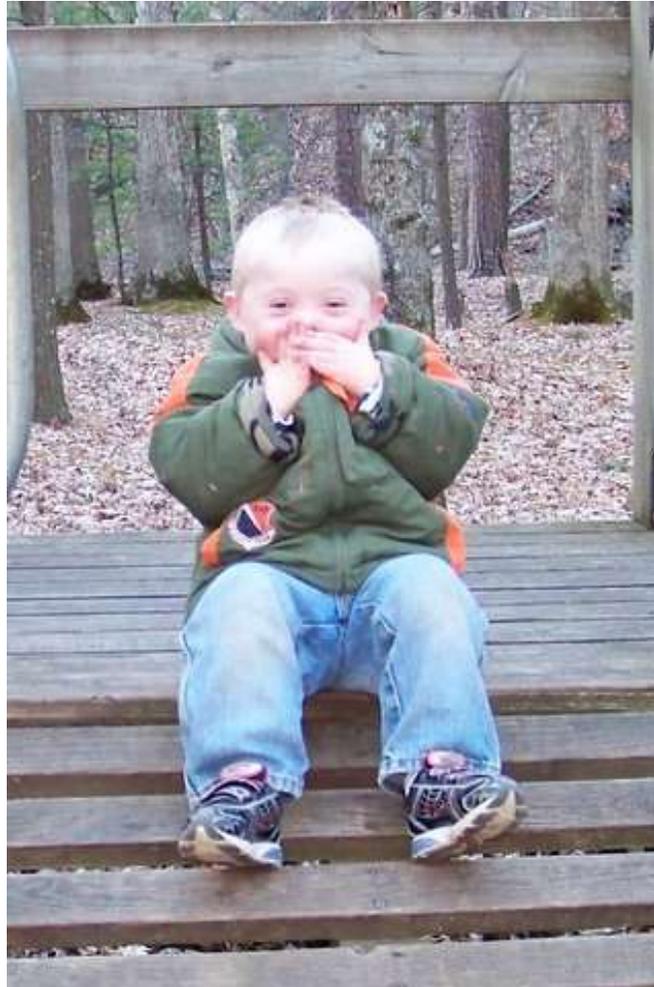


# Child Indicators Booklet



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Infant & Toddler Connection of Virginia



Virginia Department of Behavioral Health  
and Developmental Services

# Child Indicators Booklet

This booklet is adapted from the “Determining The Status of Infant/Toddler Development In Relation To The Three Office of Special Education Programs (OSEP) Outcomes” Manual that was developed in 2007 as part of Virginia’s General Supervision and Enhancement Grant funded by the Office of Special Education Programs. Information from a wide range of sources including the Early Childhood Outcomes Center, developmental books and assessment tools, web resources, and professionals was compiled and synthesized to create this resource.

The purpose of this booklet is to provide a “hands on” resource with information readily accessible to assist service coordinators, providers and families in determining how a child is functioning in relation to his or her same aged peers in three functional areas:

1. positive social-emotional skills and relationships;
2. acquisition and use of new knowledge and skills; and
3. use of appropriate behaviors to meet needs (taking action to get needs met).

**This booklet reflects emerging knowledge about quality practices that lead to improved outcomes for children and families.**

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## At a Glance: Child & Family Outcomes

Source: The Early Childhood Outcomes Center <http://www.the-eco-center.org> November 2010

### Child Outcomes

States are required to report on the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) or preschool children with Individualized Education Plans (IEPs) who demonstrate improved:

1. Positive social-emotional skills (including social relationships);
2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy]); and
3. Use of appropriate behaviors to meet their needs.

**Positive social emotional skills (including social relationships).** This outcome involves relating to adults, relating to other children, and for older children, following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.

**Acquisition and use of knowledge and skills (including early language/communication/early literacy).** This outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds. It also includes a variety of skills related to language and literacy including vocabulary, phonemic awareness, and letter recognition.

**Use of appropriate behaviors to meet their needs.** This outcome involves behaviors like taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in children 24 months or older, contributing to their own health, safety, and well-being. It also includes integrating motor skills to complete tasks; taking care of one's self in areas like dressing, feeding, grooming, and toileting; and acting on the world in socially appropriate ways to get what one wants.

### ***Ultimate goals for early intervention and early childhood special education:***

#### ***For children...***

to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, preschool or school programs, and in the community.

#### ***For families ...***

to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.

## Progress Categories

States are required to report on the percentage of children in five categories of progress for each of the three child outcomes (percentage in 5 categories X 3 outcomes = 15 numbers the state reports):

- a. Children who did not improve functioning.
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers.
- c. Children who improved functioning to a level nearer to same aged peers but did not reach it.
- d. Children who improved functioning to reach a level comparable to same aged peers.
- e. Children who maintained functioning at a level comparable to same aged peers.

States must report progress category information on *children who receive services in the state for 6 months or more. Progress category information on all 3 outcomes is required for each child, regardless of the child's reason for eligibility.*

## Summary Statements

States are required to convert information from the progress categories into two summary statement percentages for each of the three child outcomes:

**Summary Statement 1:** Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited the program. (State derives a percentage for each child outcome area.) *Formula:*  $[(c + d)/(a + b + c + d)] \times 100$ , where letters represent the actual number of children in each progress category group.

**Summary Statement 2:** The percent of children who were functioning within age expectations in each Outcome by the time they exited the program. (State derives a percentage for each child outcome area.) *Formula:*  $[(d + e)/(a + b + c + d + e)] \times 100$ , where letters represent the actual number of children in each progress category group.

### Family Outcomes

#### OSEP Part C Reporting Requirements Related to Families

States are required to report the percentage of families participating in Part C who report that early intervention services have helped the family:

- Know their rights
- Effectively communicate their children's needs
- Help their children develop and learn

Family Outcome Data is gathered in Virginia through administration of a statewide family survey that is mailed to all families whose children are receiving early intervention services during the specified time period.

Implementation of quality practices throughout the early intervention process from intake through transition/discharge will positively impact both child and family outcomes. See: **Relationship of Quality Practices to Child and Family Outcomes:** [http://nectac.org/~pdfs/QualityPracticesOutcomes\\_2012-04-17.pdf](http://nectac.org/~pdfs/QualityPracticesOutcomes_2012-04-17.pdf)

## Outcomes/Indicators and Function

### What is an outcome/indicator?

- Outcomes, **called “indicators” in Virginia**, are the benefits that children and families experience as a result of early intervention.
- The three child indicators are different than IFSP outcomes in that:
  - The three child indicators reflect global functioning in three broad areas of development (social-emotional, knowledge and skills, getting needs met)
  - IFSP outcomes are specific to an individual child, based on his or her individual needs
- Each child indicator (OSEP child outcome or global outcome) is a snapshot of
  - The whole child
  - Status of the child’s current functioning
  - Functioning across settings and situations

### What makes an indicator functional?

#### Functional indicators:

- Refer to things that are meaningful to the child in the context of everyday living
- Refer to an integrated series of behaviors or skills that allow the child to achieve important everyday goals

## Focusing On How the Child Functions In the Three Indicator Areas Throughout the Early Intervention Process

The purpose of early intervention is to support children in developing positive social relationships, acquiring new skills, and assisting children in learning how to get their needs met in the routines and activities that are important to the child and family.

In order to achieve the ultimate goal of early intervention, ***to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings***, it is essential to understand how the child functions in his or her home and community.

The three indicators (OSEP Child Outcomes) serve as the foundation for the IFSP. Information related to the three indicators is gathered starting at referral and continuing through intake, assessment and the EI process. The information gathered at each point can and should be reflected in the assessment narrative on the IFSP.

Implementation of quality practices from referral throughout the entire early intervention process positively impacts child and family outcomes. For more information, see the document **Relationship of Part C Quality Practices to Child and Family Outcomes Measurement Results** at [http://nectac.org/~pdfs/QualityPracticesOutcomes\\_2012-04-17.pdf](http://nectac.org/~pdfs/QualityPracticesOutcomes_2012-04-17.pdf).

Gathering information about the child's daily routines and activities (including what goes well and where there are challenges) as part of the intake and assessment process supports development of individualized, functional child and family outcomes that are important to the family.

- Routines include the child/family's day-to-day activities, including what is going well and what is challenging.
- Family concerns represent the needs of the family and the issues the family wishes to address through involvement with early intervention.
- Once the list of concerns is generated, the family is asked to prioritize it. The priorities are specific, tied to routines, and result in both child and family outcomes.

### **Assessment focuses on function, not on discreet skills or domain based skills.**

- ***Meaning is emphasized, not just the performance of a skill.*** Ask "Can the child carry out meaningful behaviors in a meaningful context?" not "Can the child perform discrete behaviors such as knowing 10 words, smiling at mom, stacking 3 blocks, pincer grasp, walking backward?"
- The child is observed in natural settings to learn:
  - What does the child usually do?
  - What is his actual performance across settings and situations?
  - How does the child use his/her skills to accomplish tasks?

- The assessment of functioning is **NOT** about:
  - The child's capacity to function under unusual or ideal circumstances, skill by skill, domain by domain.
  - The child's performance in a structured testing situation in a standardized way.

### Why isn't assessing the child's ability to perform discrete behaviors enough?

Discrete behaviors (e.g., those described by some items on assessment instruments) may or may not be important to the child's functioning on the indicator.

- Individually, discrete behaviors or skills are not especially informative.
- Summed, discrete behaviors or skills may or may not be useful, depending on the functionality of the behaviors/items.

Think about isolated behaviors and what observing them tells you about the child. For example, suppose an assessment instrument asks you to observe whether or not a child can point:

- If you know that a child can point, do you know that the child can communicate her wants and needs?
- If you know that a child can't point do you know that she can't communicate her wants and needs?
- How does knowing about pointing help you understand how the child takes action to meet needs?

### What about domains?

- Functionality is not domains-based; children function across developmental domains.
- Functional outcomes refer to behaviors that integrate skills across domains.

### What does functionality have to do with using the Child Indicator Ratings?

Ratings on the seven-point scale for each indicator are a snapshot of:

- the whole child
- status of the child's current functioning
- functioning across settings and situations

Ratings are based on the child's functioning, i.e. what the child does across settings and situations compared with what is expected given the child's age.

### Check your understanding....

Look at the list of skills below. Which are examples of isolated skills? Which are examples of functional skills?

- Knows how to imitate a gesture when prompted by others
- Uses finger in pointing motion
- Uses 2-word utterances
- Watches what a peer says or does and incorporates it into his/her own play
- Points to indicate needs or wants
- Engages in back and forth verbal exchanges with caregivers using 2-word utterances

(Answers: a, b, c = isolated; d, e, f = functional)

**In order to accurately assess function, assessors must recognize that:**

- Every child develops at an individual rate and possesses unique characteristics.
- Though children follow typical patterns of development, each child will develop in unique ways, depending upon the child's personality, environment and experiences.
- For the purpose of determining a child's developmental status in relation to same age peers, skills are listed in this booklet according to the latest age they typically emerge for most children.
- All aspects of a child's development (e.g., social and emotional, approaches to learning, language and literacy, cognitive, and physical) are inextricably interrelated.
- Children develop holistically; growth and development in one area often influences and/or depends upon development in other areas.

**Key Considerations for Child Assessment/Child Indicator Ratings**

- Multiple data sources must be used
  - Parent Report
  - Developmental Assessment Tool (age anchor tool)
  - Observation
  - Medical and other Reports
  - Clinical Opinion
- Assessment must include all three indicator areas for all children
- A domain score on an assessment does not necessarily translate directly into an indicator rating. Indicator ratings require:
  - Looking at functional behaviors.
  - Collecting and synthesizing input from many sources familiar with the child in many different settings and situations.
- Indicator statements (ratings) are based upon child's **chronological age – there is no adjustment for prematurity**
- The Assessment process and documentation of assessment results are the same for all children; however, indicator ratings are not required to be recorded in ITOTS for children who have an initial IFSP through the Infant & Toddler Connection of Virginia when they are at or over 30 months old
- Exit ratings must be recorded in ITOTS for all children who receive services through the Infant & Toddler Connection of Virginia for 6 months or more after their initial IFSP date. Individual child progress is calculated using the child's first child indicator assessment rating and his or her final child indicator assessment rating regardless of whether the child was served through different local systems when the ratings were completed.

## **Child Indicator Introduction Script**

*This is a guide to help you think about how to share the process with the family. It must not be read verbatim, but rather should be personalized for each family.*

During today's initial assessment (annual assessment) and IFSP process we will be assessing how your child functions in her everyday life at home and other settings that are typical to your family and child's routine. We will be using the \_\_\_\_\_, a developmental assessment tool that looks at your child's abilities in many areas. These areas include your child's large and small muscles, use and understanding of language, problem solving skills, social development and self-help skills.

We will take the information from today's assessment, as well as the information you provide to talk about how your child functions in three specific areas as compared to his/her same aged peers. You are the expert(s) on your child and your input is essential as you participate in this process by describing how your child interacts with others in his/her environment, how he/she learns/acquires skills and knowledge, and how he/she gets his/her needs met. These areas were determined to be most important to children and their families in Early Intervention.

### **Sample Script for Explaining the Indicator Statement to Families**

"Next, we look at Johnny's development in this area compared to other children his age. We ask the question, 'Does he have all the skills we would expect of a child his age in this area?'" Information is provided about skills we'd expect to see that the child is not yet demonstrating, and/or skills that the family can anticipate coming next. "Based on all of the information we've gathered about how Johnny is functioning in this area, we know that Johnny is/is not yet using some skills of other children his age. In this case, we would say that Johnny (fill in rating statement)."



## Child Outcome Summary Process Discussion Prompts

The pages that follow provide a few ideas for some types of questions or prompts that could be used to elicit conversation about a child's functioning with regard to the three global child outcome statements. As teams discuss child functioning in these outcomes areas, they generally draw on many sources of information and ask excellent questions that provide a specific description of what the child generally does with regard to each outcome. However, some teams have looked for further guidance about the kinds of questions that might help them focus on functional skills and span many of the components reflected in each outcome. The list that follows is by no means a comprehensive list of the types of questions or topics that might be discussed. It also is not intended to be used as a checklist necessary for discussion or as a checklist that will always constitute a complete discussion. However, it might provide some ideas to expand team approaches. It also may be helpful if individuals new to the process are quickly training other staff in using it and want more information for that purpose. As you begin to use this resource, we encourage you to share comments and additions with us at [staff@the-eco-center.org](mailto:staff@the-eco-center.org) so that we can include and circulate them as well!

## **Outcome 1: Child has positive social relationships.**

*Thinking about relating to adults, relating to other children, and (for those older than 18 months) following rules related to groups or interacting with others.*

- How does the child relate to his/her parent(s)?
- How does the child relate to other relatives or extended family and close family friends (e.g., grandparents, aunts, extended kin, etc.)? Do these interactions with people differ depending on the setting the child is in with these people?
- How does the child interact with familiar caregivers (e.g., child care providers, babysitters)?
- How does the child relate to strangers? At first? After a while? In different settings and using different approaches?
- How does the child interact with/respond to people in community settings (e.g., park, library, church, grocery store, with neighbors on walks, at the bus stop, in restaurants, at playgroups or outings, etc.)?
- How does the child interact with/react to peers (e.g., at child care, in the park, in the neighborhood, in brief interactions in stores or at restaurants)?
- How does the child relate to his/her siblings, cousins, or kids he/she sees frequently?
- What is the child's eye contact with others like? Does it differ across situations or with different people?
- How does the child display his/her emotions?
- How does the child read and react to the emotions and expressions of others?
- How does the child respond to touch from others?
- How does the child maintain interactions with people?
- In what situations and ways does the child express delight or display affection?
- In the child's interactions, are there behaviors that may interfere with relationships or seem inappropriate in interactions expected for the child's age (e.g., screaming, biting, tantrums)? How often does this occur? In what situations? In what situations does it not occur?
- Does the child display awareness of routines? How?
- How does the child respond to transitions in routines or activities? Are the child's actions different for familiar transitions versus new transitions, or different across settings or with different people?
- How and in what situations are interactions with others initiated?
- How does the child engage in mutual activity (e.g., joint attention, communicate to convey desire to engage, initiate interaction or play, follow rules for mutual games)?
- Does the child seek out others after an accomplishment? How?
- Does the child seek out others after frustration or when angry? How?
- Does the child participate in games (e.g., social, cooperative, rule-based, with turn-taking)? What do the child's interactions look like in these situations?
- Does the child display an awareness of rules and expectations? How? Does the child behave differently in different contexts (e.g., quieter in church, more active outside)?
- Does the child attempt to resolve his/her conflicts? How? What do these actions look like with peers, parents, etc.?
- How does the child respond when others are not attending to him/her?
- How does the child respond when someone arrives? Someone new? Someone familiar? How does the child respond when someone leaves?
- Talk about the child's functioning with regard to turn-taking, showing, and sharing? With adults? With other children?
- **How would you expect other children this age to act in these situations?**

## **Outcome 2: Child acquires and uses knowledge and skills.**

Thinking, reasoning, remembering, and problem solving; understanding symbols; and understanding the physical and social worlds.

- How does the child use the words and skills she/he has in everyday settings (e.g., at home, at the park, at child care, at the store, with other kids, at child care, in restaurants, with different people)?
- Tell me about a time when he/she tried to solve a problem (e.g., overcome an obstacle/problem interfering with something important to him/her). What did he/she do?
- What concepts does the child understand? Does the child incorporate these into strategies that he/she uses to accomplish something meaningful? How?
- How does the child understand and respond to directions and requests from others?
- How does the child imitate others' actions (e.g., peers, adults) across settings to learn or try new things?
- How does the child display understanding of differences in roles, characteristics, and expectations across people and situations (with increasing age role understanding may change from immediate household roles and differences to more external community helper roles)?
- Can the child use his/her understanding to communicate problems or attempt the solutions that others suggest (e.g., try new strategies that they haven't thought of based on gestures or suggestions using words they know)?
- Can the child answer questions of interest in meaningful ways?
- Does the child use something learned at one time at a later time or in another situation?
- Does the child display an awareness of the distinctions between things (e.g., object characteristics, size differences, differences in object functions)?
- What does the child do if an action or a strategy attempted isn't successful? (e.g., how does he/she try to modify approach, show persistence, etc.)
- How does the child demonstrate her/his understanding of symbols into concepts, communication, and play?
- How does the child interact with books, pictures, and print?
- How does the child's play suggest understanding of familiar scripts for how things work, what things are related, what comes next, and memory of previous actions in that situation?
- Does the child's play show attempts to modify strategies/approaches and to try new things? How?
- Are there kinds of knowledge and skills that are not similar to same age peers and/or that might interfere with acquiring and using knowledge and skills?
  
- **How would you expect other children this age to act in these situations?**

### **Outcome 3: Child takes appropriate action to meet his/her needs.**

Taking care of basic needs; getting from place to place and using tools; and (if older than 24 months) contributing to own health and safety.

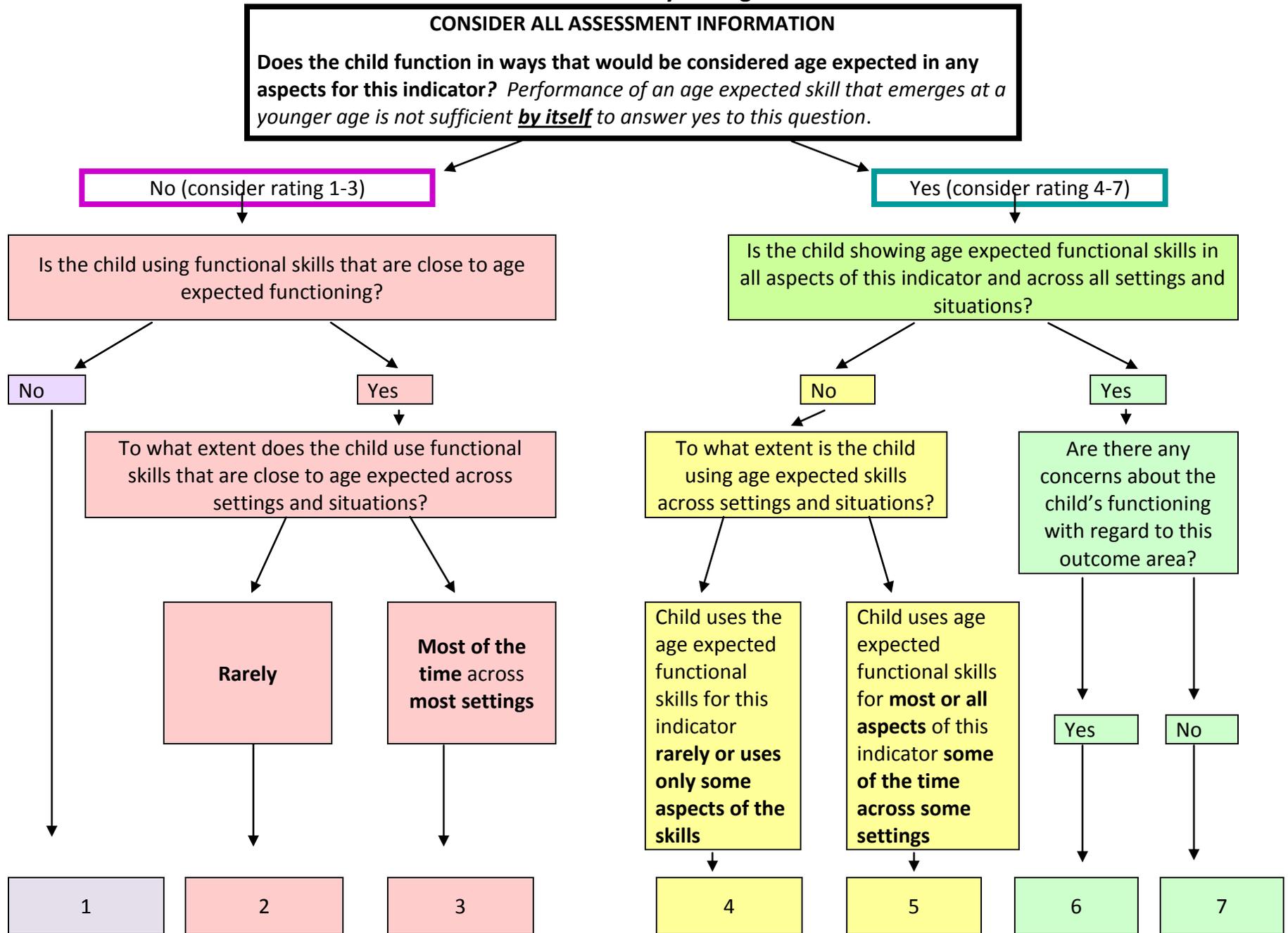
- What does the child do when she/he can't get or doesn't have what she wants?
- What does the child do when he/she wants something that is out of reach or hard to get?
- What does the child do when he/she is upset or needs comfort?
- What does the child do when she/he is hungry?
- What does he/she do when he/she is frustrated?
- What does the child do when she/he needs help?
- How does the child convey his/her needs?
- How are the child's actions to seek help or to convey his/her needs different from one setting to another? How do they differ with different people? (e.g., child care vs. home vs. community setting, with parent vs. grandparent, familiar person vs stranger)
- Tell me about the child's actions when dressing and/or undressing?
- What does the child do before and after peeing and pooping?
- What does the child do at mealtime (eating, drinking)? Are there differences across settings and with different people?
- How does the child get started playing with toys? What does the child do when he/she is interested in a different toy than he/she has?
- Tell me about the child's actions/reactions with regard to hygiene (tooth brushing, washing hands/face, blowing nose, etc.)?
- Does the child show awareness of situations that might be dangerous? What does he/she do (give examples, (e.g., to drop-offs, hot stoves, cars/crossing streets, strangers, etc.)?)
- Are there situations when a problem behavior or disability interferes with the child's ability to take action to meet needs? How consistently? How serious is it? Does the child take alternative approaches? What are those?
- Are the actions the child uses to meet his/her needs appropriate for his/her age? Can he/she accomplish the things that peers do?
- How does the child respond to delays in receiving expected attention and/or help from others?
- How does the child respond to challenges?
- Does the child display toy preferences? How do you know?
- How does the child get from place to place when desired or needed?
- What does the child do when she/he is bored? How does she/he amuse her/himself or seek out something fun?
- How does the child respond to problematic or unwanted peer behavior?
- How does the child use materials to have an effect (e.g., drawing materials, tools, etc.)?
- **How would you expect other children this age to act in these situations?**

## Child Indicator Guiding Questions

These questions can be used to guide the discussion with the family from the initial contact through the completion of the assessment for service planning. This is not intended to be comprehensive, and not all statements will apply to all children. Familiarity with child development is necessary in order to understand the statements and how to apply them to each child and family. Refer to the "Typical Development" section of this Child Indicators Booklet for an overview of child development from birth to three.

	<b>Tell me how (child):</b>	<b>Provide Functional Examples</b>
<b>DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>• communicates his/her feelings</li> <li>• interacts with parents</li> <li>• interacts with other known adults</li> <li>• interacts with siblings</li> <li>• interacts with other children</li> <li>• responds to new people/strangers</li> <li>• uses greetings (hi/bye)</li> <li>• engages others in play</li> <li>• responds to new places</li> </ul> <p><b>Does parent have any concerns in this area?</b></p>	
<b>ACQUIRING AND USING KNOWLEDGE AND SKILLS</b>	<ul style="list-style-type: none"> <li>• plays with toys (what toys and for how long)</li> <li>• imitates what he/she sees others do</li> <li>• imitates what he/she hears others say</li> <li>• learns new skills and uses these skills in play</li> <li>• responds to directions</li> <li>• understands language (including prepositions)</li> <li>• communicates (from cooing to using sentences)</li> <li>• solves problems/figures things out</li> <li>• remembers familiar play routines</li> <li>• interacts with books</li> </ul> <p><b>Does parent have any concerns in this area?</b></p>	
<b>TAKING APPROPRIATE ACTION TO MEET NEEDS</b>	<ul style="list-style-type: none"> <li>• moves around to get what he/she wants (toys, family, etc.)</li> <li>• uses hands to play with toys</li> <li>• uses hands to feed him/herself</li> <li>• participates in feeding/eating (including utensils)</li> <li>• participates in dressing</li> <li>• sleeps</li> <li>• uses the potty</li> <li>• communicates wants and needs (requests)</li> <li>• follows rules related to safety (holds hands, stops, understands "hot," etc.)</li> </ul> <p><b>Does parent have any concerns in this area?</b></p>	

## Decision Tree for Summary Rating Discussions



## Documenting Indicator Ratings

Rating		Indicator Ratings: Child's Development in Relation to Other Children The Same Age	Assessment Consideration and Documentation
Age Expected Skills	7	[Child's name] has <b>all</b> of the skills that we would expect in this area.	<ul style="list-style-type: none"> <li>Provide examples of child's age expected functioning</li> </ul>
	6	[Child's name] has the skills that we would expect in this area. There are some concerns with [area of concern/quality/lacking skill].	<ul style="list-style-type: none"> <li>Provide examples of the child's age expected functioning</li> <li>Provide specific information about the concern that led to the rating of 6</li> <li>If there is evidence of functioning that is not age expected, a rating of 6 or 7 should not be assigned</li> </ul>
Decreasing Degree of Age Expected Skills	5	[Child's name] shows <b>many age expected</b> skills. He also continues to show some skills that might describe a younger child in this area.	<ul style="list-style-type: none"> <li>Provide examples of child's age expected functioning</li> <li>Provide examples of the child's functioning that is NOT age expected</li> </ul>
	4	[Child's name] shows <b>occasional use of some</b> age expected skills. He has more skills of a younger child in this area.	<ul style="list-style-type: none"> <li>Provide examples of age expected functioning</li> <li>Provide examples of the child's functioning that is NOT age expected</li> <li>Evidence should show more functioning that is NOT age expected than functioning that is age expected</li> </ul>
No Age Expected Skills	3	[Child's name] uses <b>many important</b> skills that are necessary for development of more advanced skills; he is not yet showing skills used by other children his age in this area.	<ul style="list-style-type: none"> <li>Provide examples of the child's functional skills</li> <li>Provide information about functional skills expected at this age, but not yet demonstrated</li> <li>There should be no functioning that is age expected to receive this rating</li> </ul>
	2	[Child's name] is beginning to show <b>some</b> of the <b>early</b> skills that are necessary for development of more advanced skills in this area.	<ul style="list-style-type: none"> <li>Provide examples of the early functional skills the child is beginning demonstrating that are necessary for more advanced functioning</li> <li>Provide information about the next skills necessary for child to move toward age expected functioning</li> <li>There should be no functioning that is age expected to receive this rating</li> </ul>
	1	[Child's name] has the <b>very early</b> skills in this area. This means that [child's name] has the skills we would expect of a much younger child.	<ul style="list-style-type: none"> <li>Provide examples of the child's functional skills</li> <li>Provide information about the next skills necessary for child to move toward age expected functioning</li> <li>There should be no functioning that is age expected age to receive this rating</li> </ul>

## **Guidelines for Coming to Consensus and Increasing Inter-rater Reliability**

A thorough explanation and details of development are beyond the scope of this document. It is incumbent upon early childhood professionals to have a thorough knowledge of development. Resources listed at the end of this booklet can be used as one mechanism for professionals to increase their knowledge. Observation of typically developing children and specific coursework are other methods to increase professional competency in child development.

Determining the indicator ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in three indicator areas. Family members are always a critical part of the team. Ratings should take into account the way the child interacts with each of the team members, including the family, at home, in the community and in assessment situations with professionals. Best practice for assessment, as well as for the child indicator ratings, involves basing decisions about the child on multiple sources of information including assessment tools, observation, and parent report.

It takes some practice for teams to become comfortable with this process. When team members take time to collectively discuss the indicator rating descriptors and describe specific examples from assessments and observations that influenced their rating, then teams have been very successful in consistently applying the criteria and reaching consensus. Teams that use this process report that it feels much more objective and clear. However, sometimes teams jump quickly to a rating number without describing the evidence influencing the rating or thinking through the decision points that led them to that rating. Rushing to a rating quickly without supporting evidence and discussion of criteria allows more variability in different ratings and creates a process that many people describe as more subjective. We encourage teams to reflect on their discussion process and become comfortable with the rating's description and criteria.

### **To Decide on an Indicator Statement...**

- Understand the differences between the indicator statements
- Involve all team members
- Review the available sources of information to determine how the child functions across a variety of situations and settings
- Know what behaviors and skills are appropriate for the child's age; how do children who are developing typically function on this indicator?
- Are the skills and behaviors demonstrated what one would expect for a child this age?
- If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
- If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors).

## **Considerations For Determining the Child's Developmental Functioning**

The information in the following pages has been compiled from a variety of books, assessment tools and websites. The information is organized in accordance with the three child indicators to help practitioners, parents and other family members understand the kinds of functional behaviors displayed by children at various ages who display typical development. It is very important to keep in mind there is a wide range for emergence of developmental skills for children with typical development. In order to understand a child's developmental functioning in comparison to same-age peers, team members must be familiar with the child's behavior over the variety of settings, situations, and interactions that make up the child's day to day life. The functional indicators being rated address behaviors that are meaningful and used in the context of children's everyday lives. Team members should always consider how the child is using skills and behaviors to achieve a result or outcome that is meaningful to him or her in his or her daily life.

**These examples on the following pages should not be considered or used as a checklist.** They are descriptions of the kinds of behaviors that a child of a given age might use in their everyday routines and activities. The behavioral descriptors are to be used **as a supplement to, not a substitute for,** other assessment information gathered through use of validated assessment tools, observation, discussions with families and other caregivers, and review of reports from other individuals regarding the child's developmental. **In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.**

## 1 month

### **General Impression:**

*Sleeping and eating is a major focus for baby. Baby is comforted by caregiver and relies on caregiver to meet physical and emotional needs.*

### **Positive Social-Emotional Skills (including social relations)**

Baby enjoys looking at faces and will actually brighten when held and talked to. The baby learns to recognize his mother, what her face looks like, her smell, her touch and her voice. .

Babies differ in how they can be soothed as well as their responses to hunger, discomfort, to exposure to temperature changes, handling and response to their caregiver. Watch and listen for baby's particular "style". The way a baby moves in and out of his states of consciousness is the best indicator of temperament.

Through the experience of being soothed, the baby is able to internalize strategies for self-soothing and regulation. Baby's stress response system is highly reactive during the first few months of life and it gradually becomes less reactive and more organized.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby looks at colorful toys briefly and focuses on objects as far away as 8-12 inches. He responds to voices and can already recognize his parent's voice.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

In order to look at people or respond to a noise, baby can slightly lift his head off parent's shoulder or floor when on tummy and can turn head to both sides when lying on back. Baby's hands are often fisted and therefore baby is not yet holding onto toys, but may use a reflexive grasp to hold onto a caregiver's finger.

#### Self Care (Feeding, Dressing & Toileting)

Baby is able to coordinate his suck and swallow when breastfeeding or being fed from a bottle.

#### Makes Wants and Needs Known

He cries to let his caregivers know when he is hungry or uncomfortable. He may stop crying when picked up and held.

## 2 months

### **General Impression:**

*Sleeping patterns are becoming more predictable. Baby is more alert and reacts to caregivers by watching them and moving arms/legs in response to caregivers.*

### **Positive Social-Emotional Skills (including social relations)**

Baby is now reacting by smiling and vocalizing and will move her arms and legs vigorously when excited. Baby gets especially excited when a parent or familiar caregiver approaches. Baby really likes looking at faces for long periods of time; as she watches, she will get more interested and broadly smile and make cooing sounds. At this stage, baby is very responsive to her caregiver's facial expressions, movements and tone of voice.

Baby's temperament is revealing itself. Baby's intensity (active or quiet), ability to shut out stimuli, ways of self-soothing or getting easily overloaded are all parts that make up her individual temperament. As temperament emerges very early, parents who respect their child's temperament are better able to help their baby thrive.

Through the experience of being soothed, the baby is able to internalize strategies for self-soothing and regulation. Baby's stress response system is highly reactive during the first few months of life and it gradually becomes less reactive and more organized. Caregivers help this process by "buffering" the infant's stress.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby is beginning to focus on people and objects further from her (2-4 feet). She can visually recognize her parent and she stares and gazes at a toy or parent. She is beginning to make single vowel sounds.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Baby is increasing her ability to move and control her body in response to a caregiver and she may be seen kicking her legs or straightening them out. Baby can also roll to her back from her side to look for a caregiver. She will be able to use her forearms to lift her head when lying on her tummy, which will begin her ability to explore toys, faces, etc.

#### Self Care (Feeding, Dressing & Toileting)

Baby can coordinate several sucks before swallowing when nursing or bottle-feeding. Leakage is minimal.

#### Makes Wants and Needs Known

Baby's cries begin to have differentiated tones for hunger, attention, discomfort, etc.

### 3 months

#### **General Impression:**

*Interest in watching the faces of people talking to baby increases dramatically from the prior month. Crying diminishes as baby is interested in exploring the room and faces visually. Baby is starting to roll which allows him to look for toys or faces. He is beginning to look around while on his tummy. He tolerates being on his tummy without being uncomfortable in the position.*

#### **Positive Social-Emotional Skills (including social relations)**

Baby is regularly smiling and cooing during face-to-face interactions and is showing a strong attachment to primary caregivers. An increase in social smiling is emerging and baby has special smiles just for parents/caregivers. Baby may show signs of distress if handed to an unfamiliar adult. Baby continues to show a strong interest in face-to-face contact with parents and has eye-to-eye contact with caregivers. Baby will increasingly attempt to engage parents through looking, smiling, cooing, babbling and motor activity.

#### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby is learning about his hands by bringing them close to his face, watching them, and mouthing them. He recognizes his bottle. He is learning through his sense of hearing in addition to his vision – looking around the room when he hears a sound and cooing when talked to.

He continues to use his vision to learn, looking back and forth between toys, and looking at the face and eyes of the person talking to him. He still prefers human faces, but will look around the room at other objects.

#### **Ability to Take Actions to Get Needs Met**

##### Controls Body to Get Wants and Needs Met

Baby is much more in control of his head and looks around from many positions (lying on back, being held at shoulder, lying on tummy). This allows him the opportunity to begin to seek out his toys or explore with his eyes. Baby should tolerate being on his tummy (spend a few minutes without fussing on his tummy) and even use the time on his tummy to lift up on his forearms and begin to lift up on straight arms to look at his caregiver or others in his environment. He can sit upright on someone's lap with support and turn his head to look around.

##### Self Care (Feeding, Dressing & Toileting)

Baby manages several sucks before swallowing.

##### Makes Wants and Needs Known

Baby has definite cries for hunger, discomfort, attention, etc. that are distinguishable by caregivers.

## 4 months

### **General Impression:**

*Baby is able to hold her toys and will take some of those toys to her mouth for further exploration. Baby recognizes familiar people and becomes excited, smiles, vocalizes and reaches out for caregiver. Baby is rolling from her tummy to get a fuller view of the world or communicate with caregiver.*

### **Positive Social-Emotional Skills (including social relations)**

Baby is starting to recognize unfamiliar people and places. Baby is very aware of her surroundings and sights and becomes excited at new and different toys.

During this time, infants cry much less because of improved self-regulation, however, some babies can remain fussy, harder to comfort or more irritable (temperament).

Baby is participating in “vocal play” by making a variety of sounds and engaging people with the sounds she can make. Baby has learned not only to expect responses from others, but can now elicit them.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

She watches movement of her own hands and will follow a dangling toy or object with her eyes. She gets excited when she sees her bottle being prepared.

She reaches for toys and is able to grasp a toy for a few seconds. She may bring the toy to her mouth.

She turns her head toward a voice or the sound of a rattle.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Baby is getting stronger and can tolerate being on her tummy with her head and chest up for longer periods of time without fussing/crying. Baby has also figured out that she can elicit noise from toys by shaking them. She may not have perfect control when shaking, but it is purposeful. Baby can hold a toy in her hand for a few seconds and her interest in doing so can be seen by her work to reach towards a toy.

#### Self Care (Feeding, Dressing & Toileting)

Baby may place both hands on bottle and pats bottle. She gets excited when she sees her bottle being prepared.

#### Makes Wants and Needs Known

Baby has distinct cries for multiple needs, including hunger, fatigue, pain. These differences are recognized by the caregiver.

## 5 months

### ***General Impression:***

*Baby has an increased interest in toys now and has become interactive with caregivers as seen in baby's social interactions, such as giggling and imitating faces. Baby can distinguish the difference between happy and angry voices.*

### **Positive Social-Emotional Skills (including social relations)**

Baby is initiating interactions on his own, often smiling and vocalizing at parents. It is now clear that the attachment relationship is being used for something other than comfort and security. Baby will laugh aloud when someone talks or tickles him. At this stage, baby can definitely distinguish between friendly and angry voices.

“Baby games” (peek-a-boo, tickle games, pat-a-cake) are important at this stage of development. These ritualized, repetitive games help baby and parent develop a sense of intimacy and mutual attention. They foster baby and parent engagement.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby has new ways of playing with toys including exploring them with his mouth. He will turn his head and look when a toy is dropped.

His social skills also impact learning as he will imitate a few simple facial expressions and laugh aloud when talked to or tickled.

### **Ability to Take Actions to Get Needs Met**

#### *Controls Body to Get Wants and Needs Met*

Baby is becoming more sophisticated with holding toys and can even hold a toy in both hands at the same time. If he drops a toy, he will look for it, then pick it back up – if it is still interesting to him.

#### *Self Care (Feeding, Dressing & Toileting)*

Baby may begin taking food from a spoon. He is able to place both hands on his bottle during feeding.

#### *Makes Wants and Needs Known*

Baby continues to cry to get primary needs met, but may also use cooing or smiles to get social needs met.

## 6 months

### **General Impression:**

*Baby is much more mobile now as he is able to roll and is showing signs of early prop sitting. Baby is making many sounds and enjoys smiling. Baby turns quickly to a caregiver's voice.*

### **Positive Social-Emotional Skills (including social relations)**

Baby is showing positive feelings as she is learning to communicate and play (ex: peek-a-boo).

A stranger presents baby with many unfamiliar stimuli; baby needs time to study new people. This new awareness leads to stranger anxiety which leads to an increase in the baby's ability to protest separations from primary caregivers.

Baby will turn immediately when she hears Mom or Dad's voice from across the room. Baby enjoys looking in the mirror and will smile and vocalize to his mirror image. Baby continues to want to engage adults (especially those who are familiar) by vocalizing and waving her arms. Baby coos and babbles when happy and smiles while playing.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby is interested in her toys and actively reaches for them in play. She consistently puts the toys and other objects into her mouth while playing. When she drops a toy, she looks for it, showing she remembers that it exists even when out of sight.

She is imitating simple sounds as well as facial expressions. She smiles, vocalizes and pats at her own image in a mirror.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Baby is rolling in all directions to reach toys and caregiver. She can sit in a high chair for mealtime and has found a toy in her feet and toes as she enjoys playing with them. Parents may enjoy standing their child up on their lap and baby also gets excited to be in this taller posture – he may respond positively (i.e. laughing, smiling, bouncing, cooing, holding the position, etc.) to continue to be held in this upright position.

#### Self Care (Feeding, Dressing & Toileting)

Baby is able to hold his bottle easily. He rakes up cheerios with his fingers against palm of hand (if opportunity exists). He is also able to pick up a sippy cup with a handle, but may not yet have opportunity for this experience.

#### Makes Wants and Needs Known

Baby continues to have distinct cry/behavior for different needs which include hunger, attention, relief from discomfort, etc. Smiles or coos to indicate pleasure.

## 7 Months

### **General Impression:**

*Baby has a new view of his toys as he is able to sit by himself and use his hands freely to manipulate toys before taking them to his mouth. Vocalizations are expanding to include some consonant vowel combinations. Baby is showing signs of wanting to crawl.*

### **Positive Social-Emotional Skills (including social relations)**

Baby may still be experiencing stranger anxiety and cling to Mom or Dad when someone unfamiliar approaches. Baby will hold his arms up to be picked up and will giggle and squeal to get attention.

By this age, a baby's personality seems predictable – the tendencies and signs of temperament (a child's style of dealing with the world) are fully exposed.

Temperament traits include: activity level, distractibility, persistence, approach-withdrawal (how baby handles new and stressful situations), intensity, adaptability (how baby deals with transitions), regularity (how predictable are sleep and rhythms during the day), sensory threshold (hyper or hypo sensitive to stimuli around him? Easily over stimulated? ), mood (primarily positive or negative in his reactions).

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby's interest in toys and playing expands:

- Plays with paper when it is offered
- Holds one toy in a hand and picks up another toy with the other hand
- Reaches persistently for toys, picks up and transfers toy from one hand to another, and bangs and shakes toys to elicit a noise

Vocalizations continue with additional vowel sounds being added. Baby may even be able to make consonant vowel combinations as he babbles in play.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Baby is really trying to move himself to get toys. He can sit and play with his toys, go onto his tummy and reach out with one arm, and experiment on his hands and knees by rocking back of forth. Most babies are able to scoot backwards.

Baby can use his hands to manipulate toys between them and he will reach out fully to get to a toy.

#### Self Care (Feeding, Dressing & Toileting)

Baby eats solid foods from a spoon well. He/she can finger-feed dry cereal, little pieces of meat, fruits and vegetables.

#### Makes Wants and Needs Known

Baby will reach or push away to indicate needs regarding food/drink. He will reach his arms up to be picked up. He may shout, squeal or vocalize for attention.

## 8 months

### **General Impression:**

*Baby is exploring more now that she can sit, roll, scoot and maybe crawl forward. Everything in baby's world seems to be a new adventure.*

### **Positive Social-Emotional Skills (including social relations)**

Baby continues to increase his/her ability to vocalize in "conversation to respond to people. Baby can initiate games such as peek-a-boo by covering his/her own face or clap hands to play pat-a-cake. Baby's first stranger anxiety may be resolving.

Babies begin to pick up on the emotional state of their caregivers and this is the base that babies use to regulate their own emotions and behavior. This is the stage of "focused attachment" when baby is very attached to her primary caregiver. Success in this attachment relationship is likely to contribute to an emerging sense in the belief or expectation that baby will be successful in attaining goals. At this age, baby has increased mobility (the onset of crawling), which allows baby to explore the world and provide additional opportunities to feel successful.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby has learned how to get her toys to make noises and she will shake them repeatedly. She may be able to activate very simple cause/effect toys. She is still putting toys in her mouth, but now she is biting or chewing on them.

She has several consonant vowel combinations, such as ba, na, ka. She can make sounds like Dada, baba and Mama.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Many babies are scooting forward in a modified crawl to get to their toys, caregiver or bottle.

#### Self Care (Feeding, Dressing & Toileting)

Baby is much more successful in finger feeding.

#### Makes Wants and Needs Known

Baby continues to use shouting, vocalizing and/or squealing to gain someone's attention (not just whining, crying).

## 9 months

### **General Impression:**

*Baby is engaged and interactive with others. Early “conversation” is happening with others. Baby has new found freedom with crawling and may explore large areas of a room. Baby is more independent in finger feeding self snacks.*

### **Positive Social-Emotional Skills (including social relations)**

Stranger anxiety is resolved and baby is exploring everything. Social referencing can be seen at this age, meaning that when baby needs information about a new situation or person, he can count on his parent’s facial expressions and uses their cues to “reference” their approval/disapproval or if something or someone is safe or unsafe.

Baby is also giving Mom and Dad cues by his facial expressions, gestures and sounds. Baby will turn his/her head when his name is called, make eye contact and smile acknowledging the interaction. Baby will shake his head “no-no” and use vocalization, turning or pushing away to indicate he is finished or does not like what is being offered.

Baby notices and vocalizes when Mom is preparing to leave the house. Baby will exchange smiles, loving faces and other expressions with parents including back and forth sounds. Peek-a-boo and other repetitive games help baby begin to develop and test expectations. Games such as clapping and “So Big” provide baby with a chance to play and interact with adults. Baby may be developing an early sense of humor at this age.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby has a clear understanding of object permanence as he will now search for a toy when it is taken away. He purposefully releases a toy from his hand and will engage putting things in and out of containers.

Baby can shake his head “no-no” to indicate what he does/doesn’t want. Will begin to wave in response to “bye-bye.” He turns to make eye contact and smiles when his name is called, showing both an understanding of his name and the social interaction. He imitates simple sounds and many consonant vowel combinations can be heard now in play.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Baby is very sure in sitting and transitioning into other positions from sitting to play or to get other needs met. Many babies will be pulling up to stand using their caregiver or the furniture. Baby can show excitement and engage in play by clapping hands together. Baby may enjoy banging objects to make very loud noises.

#### Self Care (Feeding, Dressing & Toileting)

Baby holds, bites, and chews a cracker or cookie. He rasps food and small toys/objects with thumb and forefinger (early pincer grasp – inferior. Baby also uses a more refined/neat pincer grasp by 12 months.

#### Makes Wants and Needs Known

Baby shakes head “no-no.”

## 10 months

### **General Impression:**

*Baby is beginning to respond to social games. Baby is very motivated by her ability to move as she can now pull up to standing from sitting position and crawl on hands and knees to get to her toys or caregiver or explore new areas. Baby may “push” boundaries with this new mobility.*

### **Positive Social-Emotional Skills (including social relations)**

Baby is showing early understanding of social games as she will respond with an action to a simple request i.e. wave bye-bye, peek-a-boo and “So Big.” She is beginning to get an understanding of “no-no” as she will stop briefly what she is doing when told no.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby is showing an interest in books and will look at the pictures. She likes to imitate caregiver’s actions in play by banging, stirring, patting, etc. She is exploring toys by poking and touching with her index finger. She can easily uncover toys that are hidden and will move other objects in an attempt to find a lost toy. She may show a preference for certain toys and routinely seek those toys.

She calls “Mama” and “Dada” although it may not yet be specific (that would be expected by 12 months) and will stop what she is doing when told “no-no,” if only for a brief period.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Baby is crawling now to get her needs met (toys, caregivers). Baby likes standing and many babies will be cruising along the furniture to reach many items – even those that are “off limits” such as a glass with water.

#### Self Care (Feeding, Dressing & Toileting)

Baby is eating more foods and relying less on bottle and/or breast for nutrition.

#### Makes Wants and Needs Known

Baby may go to the pantry/kitchen looking for food and to the toy box to look for toys. Vocalizes to call others/to get their attention and to indicate a desire for a change in activities.

## 11 months

### **General Impression:**

*Baby is exerting more independence in mobility and feeding skills. Most babies will be experimenting with standing alone without support of caregiver or furniture. Baby repeats actions, such as laughing, to get a response from others in their environment.*

### **Positive Social-Emotional Skills (including social relations)**

Baby is showing an awareness of how actions get a positive response (i.e. laughing) from adults. He will repeat an action to get the desired response.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Baby understands that his actions have an effect – he will repeat sounds or gestures when they are laughed at. He is actively seeking out his toys now that his motor skills allow him to do so. Baby can hold crayons and make marks on the paper but may prefer to put the crayons in his mouth.

Baby can make many different vowel consonant combinations. He is just about to emerge into language with consistent names for Mom and Dad in the upcoming month. His babbling may sound more like words.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Most babies will be somewhere in the walking stage, although true walking is not fully expected until 14 months. This level of independence opens up many ways for the baby to meet his own entertainment and physical needs. Many babies begin to have the opportunity to “color” and they are successful with making some marks on paper or other surfaces.

#### Self Care (Feeding, Dressing & Toileting)

Baby is able to finger feed and shows early spoon feeding skills.

#### Makes Wants and Needs Known

Baby may say “baba” for bottle. He calls “mama” and/or “dada” to get needs met, may have approximations of names for siblings or other family members.

## 12 months

### **General Impression:**

*By 12 months, the child's world is beginning to expand; she is getting into everything, becoming very vocal and asserting herself in new ways. Many children will be walking at this age, however, if not, then child will probably enjoy spending a great deal of time in a standing position. With this new found independence also comes some separation anxiety when parent attempts to leave. Child begins to follow simple directions (i.e. handing her parent a toy, waving bye-bye, finding shoes).*

### **Positive Social-Emotional Skills (including social relations)**

This age is marked by a burst of independence and autonomy. Child must try out her parent's limits over and over to understand the rules and the consequences of breaking them to master her own behavior. With this burst of independence and autonomy, child will have an increased dependence on parent/primary caregiver as she is experiencing her own independence and emerging walking skills. Child is experiencing second separation anxiety and may cling to Mom or Dad when they attempt to leave. Child likes to be able to hear and see an adult most of the time and may even protest going to bed because of this separation. She will also begin to hand a toy to Mom or Dad when asked.

At age 12 months and onward, the attachment relationship between the child and primary caregiver(s) is the base for exploration. Her confidence allows her to interact with her environment in an open and curious way.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child is showing increased curiosity about her environment. She will point to objects with her index finger and look back to her caregiver with a questioning look.

Child is connecting words with objects and can follow simple instructions such as "go get the ball." She will also understand simple directions related to her daily routine. She can say at least 2 words besides "Mama" and "Dada." She "sings" (makes sounds) when she hears music.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child has more control with how she plays with toys. She will enjoy putting things in and out of a container multiple times. She will probably enjoy playing with shape sorters and cause/effect pop-up toys now that she has more control over using her hands. She is still working on her new pattern of movement (walking is emerging or has emerged) and enjoys exploring larger areas of the house.

#### Self Care (Feeding, Dressing & Toileting)

Child finger-feeds self for part of a meal. She can take off hat and shoes and does not mind being dressed as seen when she cooperates with her caregiver.

#### Makes Wants and Needs Known

Child indicates desire to "get down" or "get out" other than by fussing or crying. She says "ba-ba" or other word to indicate food desires, and may also have a word for a favorite toy

## 13 months

### **General Impression:**

*Child's mobility is continuing to open up his world. He is beginning to communicate using words for Mom, Dad, and simple food items, such as cup, juice, or cracker. Babbling is very common and child may pretend to imitate parents doing activities such as talking on the phone.*

### **Positive Social-Emotional Skills (including social relations)**

Child engages in early conversation and follows directions to please adults. He is communicating with babbles and jargon and a few early words.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child is showing an increase in receptive language and cognition. He can point and will often point to pictures with the expectation that his caregiver will label the picture. He is following more simple one-step directions and will look around to find the object that is named by his parent.

Child is also showing better command of expressive language as he will repeat simple sounds and words on request. Early words are emerging.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child's mobility has increased and he is all over the house, following behind his parent and exploring on his own. For children who are already walking, they may resort to crawling if it will get them some place quicker. Child can use his hands in a coordinated manner which is seen both in eating and play skills. Cause/effect toys or busy boxes are easier for the child to manipulate now. Child can purposefully throw a ball from a sitting or standing position.

#### Self Care (Feeding, Dressing & Toileting)

Child is still cooperating with dressing and takes just a very few items off. He can finger feed himself a good portion of the meal/snack. Transition to an open or sippy cup and reduction/elimination of the bottle should be occurring.

#### Makes Wants and Needs Known

Child will use mostly pointing and gestures to request items, but may have a word or two to request his cup, juice, milk or a favorite snack, such as cookie/cracker, and also a favorite toy or activity.

## 14 months

### **General Impression:**

*Child begins to initiate games (i.e. peek-a-boo) with caregivers and gives hugs and kisses to Mom and Dad. Parents will have many “tricks” to show off what their child can do (i.e. wave bye-bye, blow kisses, where’s your belly, etc.). Child can chew most foods well and is independently eating half of her meal.*

### **Positive Social-Emotional Skills (including social relations)**

Child is showing affection to Mom and Dad by giving kisses and hugs. She wants to be near adults and participates in many social games to please those adults. She will even initiate games such as peek-a-boo with caregivers.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child’s persistence and problem solving converge and child is able to unwrap a present to find a hidden treasure. She also wants to imitate siblings and adults by using a crayon to scribble in imitation.

She may now be able to name a few pictures in a book, but still wants caregiver to name the pictures. Child is gaining about one new word each week.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

By the end of the 14<sup>th</sup> month, child should be walking independently and fairly steadily throughout her environment. For those children who have been walking for a few months, they may begin to *attempt* to jump.

Child’s ability to use his hands can also be seen as she is able to turn pages in a book and scribble with a crayon when shown what to do. Child is able to tear paper and unwrap a present.

#### Self Care (Feeding, Dressing & Toileting)

Child is eating a larger variety of foods and is able to chew most foods well without the fear of choking. She can finger feed herself approximately ½ of the meal. Ability to undress has continued and includes pulling off her socks.

#### Makes Wants and Needs Known

Child’s ability to request drink, food, toys, and activities with gestures and 1-2 words is increasing. More sounds/word approximations accompany the gestures

## 15 months

### **General Impression:**

*At 15 months, the child is entering the toddler times and is full of activity. This is a child that is generally always on the go and into everything without a sense of danger. Normal concerns for parents are electrical outlets, the child climbing furniture or running out into the street. Child is beginning to communicate more by pointing and vocalizing wants and needs. Child gets around by walking and can climb stairs on hands and knees.*

### **Positive Social-Emotional Skills (including social relations)**

Child enjoys being around adults and tries to engage them, although his attention span is relatively short. At this age, symbolic play is just starting to emerge. Child is able to see that a doll looks like and stands for a person; this is a precursor to language.

The child may develop fears that he did not have previously (for example, a fear of the bathtub is common at this age). Child may get anxious around strangers and prefer to be near caregivers. Child may keep one eye on Mom and Dad and the other eye on toys and surroundings.

Temper tantrums are emerging. Toddlers will be imitating Mom and Dad now and will learn how to calm and self regulate by looking to Mom and Dad. Child may treat different caregivers differently and he will be the hardest on the caregiver he can count on the most. This is normal and it is an important part the toddler testing his strong attachments.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child is very curious. His curiosity and learning are driven by his motor skills and it may be difficult to slow him down to do fine motor tasks or "read" books. He touches everything and lacks the sense of danger for outlets or climbing to high places.

Child is beginning to show his ability to play with toys. He may even be able to play with a single toy in a variety of ways (this should be mastered by 18-20 months).

He is using jargon mixed with single words. He will point and vocalize to his caregiver what he wants, such as pointing to the pantry or refrigerator when hungry.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child walks alone throughout his environment and can easily squat down to pick up a toy without falling. Child may spend time playing in a squatting position. As the child's curiosity has grown with the ability to move about, the child will naturally attempt to go up stairs on his hands and knees. Parents may comment that the child is in constant motion.

#### Self Care (Feeding, Dressing & Toileting)

Child is taking a more active role in dressing by raising his arms/lifting legs to help caregiver dress him.

#### Makes Wants and Needs Known

Child is more specific with pointing and vocalizing to caregiver what he wants (e.g., points to pantry if hungry). He has a few words (2-5) to request what he wants (cracker, juice, ball, truck, etc.) Child will begin to use other words or approximations to request an activity or a toy such as "more" or "up." He says "no" to let his family know what he doesn't like.

## 16 months

### **General Impression:**

*This is a time when children are really beginning to show early learning skills such as making animal sounds and pointing to a few body parts (usually face parts first). Most children imitate grown-up activities.*

### **Positive Social-Emotional Skills (including social relations)**

Child enjoys imitating grown up activities. She may pretend to talk on the phone or wipe down the table. She enjoys engaging with adults and doing activities to please caregivers.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child's ability to imitate will drive learning. She is imitating activities that Mom and Dad do (e.g., sweeping). She can use a toy in many different ways and can be seen using a simple block as a telephone or a bowl as a hat.

She can make several animal sounds, recalling the sound for the appropriate animal. She can point to all of her facial features upon request. Child has a vocabulary of around 10 words.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child's gait is narrower now and she is able to walk and carry her toys from room to room. She is interested in going up stairs by walking with assistance from a caregiver.

Child will play with one toy in a variety of ways as she is able to use her hands to manipulate small pieces. She may try to figure out what other ways the toy can fit together or work by changing the pieces around.

#### Self Care (Feeding, Dressing & Toileting)

The beginning signs of putting clothes on begin this month with the child able to put on a hat. Child will also begin to use a spoon (maximum spilling) and can hold an open cup and drink with moderate spilling.

#### Makes Wants and Needs Known

Child's vocabulary continues to increase, especially related to wants/needs.

## 17 months

### **General Impression:**

*At 17 months, child has many new skills including an increased vocabulary, dexterity with crayons and puzzles, and ability to use a spoon.*

### **Positive Social-Emotional Skills (including social relations)**

Child is beginning to notice other children. This is a critical point for the child to begin understanding that other people exist and there is a whole world he can interact with. His egocentricity will not fully dissipate until nearly middle childhood, but this is an early step in beginning social relationships with other children. Although parallel play dominates, he may compete for a toy with another child.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child's hand-eye coordination and problem solving skills are working together as he is able to complete simple puzzles and also imitate simple lines with a crayon. He will enjoy coloring.

Child can pick up and put away toys when asked. His vocabulary is 10-20 words.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child is beginning to do a fast walk or stiff looking run. He can climb over anything in the house that may be in his way to getting to his toys or something else he wants. He has become quite adept at completing puzzles now that he has the ability to rotate his hands/fingers to complete them.

#### Self Care (Feeding, Dressing & Toileting)

Child is trying to use a spoon independently but still has a significant amount of spilling (50%).

#### Makes Wants and Needs Known

Child's vocabulary continues to include words to request wants and desires.

## 18 months

### **General Impression:**

*Child is spending a lot of time running, climbing and moving toys around. Child is beginning to do simple pretend play and can follow two-step directions. Temper tantrums are common. Child is eating with a spoon and no longer places toys or objects in mouth (only food).*

### **Positive Social-Emotional Skills (including social relations)**

Play remains a child's most powerful way of learning. She can test out many different situations and actions to find out what works best for her. Play is a child's "work" and your child is testing herself and her new ideas.

Parallel play will dominate at this age (child playing next to another child). This is the age where toddlers may bite, scratch, pull hair or hit. This may happen when a child is overwhelmed and does not have the language to express her feelings.

Pushing limits, saying "no", temper tantrums are all an important part of child's social-emotional development. Toddlers, in this phase of their development are learning so much so quickly, that the purpose of challenging behavior is to help a toddler sort out their independence. Due to this burst of independence, toddler may be experiencing strong stranger anxiety and it will be very difficult to leave toddler as she will protest.

Child is starting to use words to interact socially and is probably very affectionate, liking to give and receive hugs and kisses. True emotions are emerging and toddler may be expressing different emotions such as fear, sympathy, modesty, guilt or embarrassment.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child is beginning to do simple pretend play (i.e. feeding the doll). She will experiment with unfamiliar objects to determine what their purpose is. She only puts food items in her mouth and no longer places toys or other inedible objects in her mouth.

Child's attention and interest in books has increased and she will listen to Mom or Dad read a modified/shortened version of a story. She points to pictures when asked, "where's the ...." She can point to body parts beyond her facial features, name familiar objects when asked, and repeat several words upon request.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child is very active and is running now. She can move large objects and toys and may be seen pushing a chair up to the kitchen counter to get something higher than she can reach. She can walk up stairs with one hand held. She can get into adult and child sized chairs to sit down on her own.

#### Self Care (Feeding, Dressing & Toileting)

Child is still working on taking clothes off and can now unzip zippers, taking off shoes, socks, hat and gloves. She will allow her teeth to be brushed without excessive fussing.

Independent eating is coming along as she can now spoon feed herself with little spilling. She will hand her empty dish to parent when she is finished eating.

#### Makes Wants and Needs Known

Child has several words, however, she often uses motor skills to get her own needs met. Asks for "more."

## 19 - 21 months

### **General Impression:**

*Child enjoys pretend play with dolls or figurines. Personality shines through all actions and he is very set in his ways, fussing when things aren't "just so." The child can now use his vocabulary to communicate 20 + words. He can now follow more complicated/multi-step directions and is often helpful to caregiver with daily tasks.*

### **Positive Social-Emotional Skills (including social relations)**

Child has a better understanding of others' feelings as he will try to comfort others when he notices they are upset. His independence allows him to move away from Mom and sit with other familiar adults. He will also attempt to problem solve independently rather than relying on adults to do it for him. Child will exhibit varying emotions during play. Adults may hear/see verbal or physical scolding of stuffed animals/dolls in play.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child is very independent and he will attempt to problem solve independent of adults. His attention has increased and he will sit and look at a book for several minutes. He can put away some of his toys/shoes. He may be very interested in small objects – for example, bugs may be fascinating to him.

Child is beginning to show an understanding of prepositions such as "in", "out", "up" and "down."

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child is very interested in using his body to balance on curbs, playing in a squatting position, crawling backwards down the stairs. He is getting more skilled with his coloring and can imitate lines and copy circular scribbles.

#### Self Care (Feeding, Dressing & Toileting)

Child is able to independently feed himself with little spilling. He is beginning to attempt to put his shoes on and may be successful getting slip-on or sandal type shoes on. He is also beginning to notice when his diaper is wet or dirty. He may separate himself to have a BM or pull at his diaper when it is not dry. Although many of the testing tools indicate toilet training beginning at this age, it is more likely to happen after 2 years old.

#### Makes Wants and Needs Known

His language is developed enough to enable him to ask for some favorite snacks, drinks, toys, people and/or activities. May lead family to what he desires, but this behavior should fade over time as vocabulary increases.

## 22 -24 Months

### **General Impression:**

*Child prefers to be around other children and is very interested in what they are doing. Although interested in others, she will defend her toys often saying "mine." Child is showing more awareness of body functions.*

### **Positive Social-Emotional Skills (including social relations)**

Child is developing a sense of self. Child also develops a strong sense of "mine" and will claim everything as her own. She may "hoard" some toys and will protest them being taken away. Child is beginning to want to play with other children and may attempt to initiate play activities with them. Sharing is not expected at this age (closer to 36 months); however, child may be able to hand a toy to another child. Child prefers to be around other children and shows an interest in playing with them, even if she can't always initiate play activities.

Child's play may reflect her fantasies and experiences. A toddler's fantasy play reveals her ability to take in, remember and make meaning in her own way of the behavior and events she witnesses. More symbolic play is emerging, such as role playing with dolls to imitate people in her life. Child's new capacity for symbolic play allows her to reenact memories of important events.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Child spends a lot of time each day in play. She is able to pretend with her dolls/figurines, as well as pretend that other household objects/toys are something other than their ordinary use (i.e. blocks are food, remote control is a telephone, etc.). Her attention span has increased dramatically and the intensity of that attention makes it sometimes difficult to transition her from activity to activity. Children at this age enjoy books, which is wonderful as this is a critical part to building vocabulary and exposure to a wider variety of objects, ideas and experiences.

At 24 months, she can say more than 50 words and put those words together in 2 word phrases to communicate with others. About 50% of what she says should be easily understood by strangers. If the child has a very large vocabulary (more than 200 words), the percent understood by strangers may be less. She uses the pronouns "I," "you," and "me", although she doesn't always have complete mastery of them. She can understand prepositions, such as under, over, in and out. She can refer to herself by her name or as "I." Her understanding of language far exceeds what she is able to express. She understands and can point to many body parts, even beyond the simplest ones.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

The intense drive for motor activities has weakened some and the child can now sit to focus on specific toys. She can turn pages of a book one page at a time, purposefully control a crayon when coloring, and do 5-7 piece puzzles.

#### Self Care (Feeding, Dressing & Toileting)

Child may squat, hold herself, and/or verbalize toilet needs. She may be able to take off almost all of her clothes, but will still need help with buttons. She can also pull her pants/shorts off and on which assists with toilet training.

#### Makes Wants and Needs Known

Child uses her language to claim ownership of her toys and personal belongings, and protests someone taking a toy from her and says "mine" and may grab the toy back. She asks for snacks or drinks when hungry/thirsty. She has mastered the use of specific words such as juice, cookie and milk to request food/drink items. She also is asking for some specific toys, activities and people. May want things her way and may use a tantrum, instead of words, to try to get what she wants.

## 25- 27 months

### **General Impression:**

*Child is able to understand early concepts i.e. big/little. Child's natural curiosity for learning is very strong and he asks a lot of questions to learn about new things. Child may protest if there is a change in his routine – example: child normally reads a book, then brushes his teeth – reverse that order and he may resist doing it because it's not the "right" way.*

### **Positive Social-Emotional Skills (including social relations)**

By this age, the child has developed a strong sense of independence and becomes very frustrated when he is unable to complete a task without assistance. This independence also carries over into the realm of his world and impacts his rigidity around his schedule and routine. While he struggles with wanting to be independent, parents may see some instances of separation anxiety.

Child's interest in other children is continuing to grow. He will be able to offer toys to others and initiate play activities with those other children. Those play activities may not always be successful, but they are becoming more regular.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

During this time period, there is an explosion of "school type" learning. The child is beginning to understand concepts such as big/little. Early counting is emerging and some parents may be working on identifying letters in the child's name (though there is no expectation the child would be able to achieve this yet). The child enjoys coloring and want to imitate "writing" to the extent that he can imitate drawing several different types of lines and a circle. He has mastered the skill of verbal imitation and will imitate words and phrases upon request with ease.

The child is still acquiring language at a rapid pace. Two word phrases dominate his communication and his vocabulary is at least 75 words. Child is using language not only to request, but to comment on things he sees.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child can build large towers with wooden and with interlocking blocks. He will love to build and knock down. He can easily manipulate small toys.

#### Self Care (Feeding, Dressing & Toileting)

Child can undress himself almost completely; he may change clothes several times a day simply because he can. He can begin to follow social/health rules i.e. sneezing into his elbow. If snacks are kept in lower cabinets, he can go and get own snacks/cereal.

#### Makes Wants and Needs Known

Child has the language skills to request all needs related to hunger and thirst, and a growing vocabulary to request other wants and needs, often using two word sentences. However, he may opt to just "do it himself" rather than request verbally.

## 28 - 30 months

### **General Impression:**

*This a time when parents may be beginning to look at preschool programs. Many children are able to name their friends, identify one or two colors correctly, and understand social rules. Child loves routines and still becomes upset when they are altered, or when things are not done “correctly” – as perceived by the child.*

### **Positive Social-Emotional Skills (including social relations)**

Child really enjoys playing alongside other children. Symbolic play continues to develop as well as child's imagination. Puppets, dress-up clothes, dolls and action figures are fun play things for a 30 month old. Child is just *starting* to learn about sharing; she does not always share with other children, but can sometimes.

Child likes routine and does not have the flexibility to immediately accept changes to her routine. Due to this enjoyment in routine, child may like to hear the same songs and storybooks over and over again.

Child wants to be independent, but also may want you nearby. She will now easily leave your side if in familiar surroundings. Child may greet familiar adults and is happy to see familiar friends. Child likes to be hugged and cuddled, but not necessarily in the middle of playtime.

Child may scream and throw temper tantrums at times.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Additional preschool skills are emerging. Child can match primary colors and may be able to name one or two colors correctly; depending upon the exposure and experiences she has had with these tasks. She can give her first and last name and also the names of some of her friends and teachers. She can look at pictures or objects and tell what they are used for – items such as keys, money, and shoes. The child will tell parents that something is “broken” when it doesn't give the child the expected effects. The child will verbally seek out help from an adult. The child will begin having conversations with peers using short phrases.

The child's language is exploding into simple sentences using 100+ words. Her mastery of spoken language includes the ability to make words plural and even using some early action/ –ing words.

### **Ability to Take Actions to Get Needs Met**

#### *Controls Body to Get Wants and Needs Met*

Ability to hold crayons and pencils has developed to a more mature grasp and away from holding them in her fist. Child will help to pick up and carry toys to put them away. Child may enjoy helping parents unpack groceries or other “heavy” items.

#### *Self Care (Feeding, Dressing & Toileting)*

Child will begin to use a fork, brush her own teeth and dry her own hands after washing them. She may be able to put on a piece of clothing independently.

#### *Makes Wants and Needs Known*

Child can ask in two to three word sentences for what she wants, including food and drink. She may also tell what should be given for specific meals according to her regular routine. May use phrases to refuse things such as a nap or an activity.

## 31 -33 months

### **General Impression:**

*Child is beginning to participate in associative play behaviors (several children playing together, interacting, in a loosely organized manner). He is beginning to accept routine changes without the intense resistance.*

### **Positive Social-Emotional Skills (including social relations)**

Child is becoming truly social now. He has associative play skills with friends and participates in simple conversations with both caregivers and peers. He can point himself out in pictures along with other close family members and friends.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

Around this age, it is easier to assess what a child knows and understands since his language has progressed so dramatically. The child can be heard telling caregivers about events that have happened in the past, although his concept of time is not yet fully developed. He is using 3-4 word sentences with a clarity of speech that is about 75% understandable by strangers. He is still very curious and asks a number of questions each day. His questions are becoming more complex and include “why” questions about items in his daily life.

### **Ability to Take Actions to Get Needs Met**

#### Controls Body to Get Wants and Needs Met

Child can now go up and down stairs with alternating feet. He can control his hands and draw circles and other lines without demonstration.

#### Self Care (Feeding, Dressing & Toileting)

Child is much more independent in the self-care area. He may be toilet trained during the day, he can dress (with supervision) most items and can even put on a coat. He can follow multi-step directions which involve his self-care (i.e. go to the bathroom, get your toothbrush and bring it to Mommy)

#### Makes Wants and Needs Known

Child expresses hunger and thirst verbally with ease, and has a rapidly growing vocabulary for other desires, including toys, activities, and people. Uses 2 word phrases regularly and some 3 word phrases.

## 34-36 months

### **General Impression:**

*Child is frequently asking questions such as “why” and “where.” Child can put on her own shoes and feed herself without any difficulty. Child is participating in singing songs and nursery rhymes.*

### **Positive Social-Emotional Skills (including social relations)**

There are many things child can do herself and will let you know “I can do it myself”. Even with an increase in independence, child is still learning to follow simple rules and will need gentle reminders. In addition, with increasing independence, child won’t always hold an adult’s hand and stay by the adult’s side during outings. Child may boss people around and make demands. This shows not only that the child is independent, but also that she values herself.

Child is now playing briefly with other children and learning more about sharing and taking turns. Child may have a special friend that she prefers playing with. Boys may prefer playing with boys and girls with girls. Child’s attention span is increasing and child can stay with an activity for at least 5 minutes.

Child’s emotions may shift suddenly from happy to sad, from mad to silly. Child is trying to learn how to handle her emotions. Child can sometimes express with words the feelings she is having. She is beginning to think about the feelings of others and may be able to identify their feelings as well.

Child may be fearful and have nightmares. TV shows (even scary cartoons), movies or violent video games can give child nightmares.

### **Acquisition and Use of Knowledge and Skills (including early language/communication)**

The child’s preschool/school readiness skills are continuing to blossom. She answers correctly to “Are you a boy or a girl?” She understands several prepositions. She enjoys pretending to play different characters with a friend or caregiver. She will make her dolls or action figures talk and move around. She asks many questions and can correctly answer “what,” “where,” and “who” questions.

### **Ability to Take Actions to Get Needs Met**

#### *Mobility and Use of Hands to Play*

Her ability to go up and down stairs has improved to the point of using alternating feet. She can hop on one foot for a couple of hops. She can use scissors to cut a piece of paper from one side to the other.

#### *Self Care (Feeding, Dressing & Toileting)*

Child is gaining more skills and can pour a drink from a pitcher into a cup. She puts on her shoes (cannot yet tie them), undresses completely without help and can unbutton front buttons. She feeds herself without any difficulty.

#### *Expressing Needs (Hunger and Thirst)*

She uses two- and more and more three-word sentences to let others know what she wants and needs throughout her routine.

## Child Indicator Resources

### **Child Development – Print Resources**

Brazelton, T.B., & Sparrow, J.D (2006). Touchpoints: Birth to Three: Your child's emotional and behavioral development. Cambridge, MA: Da Capo Press.

Caplan, T., & Caplan, F. (1995). The first twelve months of life: Your baby's growth month by month. New York: Bantam Books.

Caplan, F. (1982). The second twelve months of life: Your baby's growth month by month. New York: Bantam Books

Caplan, T., & Caplan, F. (1984). The early childhood years: The 2 to 6 year old. New York: Bantam Books.

Greenspan, S. & Greenspan, N.T. (1994). First feelings: Milestones in the emotional development of your baby and child. New York: Viking.

Lowman, D.L. (2007) Amazing Babies: An Overview of Development from Birth to Thirty-Six Months. Virginia: Partnership for People with Disabilities, Virginia Commonwealth University.

Shelov, S.P., & Hannemann, R.E (2004). Caring for your baby and young child: Birth to age five. New York: Bantam Books, Inc.

### **Child Development – Web Resources**

Age Expected Child Development Resources: Early Childhood Outcomes Center/ECO Tools/Resources: [http://projects.fpg.unc.edu/~eco/assets/pdfs/Age-expected\\_Resources.pdf](http://projects.fpg.unc.edu/~eco/assets/pdfs/Age-expected_Resources.pdf)

Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age (Maryland): <http://cte.jhu.edu/onlinecourses/HealthyBeginnings/HBFINAL.pdf>

Baby Center/ Baby Milestones: <http://www.babycenter.com/baby-milestones>

Born Learning: <http://www.bornlearning.org/default.aspx?id=19>

Kids Health/Growth and Development: <http://www.kidshealth.org/parent/growth/index.html>

Zero to Three Social Emotional Development <http://www.zerotothree.org/child-development/social-emotional-development/social-emotional-development.html>

Zero to Three Healthy Minds: Nurturing Your Child's Development <http://www.zerotothree.org/child-development/brain-development/healthy-minds.html>

Social Emotional Development in Young Children: A guide produced by the Michigan Department of Community Health <http://www.zerotothree.org/child-development/brain-development/healthy-minds.html>

## **Relationship of Quality Practices to Child and Family Outcomes:**

[http://nectac.org/~pdfs/QualityPracticesOutcomes\\_2012-04-17.pdf](http://nectac.org/~pdfs/QualityPracticesOutcomes_2012-04-17.pdf)

## **Early Childhood Outcomes Center**

The Early Childhood Outcomes Center website contains basic information about early childhood outcomes, training resources and presentations, archives from conferences, information about data quality and analysis and state resources. It is continually updated as new resources become available. A sampling of the topics (and links) follows.

- Home Page: <http://projects.fpg.unc.edu/~eco/index.cfm>
- Child Outcomes Step by Step Video: <http://projects.fpg.unc.edu/~eco/pages/videos.cfm>
- Self-Directed Learning: <http://projects.fpg.unc.edu/~eco/pages/selflearning.cfm>
- Federal Requirements: [http://projects.fpg.unc.edu/~eco/pages/fed\\_req.cfm](http://projects.fpg.unc.edu/~eco/pages/fed_req.cfm)
- Professional Development Resources: [http://projects.fpg.unc.edu/~eco/pages/training\\_resources.cfm](http://projects.fpg.unc.edu/~eco/pages/training_resources.cfm)
- Quality Assurance: [http://projects.fpg.unc.edu/~eco/pages/quality\\_assurance.cfm](http://projects.fpg.unc.edu/~eco/pages/quality_assurance.cfm)
- Using Data: <http://projects.fpg.unc.edu/~eco/pages/usingdata.cfm#ResourcesandTools>
- State Information: [http://projects.fpg.unc.edu/~eco/pages/states\\_websites.cfm](http://projects.fpg.unc.edu/~eco/pages/states_websites.cfm) and [http://projects.fpg.unc.edu/~eco/pages/states\\_cosf\\_materials.cfm](http://projects.fpg.unc.edu/~eco/pages/states_cosf_materials.cfm)
- ECO Center Presentations: <http://projects.fpg.unc.edu/~eco/pages/archive.cfm>

## **Infant & Toddler Connection of Virginia/ Virginia's System for Determining Child Progress**

<http://www.infantva.org/ovw-DeterminationChildProgress.htm>