

👥 Social

🧠 Self-Help

💬 Communication

🌱 Learning & Thinking



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looksee
checklist® by ndds

A checklist to monitor your child's development from 1 month to 6 years of age with tips to help them grow.

By one month of age, does your child:

Y N

- ☐ ☐ 1 Look at you?
- ☐ ☐ 2 Startle to loud or sudden noise?
- ☐ ☐ 3 Calm down when comforted?
- ☐ ☐ 4 Suck well on the nipple?

By two months of age, does your child:

- ☐ ☐ 1 Follow movement with eyes?
- ☐ ☐ 2 Study your face?
- ☐ ☐ 3 Startle or wake to loud noises?
- ☐ ☐ 4 Stop crying when comforted by you?
- ☐ ☐ 5 Enjoy being touched and cuddled?
- ☐ ☐ 6 Recognize and calm down to a familiar gentle voice?
- ☐ ☐ 7 Have different cries? *tired, hungry**
- ☐ ☐ 8 Have a variety of sounds? *coos, gurgles**
- ☐ ☐ 9 Suck well on the nipple?
- ☐ ☐ 10 Feed every 2–4 hours during the day?
- ☐ ☐ 11 Lift head when on tummy?*
- ☐ ☐ 12 Hold head up when held at your shoulder?
- ☐ ☐ 13 Move arms and legs?

* Examples are only suggestions.
Use similar examples from your family experience.

** Item may not be common to all cultures.

Try these tips to help your child grow:

Get to know me. Touch me as you feed, dress, and bathe me. Try to learn how I like to be handled: firmly or lightly, quickly or slowly. Massage my arms, legs, back, tummy, and face. This is a good time to get to know one another.

You're my first friend, and my interactions with you help me with my relationships in the future.

I am most interested in your voice and face. I want you to hold me close so I can study your face.

To help me relax, hold me close to you and cuddle me as we rock in a rocking chair. Talk or sing to me, touch me, talk in a soft low voice, or play lullaby music. Loud noises scare me.

As you feed me, hold me close and look at me. Smile, tell me how wonderful I am, and let me gaze into your eyes.

I'm too little to go for a long time without eating. I may need to eat sometime during the night.

I want my head supported as you hold me against your shoulder and you talk to me. I may try to lift my head for a few seconds to see my new world. There is so much to see.

When I am awake and being watched, I need tummy time. I need to sleep on my back on a firm, flat surface.

Relate to me by talking, singing, or cooing as you change my diaper, give me a bath, feed, or dress me. I want you to be involved with me.

Talk, sing lullabies, say rhymes, or make up songs so I can listen to the sound of your voice. Change your voice; I may like a high pitch or low pitch.

Respond to my crying. It's my way of communicating if I'm hungry, tired, warm, need a diaper change, or am in discomfort. Hold me close; you won't spoil me.

Mirrors and dangling things are favourites of mine.

I like movement, but please don't shake me; it's not safe. My head is too heavy for my neck. Since I am so young, always support my head.

Please don't let anyone smoke around me.

Child's Name: _____

Birthdate: _____

Today's Date: _____