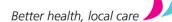


Children's Therapy Service Early years developmental checklist



This checklist has been developed by Solent NHS Children's Therapy Service as a general guide to the development of communication, physical and functional skills in children from birth to school entry.

It may be used to monitor a child's development, help identify children whose skills are delayed or disordered (uneven pattern) and when to be concerned. It should be referred to prior to referral to any of the therapy services to identify strategies that may be used to support the child without the need for referral and / or to provide evidence of the need for referral to specialist therapy services.

When using this checklist consideration must be given to the normal variation in development that children can present with during the early years which would not give cause for concern.

Advice on any child may be sought from the Children's Therapy Service via the Telephone Advice Line.

Children's Therapy Service
Stoneham Centre
Moorgreen Hospital
Botley Road
West End
Hampshire
SO30 3JB

Tel: 0300 300 2019

Email: SNHS.SolentChildrensTherapyService@nhs.net

HOW TO USE THESE CHECKLISTS

These checklists provide a general overview of, communication, feeding, physical and functional development in children from birth to school entry.

They may be used in their entirety as a record of a child's progress over time, but will more likely be used to provide information about a child at a particular point in time e.g. the 2 year developmental assessment.

As individual photocopied sheets the checklist relevant to the child's age should be used initially to identify whether a child is functioning age appropriately, ahead of expectation or behind expected levels. For those children who fail to meet the milestones for their age (and those ahead), checklists relevant for a younger (or older) child may be used to identify degree of delay or atypical patterns of development.

The pie chart at the end of the pack may be used to plot a child's skills and may be used to show patterns & degree of change over a period of time.

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Responds with pleasure to tickling & friendly voices	•Observation of baby with parent/carer •Engage in play with baby	Parent/carer to spend time playing lap games with baby e.g. bouncing, tickling, singing, peek-a-boo Imitate actions & vocalisations that baby makes Share books with baby that are colourful, interactive & robust	No or poor interaction with baby by parent/carers Baby doesn't respond to pleasurable activities	Parent/carer not interested in baby or engagement with baby Signpost to local groups consider mental health team referral
Feeding	Rhythmical sucking from breast/bottle of milk or water	Observation of baby with parent/carer Check position of baby	•Baby is in semi-reclined position, fully supported to promote eye contact between parent & child	Nasal regurgitation or poor sucking which may indicate difficulties with palate (structural/functional)	Signpost to groups in local Sure Start / Childrens Centre Structural difficulties impacting on failure to gain weight - consider feeding clinic referral before specialist referral for cleft palate difficulties
Attention & Listening	 Turns toward a familiar sound such as parent/carer's voice Enjoys listening to parent's voice above all others Startled by loud noises Extremely distractible 	Engage with baby in play To make noises outside the baby's visual field - see if baby turns to noise outside visual field	Follow baby's lead, giving lots of eye contact Engage baby with action songs or songs to soothe	Not turning to sounds No startle response	Signpost to groups in local Sure Start / Childrens Centres Consider referral to Audiology
Understanding	Recognises parent/carer's voice & turns to look at parent/carer when speaking Parent/carer can calm baby using soft voice	Observation of baby with parent/carer Observe reaction to parents' voice	•Talk to baby during daily routines & activities, commenting on what you are doing together •Talk using lots of intonation or in a song-song voice •Respond to baby's sounds •Use home language with baby if not native English speaker •Range of toys with different properties i.e. texture, shape, colour	•No response to adult vocalisation	Signpost to groups in local Sure Start / Childrens Centres Consider referral to Audiology Consider referral to Paediatrician Signpost to Talking Point, ICAN, Talk to your Baby websites
Talking	Crying to express unhappy or uncomfortable Starting to make vocal sounds e.g. cooing, gurgling, raspberries & chuckling	Observation of baby with parent/carer Check no dummy or bottle all the time	Respond to baby's vocalisations by making sounds back Take turns with baby making sounds & facial expressions Discourage use of dummies as they prevent the baby from making sounds	No crying or unusual cry No babbling or other vocalisations	Signpost to groups in local Sure Start / Childrens Centres Consider referral to Paediatrician
Social Interaction	Gazes at faces & copies facial movements e.g. sticking out tongue Makes eye contact for increasing lengths of time Observation with baby & parent/carer	•Can baby imitate poking out tongue?	*Turn television & other background noises OFF for some time in the day. *Involve baby in family activities as often as possible	No or very poor eye contact even with familiar adult No imitation of adult faces or facial movements No awareness of adult emotions No smiling	Signpost to groups in local Sure Start / Childrens Centres Consider referral to Paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Supine (lying on back)	-Prefers to lie with head in midline - Limbs are moving freely - Movements of all four limbs are smooth and continuous -Kicks legs vigorously alternately or together on occasions - Hands loosely open -Can bring hands to midline on chest or reaching Swipes at a toy held in vision -Can maintain a voluntary grasp and involuntary release -Becoming more aware of hands	- Observation of baby -Engage in play with baby -Suspend toy in midline above child Hold a light easily grasped toy next to the baby's hand	- Give baby time on the floor lying on their back underneath toys held above such as a baby gym - Provide toys that are light and easy to handle - Place toys in midline for child to visually focus on and reach for -Encourage baby to look at their hands	Check at 4 months	-Encourage attendance at groups run at children's centres - Baby massage -Please use therapy advice line if you would like to talk through your concerns with a physiotherapist or occupational therapist.
Prone lying (on tummy)	- Weight is forward on bent arms initially then lifts head and shoulders off of the floor using forearms for support - Scratches actively at the floor, on the face and clothing with raking movements of the hands / fingers - Bottom flat (pelvis flat on the floor)	- Observation of baby on tummy -Engage in play with baby using noisy /interesting toy Be aware child may lose control of head and can hit floor	-Practice tummy time on floor / on parent /in carrying - Small roll or rolled hand towel can be used under chest - See 'Tummy time poster' for advice Put toys of interest with interesting textures / bright colours / noise output near to the hands to explore and 'rake'	Check at 4 months	

Communication	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Skills					
Play	 Mouthing, shaking, hitting (object against floor, wall), examining, feeling/rubbing, dropping (and looking), throwing Reaching out for toys Playing with fingers e.g. clasping & unclasping 	Observation of baby with parent/carer Engage baby in play with familiar toys	*Follow the baby's lead giving lots of eye-contact. *Initiate simple actions & vocalisations. *Play games such as peek-aboo. *Provide toys that are large, colourful & easy to handle. *Provide toys with different properties i.e. textures, shapes & colours. *Engage with books that are colourful, interactive & robust	No or limited response to adult No or limited interest in toys	Sign post to groups in local Sure Start /Children's Centres Consider support from nursery nurse to develop play skills in home
Feeding	 Appears to 'spit out' food using back/forward tongue movement. Hand to breast/bottle 	•Observation of feeding	Introduce cup at 6 months Introduce spoon for puree Baby needs to experience many different tastes before changing texture Check position upright and supported	•	Signpost to groups in local Sure Start / Childrens Centre Structural difficulties impacting on failure to gain weight - consider feeding clinic referral before specialist referral for cleft palate difficulties
Attention & Listening	The baby watches the adults face when he or she talks Extremely distractible	Observation of child/parent interaction	Reduce background noise Follow baby's lead & interest	Lack of interest in adults or the environment Lack of engagement with adults	Signpost to groups in local Sure Start / Childrens Centre Consider referral to audiology
Understanding	The baby shows excitement at the sound of approaching voices Able to distinguish between tones of voice e.g. friendly or cross	Observation of child/parent interaction	*Adult responds to sound baby makes *Talk to baby during daily routines & activities commenting on what you are doing together *Use home language with baby	Not turning to sounds No startle to response	Sign post to groups in local Sure Start /Childrens Centres Consider referral to audiology Consider a referral to paediatrician
Talking	The baby makes vocal noises to get attention and makes sounds back to the adult when talked to The baby laughs during play and babbles to themselves using sounds such as 'a-a', 'goo-goo'	Observation of child/parent interaction	Responding to vocalisation by making sounds back, taking turns with sounds & faces Discourage excess use of dummies Adults to model different shapes with lips and tongue	No babbling or other sounds Overuse of dummy No crying or unusual cry	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician
Social Interaction	The baby senses different emotions in the parents'/carers' voice and may respond differently for example, smile, quieten, laugh. The baby cries in different ways to express different needs Baby laughs, chuckles, squeals in play	Observation of child/parent interaction	Encourage adults to respond to the baby's smiles and facial expressions Adults to imitate the sounds baby makes	Baby not smiling Parents/carers not responding to baby's smiles or sounds	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Supine (lying on back)	-Prefers to lie with head in midline raises head to look at feet - Lifts legs vertically to grasp foot /later both lags - Kick strongly - Movements of arms in brisk purposeful fashion, will hold them up to be lifted	- Observation of baby -Engage in play with baby	- Use toys to encourage child to place head in midline - Introduce child's hands to their feet - Introduce child's hands to their body and bringing both hands together - Provide toys that are large colourful and easy to handle - Use of a baby gym/ playmate with suspended toys	- Child unable to turn head - Child unable to lift legs - Child unable to lift arms to reach - Hands tightly fisted -Obvious asymmetry in play	-Encourage attendance at groups run at children's centres - Baby massage -Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Pull to sit	- When hands grasped braces shoulders and pulls themselves to sit	- Grasp child's hands await reaction		Child lacks head control at 6 months	Refer to physiotherapy service though SPA
Sitting	-Sits with support -Turns head from side to side to look around - will hold arms up to be lifted Arms held away from body - Reaching out for toys	- Place in sitting on the floor use toys to encourage head movement	-Place and support child in sitting -Use pillows behind to prevent falling while playing from the front. Encourage sitting looking first e.g. at a book then incorporate playing with the hands once stable	Child unable to turn head - Child unable to lift arms to reach towards adult or a toy - Hands are fisted -Obvious asymmetry	-Please use therapy advice line if you would like to talk through your concerns with a physiotherapist or occupational therapist
Prone lying (on tummy)	-Lifts head and shoulders and chest off of the floor using extended arms, flat hands for support - Can roll front to back and usually back to front Rolling involves shift of weight through upper limbs pushing through one arm then the other -Hands are open	- Observation of baby on tummy -Engage in play with baby using noisy /interesting toy	-Practice tummy time on floor / on parent /in carrying - Small roll or rolled hand towel can be used under chest -Place interesting toys near to the child's hands and encourage them to reach out to explore them	- Unable to lift head does not attempt -Not attempting to change position -Not attempting to reach out for toys -Hands are fisted -Obvious asymmetry	Refer to physiotherapy or occupational therapy service though SPA
Standing	Bouncer and walker use is not recon	nmended by Paediatric Physiother	apists – please see 'Baby walker le	eaflet'	
Hand skills	- Brings hands and toys to mouth. - Hands come together in midline with fingers playing together then toys are passed between hands. - Scoops up toys between palmar (whole hand grasp) and body initially then grasping with whole hand grasp in fingers e.g. a block	- Observation of baby on tummy -Engage in play with baby using noisy /interesting or light easily grasped toys	-Place interesting toys near to the child's hands and encourage them to reach out to explore them and hold -Encourage midline play with both hands -Put noisy toys out of sight and encourage the child to look for them	-Not attempting to reach out for toys -Hands are fisted -Obvious asymmetry and one side not being used -Not interested in toys and not looking for them when they are out of sight	Please use therapy advice line if you would like to talk through your concerns with an occupational therapist Refer to occupational therapy service though SPA

Communication	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Skills	Child exploring objects through	•Engage child in play with	Parent/carer spending time	No interest in toys, not	•Signpost to groups in local
Play	Child exploring objects through mouth & hands. Child will look at and imitate adults. Child more interested in toys and performing actions on them e.g. shaking a rattle, banging objects together, adding rings to stack. Child enjoys simple cause & effect games e.g. peek-a-boo. Uses everyday objects appropriately during play e.g. brushing own hair. Able to take turns e.g. rolling ball - child & mother	familiar objects & toys •Observation of child playing with parent/carer	playing with the child • Encourage lap games & peek- a-boo • Playing simple turn-taking games, copying child's actions •Follow the child's interest •Access to everyday objects during play	reaching out for things of interest Not imitating single actions in familiar games e.g. clapping hands Mouths everything and shows no understanding of objects No turn taking	Sure Start / Childrens Centres •Consider referral to paediatrician
Feeding	Munching develops. Bites food when placed in side of mouth Holds bottle independently Will put hands to cup Picks up finger food Chewing develops after 9 months Move from mashed textures to chopped foods Tries to hold spoon but control limited	•Observation of child feeding	Child to touch & experience food Child to play with food Advice that child is likely to gag on new textures Adults to model eating & drinking actions Check position upright & becoming independent Child has access to open cup drinking by 12 months	Poor position for eating No access to open cup for drinking	Health Visitor advice sheets Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician Consider referral to feeding clinic
Attention & Listening	The child locates the source of another's voice with accuracy. The child can now focus on different sounds e.g. telephone, door bell, clock. Extremely distractible	Observation of parent/child interaction	Access to big toys that child can manipulate and explore Toys that are noisy Promote communication friendly environment e.g. reduce background noise, muted colours, objects with texture.	•Lack of engagement in activities or environment	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician
Understanding	The child understands frequently used words such as 'all gone', 'no', and 'bye-bye' especially when supported by gestures and the words are used in context. The child stops and looks when she hears her own name Responds to tone of voice e.g. 'no' with appropriate intonation	Observation of parent/child interaction Engaging child in play with familiar toys & objects	Our of appropriate tone of voice Talk to the child about everyday things e.g. getting dressed – talk about what you are doing Comment during play, making words sound interesting Use gesture to support words e.g. waving bye bye Parents/carers using simple short phrases	Lack of response to sounds Not responding to tone of voice appropriately Parent/carers using complex language all the time	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	 The child uses speech sounds (babbling) to communicate with adults; says sounds like 'ba-ba', 'no-no', 'gogo' and stops babbling when he hears a familiar adult voice. The child uses gestures such as waving & pointing to help communicate. By nine months child shouts to gain attention waits then shouts again At around 12 months the child begins to use single words e.g. 'mummum', 'dada',, 'tete' (teddy) 	Engage child in play with familiar objects & toys on the floor Observation of child playing with parent/carer	Repeat back sounds and take turns making them Make sounds for child to imitate Offer choices visually between toys e.g. 'do you want the ball or book'. Encourage child to take the one they want Advice about stopping dummy	Little or no sound made Not reaching for objects of interest Overuse of dummy Lack of babbling Does not attempt to communicate using whole body movements	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician
Social Interaction	 The child enjoys action rhymes and songs and tries to copy adult speech sounds and lip movements. The child is starting to take 'turns' in conversations (using babble) May be more reserved with strangers Begins to offer toys to adults but doesn't let go 	Engage child in play with familiar objects & toys Observation of child playing with parent	Giving games with toys Play with the baby and include it in group activities, maybe attend a mother & toddlers group etc	•In an older child e.g. 9-12 months it may be a concern if they show no fear of strangers	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	6-9 months -Sits unsupported - Uses two hands to play -Leans forward to pick up toy and returns to sitting - Stretches to reach toys 9-12 months - Can attain sitting from lying	- Place in sitting on the floor use toys to encourage activity - place in lying to observe movement into sitting	- Encourage play in sitting with pillows behind for safety - Offer toys and encourage play in one hand and with both hands together - Place toys slightly out of reach and encourage to reach for	- Unable to maintain independent sitting even momentarily - Unmotivated to reach for toys - Unable to move out of sitting or does not attempt to save self when reaching or unbalanced - Unable to maintain independent sitting indefinitely at 12 months	Refer to physiotherapy service though SPA Please use therapy advise line if you would like to talk through your concerns with a physiotherapist or occupational therapist
Floor movement	6-9 months - Can roll - Can move around floor by rolling, wriggling on tummy or crawling - Pulls to stand on occasions, cannot lower self back to floor - when held in standing will step alternate feet 9-12 months -Can move around floor with ease by crawl/commando crawl/bottom shuffle or bear crawling - Pulls to stand is starting to control sitting down again	- Observation of baby moving on floor -Engage in play with baby using noisy /interesting toy	- Use toys which can be rolled cars /balls - move toys up higher to encourage and attempt to pull to stand to a firm object such as a sofa Bouncer and walker use is not recommended by paediatric Physiotherapists please see 'Baby walker leaflet' -Bottom shuffling is not an indication of abnormal movement patterns.	- No floor movement Unable to roll at 12 months	Refer to physiotherapy service though SPA Please use therapy advise line if you would like to talk through your concerns with a physiotherapist
Hand skills / Self help skills	6-9 months - Pats objects with flat hands - Maintains grasp and shakes a toy - Bangs two toys together, claps hands etc - Removes object from a container initially, then develops skills to place it back in then eventually can tip objects out - Gives an object to an adult - Holds a toy with two hands 9-12 months -Holds 2 objects in one hand. - Points with index finger with other fingers flexed - By 12 months begins to used more refined grasp on small object e.g. pincer grasp between index finger and thumb, e.g.self feeding and picking up finger foods - Reaches for bottle and steers it to the mouth later will drink from an open cup held by an adult	- Observation of baby playing / eating / drinking -Engage in play using noisy / interesting toys	- Encourage play and model shaking a rattle, pressing a pushbutton toy, turning a page in a book, banging toys together, pointing to things in a book, putting things in and out of a container - Encourage 'Playfullness'	-Not attempting to reach out for toys -Hands are fisted -Obvious asymmetry -Not interested in toys and not looking for them when they are out of sight -Unable to functionally play with toys e.g. shaking rattle, pointing to items in a book, bang two toys together	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to Refer to the Occupational Therapy service though SPA if there are significant concerns

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	 Child may still bang two objects together, stack & build towers with two cubes etc Relational play e.g. spoon in a cup, put chair to table etc Self pretend play e.g. feeding self, making 'feeding' sounds, brushing hair & washing self. Child may play with familiar adults and notice other children. Puts objects in/out of boxes 	Observation of parent/child interaction Engaging child in play with familiar toys & objects Output Description:	Adults demonstrate how objects are used and label objects & actions for child. Child has access to a range of every day objects for play	Not showing understanding of objects by use e.g. brushing hair with hairbrush Lack of interest with toys	Signpost to groups in local Sure Start / Childrens Centres Consider referral to paediatrician
Feeding	Chewing skills develop Lip closure during chew is developing Can drink from a straw Holds cup but often spills drink Brings loaded spoon to mouth but often tips it over Moves from demand feeding towards participating in routine family meal times	•Observation of child feeding	Important to offer an increasing variety of textures. From 14 months child enjoys imitating adults when eating & drinking Adults to ensure increasing opportunity to use open cup for drinking despite risk of spilling	Shows any signs of physical difficulty with early chewing motions Doesn't enjoy playing with food Tolerates limited range of textures Has recurrent chest infections Regularly cough or chokes when eating or drinking	Signpost to groups in local Sure Start / Childrens Centres Referral to SLT Consider referral to Portage for Talk & Taste or equivalent if possible
Attention & Listening	The Child focuses on music & singing and enjoys sound-making toys/objects The child listens & responds to simple, routine instructions The child begins to concentrate on self chosen activities resisting interference from adults	Observation of parent/child Engaging child in play with familiar toys & objects	•Follow the child's lead where possible in play •Reduce background noise •Parent/carer to spend at least 5-10 minutes per day playing with child •Engaging child's interest by offering a wide range of activities in & outside the house	Child is easily distracted by noises or activities in the environment	•Signpost to groups in local Sure Start / Childrens Centres
Understanding	 The child understands and follows simple instructions such as 'come here' Child can understand simple words in context e.g. cup, milk or daddy Child able to point to familiar people when named Engages in Peek-a-boo. 	Observation of parent/child interaction Engaging child in play with familiar toys & objects	Back up simple instructions with gestures such as pointing etc Parents/carers to comment during play and name the objects during play Play simple 'where is' games e.g. 'where is mummy' Reduce background noise	Child is not showing situational understanding e.g. bowl = snacktime Not responding to different voice tones or Peek-a-boo	Signpost to groups in local Sure Start / Childrens Centres Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	 Child is showing signs of intention to communicate Child can communicate needs by pointing and vocalising Child may still babble but does so loudly with intonation. Child uses gesture and specific sounds/ vocalisations to get needs met Child says around 10 single words although these may not be clear 	Observation of parent/child interaction Engaging child in play with familiar toys & objects	Repeat words the child says to show they were understood and to model accurate production Use symbolic noises for animals, cars etc Offer choices encouraging commenting rather than questioning Repeat key words frequently during play or stories or any regular activities	Child not making sounds Child not pointing to communicate needs or objects of interest Parents/carers asking 'what's that'? to demand speech from the child	Sign post to groups in local Sure Start / 120 Childrens Centres Consider a referral to SLT Consider a referral to paediatrician
Social Interaction	The child likes being with familiar adults and enjoys watching adults for short periods of time Child may need reassurance from adult in new surroundings	Observation of parent/child interaction	Observation of parent/child interaction	Child not showing signs of communicative intent e.g. looking, pointing, smiling Lack of interest in or affection towards others Poor parent/carer/child relationship or interaction	Sign post to groups in local Sure Start /Childrens Centres Consider a referral to paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	-Kneels unaided or with support Stable in sitting -Child props backwards to save themselves -Reaches out and moves towards toy to collect it	Place toy on appropriate level surface Observe skills in sitting and moving on the floor	- Place toys on appropriate height surface to encourage reaching from sitting - Encourage play in sitting with pillows behind for safety if required Adult playing from the front - Offer toys and encourage play in one hand and with both hands together - Place toys out of reach and encourage to move towards	Unable to maintain independent sitting at 12 months Unmotivated to reach for toys Unable to move out of sitting or	Refer to Occupational / physiotherapy service though SPA Please use therapy advice line if you would like to talk through your concerns with an OT or physiotherapist
Other movement	- May crawl up stairs and down backwards (only if child has regular access to stairs) - Physically restless desires to move and does not like to be restrained on mothers lap in buggy etc	- Observation of baby moving	-Encourage crawling games -encourage visits to soft play areas	- Unable to roll at 12 months - No floor movement	Refer to physiotherapy service though SPA
Standing	- Can push a wheeled toy on a level surface -May walk alone with wide base of support, arms held high or at shoulder level -Gets down from standing by collapsing backwards to bottom or forwards on to hands then back into sitting -Can stand up with minimal assistance of furniture	- Observation and placement in standing if required	- Child to have access to push along toys - Encourage child to attempt standing to reach toys etc Bouncer and walker use is not recommended by Paediatric Physiotherapists please see 'Baby walker leaflet'	-Unable to take weight on flat feet when placed in standing against furniture	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Hand Skills / self help skills	-Builds tower of 2 bricks -Uses precise pincer grasp to pick up an object and release into a container -Able to tip a container to tip out the contents - Opens a book -Places rings on a post / circle into an easy inset puzzles / circle into a posting toy - Steadies the toy whilst playing with the other hand -Begins to scribble with whole hand (dagger) palmar grasp on a pencil / crayon - Beginning to hold a spoon - Beginning to hold a lidded cup	- Observation of child playing / eating / drinking - Engage in play using toys	- Encourage play and model shaking a rattle, pressing a pushbutton toy, turning a page in a book, banging toys together, pointing to things in a book, putting small items in and out of a container - Encourage 'Playfulness' - Encourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. holding cup, using a spoon, - Encourage development of upper limb / hand skills in selfhelp skills e.g. dressing with arms up to put on easy garments	-Not attempting to reach out for toys -Hands are fisted -Obvious asymmetry -Not interested in toys and not looking for them when they are out of sight -Unable to functionally play with toys e.g. shaking rattle, pointing to items in a book, hold toys with 2 hands together	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to Occupational Therapy service though SPA if there are significant concerns

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Child engages in pretend/symbolic play with dolls/teddies etc e.g. feeding doll with spoon, brushing dolls hair	•Engage child in play with familiar objects	Adults to engage in joint play with child & toys to provide commentary & modelling of actions	Lack of interest in toys Lack of imitation of pretend play despite adult modelling Poor access to dolly's & teddies etc	•Signpost to groups in local Sure Start / Childrens Centres
Feeding	Chewing skills develop Lip closure during chew is developing Can drink from a straw Holds cup but often spills drink Brings loaded spoon to mouth but often tips it over Moves from demand feeding towards participating in routine family meal times	Observation of child feeding	Important to offer an increasing variety of textures. From 14 months child enjoys imitating adults when eating & drinking Adults to ensure increasing opportunity to use open cup for drinking despite risk of spilling	Shows any signs of physical difficulty with early chewing motions Doesn't enjoy playing with food Tolerates limited range of textures Has recurrent chest infections Regularly cough or chokes when eating or drinking	Signpost to groups in local Sure Start / Childrens Centres Referral to SLT Consider referral to Portage for Talk & Taste or equivalent if possible
Attention & Listening	The child listens & responds to simple information & instructions e.g. 'Ben put your shoes on', 'Aysha, give to Daddy'.	Observation of parent/child Engaging child in play with familiar toys & objects	•Follow the child's lead where possible in play •Reduce background noise •Parent/carer to spend at least 5-10 minutes per day playing with child •Engaging child's interest by offering a wide range of activities in & outside the house	Child is easily distracted by noises or activities in the environment Child unable to focus attention on self chosen activities	•Signpost to groups in local Sure Start / Childrens Centres
Understanding	 The child understands a wide range of single words and some familiar phrases, e.g. 'coat on', 'give ball', 'cuddle teddy' Child can give some named familiar objects to adult on request e.g. car, apple, book. The child recognises and points to some objects and pictures in books if asked. 	Observation of parent/child interaction Engaging child in play with familiar toys & objects encouraging child to point to objects on request	Adults to use simple language when giving instructions focusing on key words e.g. 'coat on' rather than 'its time to put your coat on to go outside' Adults to support spoken word with gesture or sign	•Child not following simple adult instructions e.g. 'put your coat on' even when routine & familiar	Signpost to groups in local Sure Start / Childrens Centres Consider referral to SLT Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	The child still babbles but uses but can use up to 20 single words correctly, although they may not be clear Child will mix babbling & single words during play The child will use intonation, pitch and changing volume when 'talking' The child will copy gestures & words from adults.	Observation of parent/child interaction Engaging child in play with familiar toys & objects and encouraging child to name objects	Encourage parents/carer and child to access together, Mr Tumble from 'Something Special' programme on CBBIES and Ra Ra the Noisy Lion Offer forced alternatives such as 'juice or milk?' to encourage verbal response Continue to comment on chosen play Continue to model familiar language in simple sentences repetitively through songs and stories Use gesture or sign to support verbal communication	Child using only jargon Child has either no single words or just 'mummy & daddy' Shows signs of frustration when adults are unable to respond to his communication attempts	Signpost to groups in local Sure Start / Childrens Centres Consider referral to SLT
Social Interaction	 The child prefers to play alone with familiar adult near by The child is increasingly independent but needs support & feedback from familiar adult in all social interaction. 	Observation of parent/child interaction	Child appears unaffected if familiar adult not around Child does not seek support from any adult	Child appears unaffected if familiar adult not around Child does not seek support from any adult	Sign post to groups in local Sure Start /Childrens Centres Consider a referral to paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	- Kneels unaided Stable in sitting -Child props backwards to save themselves -Reaches out and moves towards toy to collect it	- Observation - Observe skills in sitting and moving on the floor	-Encourage visits to soft play areas - Encourage play in sitting with pillows behind for safety if required Adult playing from the front - Offer toys and encourage play in one hand and with both hands together - Place toys out of reach and encourage to move towards	- Unable to tolerate weight bearing on knees Unable to maintain secure independent sitting - Unmotivated / unable to reach for toys - Unable to move out of sitting to retrieve a toy	Please use therapy advice line if you would like to talk through your concerns with an OT / physiotherapist
Other movement	May walk up stairs and down or come down on bottom or backwards (only if child has regular access to stairs)	- Observation	-Encourage visits to soft play areas,		Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Standing	-Walks alone with feet only slightly apart -Starts and stops purposely and freely -runs carefully head up eyes on the floor Pulls and pushes large toys - Can carry a large toy - Reverses into a chair, or slides sideways to sit - Likes to climbing into an adults chair forwards and turns when in chair - Squats to pick up toys from the floor standing without assistance.	- Observation - Toys placed on the floor	- Discourage the use of shoes in the home in unsteady cruising children	- Child unable to cruise at furniture at 18 months -Child not pulling to stand or attempting at 15 months -Child who is walking is unable to maintain squat or rise from squat position independently	Refer to physiotherapy service though SPA
Hand Skills / Self help skills	-Builds tower of 2 to 3 bricks -Uses precise pincer grasp to pick up an object and release into a container -Able to tip a container to tip out the contents -Turns several pages of a book -Places rings on a post / 2 shapes into an easy inset puzzles / shape into a posting toy - Consistently steadies the toy whilst playing with the other hand -Scribbles with a pencil / crayon holding using a pronated palmar grasp (all fingers but hand turned over) - Begins to establish hand preference - Pretend play begins - Engaging in messy play - Holds a spoon and beginning to load - Holds a lidded cup	Observation of child playing / eating / drinking Engage in play using toys	- Encourage play and model shaking a rattle, pressing a pushbutton toy, turning a page in a book, banging toys together, pointing to things in a book, putting small items in and out of a container - Encourage 'Playfulness' - Encourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. holding cup, using a spoon, - Encourage development of upper limb / hand skills in self-help skills e.g. dressing with arms up to put on easy garments - Encourage messy food play	-Not attempting to reach out for toys -Hands are fisted -Obvious asymmetry -Not interested in toys and not looking for them when they are out of sight -Unable to functionally play with toys e.g. shaking rattle, pointing to items in a book, hold toys with 2 hands together	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to Occupational Therapy service though SPA if there are significant concerns

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Child enjoys repetitive actions e.g. putting objects in/out of bags or boxes Pretend play skills developing e.g. acting out simple activities such as washing doll Beginning to use objects imaginatively e.g. cardboard box as car Understands and plays appropriately with miniature toys e.g. Duplo or Play-Mobil	Engage child in play with familiar objects Observe child playing in home environment	Adults to model and support imaginative play with boxes etc Adults to model joining play sequences together e.g. cook for then feed dolly Adult to model & support small world play using familiar scenes from home -life	Not relating objects to doll or teddy e.g. hairbrush for dolls hair No understanding of miniature toys Lack of imagination in play Lack of resources for play Too many toys/objects.	Signpost to groups in local Sure Start / Childrens Centres Refer to SLT if child not understanding miniature toys
Feeding	Chews with lips closed Cup now placed between lips rather than teeth Child able to load spoon and take to mouth without spilling Child enjoys imitating other children eating Child enjoys pretending to feed dolls & teddies	•Observation of child feeding	Extend range of firmer foods offered to promote chewing Ensure open cup drinking for majority of hydration	Poor chewing Still gaining most nutrition from bottle Limited access to finger foods and firmer foods Limited range of textures.	Consider a referral to Portage for Talk & Taste Signpost to groups in local Sure Start /Childrens Centres Consider referral to feeding clinic
Attention & Listening	Child can concentrate on an activity they have chosen but can't tolerate direction from an adult	•Engage with child in play with familiar toys and objects	•Adults encourage child to focus on activity for increasing lengths of time e.g. using sand timer as visual prompt •Reduce resources available to enable child to choose •Consider impact of colour, noise & light as distractions in the environment	Constantly flitting between activities Too many resources The environment is not communication friendly e.g. noise, light, colour	Signpost to groups in local Sure Start /Childrens Centres Consider a referral to paediatrician
Understanding	The child points to simple body parts on request Can give a number familiar objects on request Can follow simple instructions without gestural cues e.g. Where is your shoe? Performs simple actions on request e.g. 'down', 'jump up', 'sleep,' 'eat', 'clap your hands'	Engage child in play giving simple instructions e.g. 'give me the ball' Share rhymes with child	Adults encourage child to focus on activity for increasing lengths of time e.g. using sand timer as visual prompt Reduce resources available to enable child to choose Consider impact of colour, noise & light as distractions in the environment	•Unable to follow instructions even with gestural cues •Poor attention & listening skills •No interest in picture books •Child has no or limited knowledge of nursery or action rhymes	Sign post to groups in local Sure Start/Childrens Centre Refer to SLT if child unable to follow instructions with or without gestural cues Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	 The child is able to use an increasing number of single words but not always clear Child continues to use a lot of jargon or nonsense speech e.g. linked babbling Child starting to join words together e.g. 'ball gone' Range of speech sounds increasing The child uses intonation, pitch and changing volume when 'talking' By 2 years the child is able to use up to 50 single words correctly 	Observation of child during play Engage child in play	Parents/carers to name objects and actions for child in context/during play Parents/carers to use simple two word phrases which child will copy when ready Parents/carers repeat child's two word utterance and add extra word e.g. 'car gone' becomes 'yes, blue car gone' Parents/carers repeat words clearly for child to hear but don't insist on child repeating back	Parents/carers not responding to child's attempts to communicate e.g. parent/carer asks child 'what's that?' and then doesn't name object for child if child unable Parent/carer corrects child pronunciation appropriately Child is unintelligible to familiar adults Parents/carers make child repeat words or phrases insisting on accuracy.	Sign post to groups in local Sure Start / Childrens Centres Refer to SLT if child has limited number of single words e.g. 30 Refer to SLT if child echoes adult speech without understanding Refer to SLT if speech is dysfluent e.g. stammering Not appropriate to refer to SLT for just speech sounds as speech likely to be immature at this stage
Social Interaction	 Child initiates and maintains eye contact with familiar and some less familiar adults Child demonstrates simple turn taking in activities e.g. rolling a ball back & forth Child responds appropriately to tones of voice e.g. anger Child makes request by pointing. 	Observation of child during play Engage with child in his play	Encourage choice making by pointing & looking Encourage turn taking in games such as bubble blowing Encourage child to join in action rhymes e.g. 'here we go round the mulberry bush'	Little or no eye contact Difficulty taking turns with adults or peers Fixed in own set of routines/behaviour Appears to be 'in own world'	Sign post to groups in local Sure Start / Childrens Centres Consider referral to paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	Stable in sitting a small chair and table	- Observe skills in sitting	Encourage visits to soft play areas, parks and outdoor play to strengthen child posturally	- Unable to safely maintain secure independent sitting on a chair	Please use therapy advice line if you would like to talk through your concerns with an OT / physiotherapist
Standing	Runs safely on whole foot stopping and starting with ease Pushes and pulls large wheeled toys easily forwards and usually walking backwards Pulls small toys along with obvious awareness of direction Likes to climb on furniture to look out of the window etc can get back down again Squats to play or rest .Stands without the use of hands	- Observation	- Encourage parents to take find opportunities such as play sessions at children's centres where their child can take part and learn from children around them.	-Child who is walking is unable to maintain squat or rise from squat position independently - Child unable to independently walk at 24months	Refer to physiotherapy service though SPA
Other movement	- Walk up stairs and down holding onto rail or wall two feet to a step	- Observation	Encourage visits to soft play areas, parks and outdoor play	-Crawling up stairs	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Ball Skills	-Throws ball overhand and forwards, without falling over -Walks into a large ball when trying to kick it -Sits on a small trike but cannot use pedals but can move it using feet	- Observation in an environment with access to toys	- Encourage parents to take part in these activities and find opportunities such as play sessions at children's centres - See games and activities leaflet	- unable to sit on trike - unable to grasp ball	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Hand Skills / Self help skills	-Builds tower of 4 to 6 bricks -Threads large beads -Turns over one page of a book -Places rings on a post / square & triangle shape into an easy inset puzzles / shape into a posting toy - Straight and circular scribbles with a pencil / crayon holding using a pronated palmar grasp (all fingers but hand turned over)Progressing to short vertical line Preferred hand used more than half of the time - Engaging in messy play - Loading a spoon and feeding self with it - Holding a lidded cup and using independently	- Observation of child playing / eating / drinking - Engage in play using toys	- Encourage play and model posting, placing shapes into inset puzzles, threading etcEncourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. drinking from lidded / open cup, independent feeding, washing face etc Encourage development of upper limb / hand skills in self-help skills e.g. dressing with arms up to put on easy garments -Encourage messy food play	-Unable to hold a pencil -Unable to use 2 hands together -Unable to place an object into a container	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to Occupational Therapy service though SPA if there are significant concerns

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Child able to use object symbolically e.g. banana becoming a phone. Child will join play sequences together e.g. undresses doll, prepares bath, washes doll and dresses it	•Engage child in play with range of miniature objects and resources for imaginative play	*Adults playing with child to model extended sequences of play *Opportunities for child to socialise with other children in groups *Access to everyday objects / clothes for role play and dressing up with adult commentary *Adults to initiate imaginative/symbolic play with familiar objects e.g. large box becomes a castle	Not acting out simple daily routines with doll or teddy Not relating to miniature toys or using objects symbolically Repetitive play / not extending sequences of play	Signpost to groups in local Sure Start / Childrens Centres Consider a referral to SLT Consider a referral to paediatrician
Feeding	Eats & drinks well with little spillage Holds cup in one hand Uses spoon independently	Observation of child feeding	Encourage regular use of spoon & fork and parents/carers to model using spoon & fork Encourage regular use of cup Support & advice for wider range of food availability	Poor control of spoon & fork Not able to hold cup independently Limited access to wide range of food & textures	Signpost to groups in local Sure Start / Childrens Centres Consider referral to Portage for Talk & Taste or equivalent
Attention & Listening	 The child is beginning to listen to talk with interest but is easily distracted The child will listen to talk addressed to himself but finds it difficult if prompts are not provided e.g. use of name, 'stop & listen'. 	•Engage with child in play with familiar toys and objects	Adults to use simple language and gain child's attention before speaking to him Adults encourage child to focus on activity for increasing lengths of time e.g. using sand timer as a visual prompt Ensure environment supports listening e.g. reduce background noise	Unable to listen or attend to simple adult directions Poor concentration for either self or adult chosen activities Highly distractible in the environment to other noises	Signpost to groups in local Sure Start /Childrens Centres Consider a referral to paediatrician
Understanding	Child beginning to understand longer phrases i.e. 'make teddy jump' Child beginning to understand familiar/routine phrases e.g. 'put teddy in the box', 'get your coat & bag'. Recognises actions in pictures	Engage child in play giving two word instructions e.g. ball in bag Observation of child playing	Parents/carers to talk about every day events as they do them using simple language Parents/carers introduce basic concept words e.g. size & position supported with gesture or sign Encourage child to tell familiar stories to organise sequences of language	Child is slow to respond to language but is better when shown what to do. Poor situational understanding within familiar routine e.g. shoes at the door ready = ready to go to shops No interest in books or stories Poor concentration & listening skills	Sign post to groups in local Sure Start /Childrens Centres Referral to SLT if not understanding two key word instructions eg give the brush to mummy Refer to SLT if echoing adult speech without understanding it Consider referral to paediatrician Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	Child able to use a wide range of words including descriptive language functions Child may become non-fluent Beginning to link more than 2 words	Observation of child during play Engage child in play encouraging child to talk as playing	Child has access to range of experiences to develop vocabulary Parents/carers to repeat sentences back to child adding in grammatical elements Parents/carers not to insist on child repeating sentences back to them Parents/carers are aware to model sounds in words but not to ask child to repeat back	Reluctance to communicate ideas/frustration Only using single words or two word phrases by 30 months If non-fluency appears to be developing into a stammer Speech is unintelligible to familiar adults Muddled word order in sentences Limited or poor vocabulary Communicates by pointing rather than talking	Signpost to groups in local Sure Start / Childrens Centres Refer to SLT if using only single words or short phrases Refer immediately to SLT if child and/or family are concerned re non fluency Refer to SLT if using large amount of learnt phrases with little spontaneous language
Social Interaction	Child holds a conversation but jumps from topic to topic. Child is interested in others play and will join in	Observation of child during play or interaction with other children or adults Engage with child in his play	*Ensure opportunities to socialise with other children *Opportunities to develop turn taking skills in a range of activities *Parents/carers to model appropriate listening & talking in conversation *Parents/carers to use language of emotions with child *Parents/carers prepare child for change in routine either verbally or supporting with picture or signs	Child unable to introduce or maintain topic of conversation Child struggles to express emotions and may appear aggressive to other children Child struggles to listen to conversation partner/take turns in conversation - appears to dominate conversation Child becomes distressed if routine changes	•Signpost to groups in local Sure Start /Childrens Centres •Refer to SLT if any concerns in this area of development •Refer to Paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	Stable in sitting a small chair and table	- Observe skills in sitting	Encourage visits to soft play areas, parks and outdoor play to strengthen child posturally	- Unable to safely maintain secure independent sitting on a chair / potty	Please use therapy advice line if you would like to talk through your concerns with an OT/ physiotherapist
Standing	Runs safely on whole foot stopping and starting with ease Pushes and pulls large wheeled toys easily forwards and usually walking backwards some difficulty steering around obstacles Can jump off small step with two feet Can stand on tiptoe if shown Squats to play or rest . stands without the use of hands	- Observation	- Play chasing games -Play jumping in puddles etc - Encourage parents to take find opportunities such as play sessions at children's centres where their child can take part and learn from children around them.	-Child who is walking is unable to maintain squat or rise from squat position independently - Child unable to independently walk at 24months - Persistent toe walker 80-90% of the time	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist Refer to physiotherapy service though SPA

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Other movement	Walk up stairs and down holding onto rail or wall two feet to a step confidently	- Observation	Encourage visits to soft play areas, parks and outdoor play	-Child crawls up stairs	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Ball Skills	-Throws ball from hand stiffly at body level - Kicks large ball, gently and unevenly -Climbs size appropriate play apparatus	- Observation	- Encourage participation in these activities - see games and activities leaflet		Please use therapy advice line if you would like to talk through your concerns with a physiotherapist
Hand Skills	- Builds tower of 8 to 10 bricks -Builds bridge with 3 bricks in imitation -Builds bridge with 3 bricks in imitation -Threads large beads -Turns over 3 pages of a board book -Places 5 rings on a post in order / 3 shapes into inset puzzle / 4 part nesting toy - Copies a vertical line / horizontal line and circle with a pencil / crayon when demonstrated Holds using a digital pronated grasp (held in straight fingers but hand turned over) - Snips paper with scissors - Generally has developed hand preference -Knows how to hold scissors, open and shut the blades and snip paper - Engaging in messy play	- Observation of child playing / eating / drinking / drawing / using scissors (if safe to do so)	Encourage play and model posting, placing shapes into inset puzzles, pegs into a peg board, threading etc. Encourage messy play with a variety of different safe textures e.g. dry, sticky, wet etc	-Unable to hold a pencil -Unable to use 2 hands together -Unable to place an object into a container	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to the Occupational Therapy service though SPA if there are significant concerns
Self help skills	-Drinking from open cup, stabbing with a fork, scoops and can use fork and spoon together, washes and dries hands and face. Unbuttons large buttonAsking to use the potty progressing to toilet training	- Observation of child completing dressing / eating / drinking etc (if safe to do so)	-Encourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. drinking from open cup, stabbing with a fork, scooping and using a fork and spoon together, washing and drying hands and face Encourage development of upper limb / hand skills / sequencing skills in self-help skills e.g. taking off shoes/coat	- Unable to assist with the dressing process at all e.g. arms up, pulling socks off etc Unable to eat / drink independently	Self help skills

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Child will join play sequences together e.g. undresses doll, prepares bath, washes doll and dresses it Child enjoys company of other children but plays alongside rather than co-operatively Child will copy adults & other children. Play will be more imaginative, acting out adult roles with toys e.g. telling them off, giving directions	•Engage child in play with range of miniature objects and resources for imaginative play	Adults playing with child to model extended sequences of play Opportunities for child to socialise with other children in groups Access to everyday objects / clothes for role play and dressing up with adult commentary Adults to initiate imaginative/symbolic play with familiar objects e.g. large box becomes a castle	Not acting out simple daily routines with doll or teddy Not relating to miniature toys or using objects symbolically Repetitive play / not extending sequences of play	Signpost to groups in local Sure Start / Childrens Centres Consider a referral to SLT Consider a referral to paediatrician
Feeding	Uses spoon independently From 30 months starts to use spoon & fork with adult grip May become fussy or show fluctuating appetite	•Observation of child feeding	*Encourage regular use of spoon & fork and parents/carers to model using spoon & fork *Encourage regular use of cup *Support & advice for wider range of food availability	Poor control of spoon & fork Not able to hold cup independently Limited access to wide range of food & textures	Signpost to groups in local Sure Start / Childrens Centres Consider referral to Portage for Talk & Taste or equivalent
Attention & Listening	The child is beginning to listen to talk with interest but is easily distracted The child will listen to talk addressed to himself but finds it difficult if prompts are not provided e.g. use of name, 'stop & listen'.	•Engage with child in play with familiar toys and objects	Adults to use simple language and gain child's attention before speaking to him Adults encourage child to focus on activity for increasing lengths of time e.g. using sand timer as a visual prompt Ensure environment supports listening e.g. reduce background noise	*Unable to listen or attend to simple adult directions *Poor concentration for either self or adult chosen activities *Highly distractible in the environment to other noises	Signpost to groups in local Sure Start /Childrens Centres Consider a referral to paediatrician
Understanding	 Child beginning to understand longer phrases i.e. 'make teddy jump' Child beginning to understand familiar/routine phrases e.g. 'put teddy in the box', 'get your coat & bag'. Child is developing an understanding of simple concepts including in/on/under and big/little. Child understands simple 'who' and, 'what' and 'where' questions but not 'why'. Understands sentences with two key words e.g. dolly's/daddy's feet/hands Child understands a simple story when supported with pictures. Recognises actions in pictures 	Engage child in play giving two word instructions e.g. ball in bag Observation of child playing	Parents/carers to talk about every day events as they do them using simple language Parents/carers introduce basic concept words e.g. size & position supported with gesture or sign Encourage child to tell familiar stories to organise sequences of language	Child is slow to respond to language but is better when shown what to do. Poor situational understanding within familiar routine e.g. shoes at the door already = ready to go to shops No interest in books or stories Poor concentration & listening skills	Sign post to groups in local Sure Start /Childrens Centres Referral to SLT if not understanding two key word instructions e.g. give the brush to mummy Refer to SLT if echoing adult speech without understanding it Consider referral to paediatrician Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	 Child able to use a wide range of words including descriptive language functions Child able to link 3 words together i.e. 'want more juice' Child can use up to 300 words by age 3. Child may have problems saying some speech sounds: but is mostly understood Often omits grammatical endings or words e.g. boy kick_ ball ('s' is missing), cat eats_mouse ('the' is missing) 	Observation of child during play Engage child in play encouraging child to talk as playing	Child has access to range of experiences to develop vocabulary Parents/carers to repeat sentences back to child adding in grammatical elements Parents/carers not to insist on child repeating sentences back to them Parents/carers are aware to model sounds in words but not to ask child to repeat back	Reluctance to communicate ideas/frustration Only using single words or two word phrases by 30 months If non-fluency appears to be developing into a stammer Speech is unintelligible to familiar adults Muddled word order in sentences Limited or poor vocabulary Communicates by pointing rather than talking	Signpost to groups in local Sure Start / Childrens Centres Refer to SLT if using only single words or short phrases Refer immediately to SLT if child and/or family are concerned re non fluency Refer to SLT if using large amount of learnt phrases with little spontaneous language
Social Interaction	Child is interested in others play and will join in Child able to express emotions towards adults & peers using words not just actions	Observation of child during play or interaction with other children or adults Engage with child in his play	*Ensure opportunities to socialise with other children *Opportunities to develop turn taking skills in a range of activities *Parents/carers to model appropriate listening & talking in conversation *Parents/carers to use language of emotions with child *Parents/carers prepare child for change in routine either verbally or supporting with picture or signs	Child unable to introduce or maintain topic of conversation Child struggles to express emotions and may appear aggressive to other children Child struggles to listen to conversation partner/take turns in conversation - appears to dominate conversation Child becomes distressed if routine changes	•Signpost to groups in local Sure Start /Childrens Centres •Refer to SLT if any concerns in this area of development •Refer to Paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	Stable in sitting a small chair and table	- Observe skills in sitting	Encourage visits to soft play areas, parks and outdoor play to strengthen child posturally	- Unable to safely maintain secure independent sitting on a chair / potty	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist / Physiotherapist. Refer to the OT / Physio service though SPA if there are significant concerns
Standing	Runs safely on whole foot stopping and starting with ease and avoiding obstacles Can run Pushing and pulling large wheeled toys easily forwards and backwards steering around obstacles Can jump off small step with two feet Can walk on tiptoe Can stand on one leg momentarily when shown	- Observation		-If unable to jump with two feet together at 48 months	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist Refer to physiotherapy service though SPA

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Other movement	Walk up stairs using alternating feet, comes down two feet to a step, can carry a large toy Can jump from bottom step two feet together Awareness of size and movements of own body in relation to external objects and space	- Observation	- Encourage parents to take find opportunities such as play sessions at children's centres where their child can take part and learn from children around them.	- Unable to walk up and downstairs two feet to a step holing the hand rail at 48 months -If unable to jump with two feet together at 48 months	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist Refer to physiotherapy service though SPA
Ball Skills	-Throws ball overhand and catches a large ball arms extended - Kicks ball forcibly -Rides tricycle pedalling and steering round wide corners -Climbs size appropriate play apparatus with ease	- Observation	Encourage visits to soft play areas, parks and outdoor play	- If unable to pedal and steer tricycle at 46 months	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist Refer to physiotherapy service though SPA
Hand Skills	- Builds tower of 8 to 10 bricks -Builds bridge with 3 bricks in imitation -Builds bridge with 3 bricks in imitation -Threads large beads -Turns over 3 pages of a board book -Places 5 rings on a post in order / 3 shapes into inset puzzle / 4 part nesting toy - Copies a vertical line / horizontal line and circle with a pencil / crayon when demonstrated Holds using a digital pronated grasp (held in straight fingers but hand turned over) - Snips paper with scissors - Generally has developed hand preference - Knows how to hold scissors, open and shut the blades and snip paper - Engaging in messy play	- Observation of child playing / eating / drinking / drawing / using scissors (if safe to do so)	- Encourage play and model posting, placing shapes into inset puzzles, pegs into a peg board, threading etcEncourage messy play with a variety of different safe textures e.g. dry, sticky, wet etc	-Unable to hold a pencil -Unable to use 2 hands together -Unable to place an object into a container	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to the Occupational Therapy service though SPA if there are significant concerns
Self help skills	-Drinking from open cup, stabbing with a fork, scoops and can use fork and spoon together, washes and dries hands and face. Unbuttons large buttonAsking to use the potty progressing to toilet training	- Observation of child completing dressing / eating / drinking etc (if safe to do so)	-Encourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. drinking from open cup, stabbing with a fork, scooping and using a fork and spoon together, washing and drying hands and face Encourage development of upper limb / hand skills / sequencing skills in self-help skills e.g. taking off shoes/coat	- Unable to assist with the dressing process at all e.g. arms up, pulling socks off etc Unable to eat / drink independently	

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Imaginative & pretend play develops Joins in play with other children	Observe child in play Engage with child in play	Access to dressing up box for role play Access to everyday objects for imaginative play Opportunities to socialise with peers e.g. pre-school/groups	Repetitive play Not initiating or organising own play No interest in or interaction with other children	Signpost to groups in local Sure-Start / Childrens Centres Consider referral to paediatrician
Feeding	Enjoys helping adults prepare food Pours liquid from jug into cup	Observe child eating	•Ensure exposure to new foods & variety of eating situations	Not reaching any of the milestones	Signpost to groups in local Sure-Start / Childrens Centres Consider referral to feeding clinic or other relevant group
Attention & Listening	Stops to listen for directions from an adult but may need support to do this e.g. hand to ear for 'listen'. Concentrates on activity he has chosen for 10-15 minutes Child enjoys listening to stories	Observe / engage with child in play	Adults sit with child doing puzzles etc to extend attention span	Unable to listen nor follow simply adult directions Poor attention skills	Sign-post to groups in local Sure-Start / Childrens Centres Referral to paediatrician
Understanding	 Understands early concepts such as big/little, in/on/under, colours and numbers Understands simple conversations about an activity as you are doing it Understands sentences containing 3-4 key words e.g. 1, 'put teddy in big box', 2, 'put big brick in teddy's bag', Can answer simple who & what questions e.g. 'who is outside'. 	Observe & engage child in play Check child's responses to 3 A key word instructions	Opportunities for a range of different & interesting activities, e.g. sorting & matching activities Labelling early concepts during conversation Talk about every day events as they happen	Pollows what others do instead of language – may appear vague/confused Does not follow 2-3 word instructions Excessive interest in colour or number rather than in object Gives unusual or no answers to questions May talk a lot about things of interest to him but not able to reply appropriately to adult questions May be described as disobedient	Sign-post to groups in local Sure-Start / Childrens Centres Referral to SLT if not following simple instructions or no awareness of size, place, colour or number /inappropriate responses to simple instructions or questions Consider a referral to paediatrician Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	Using a large vocabulary including object words, action words and descriptive words Uses 3-5 words in a sentence Beginning to use small words & word endings e.g. 'my brother is kicking the balls Speech may still sound immature - common immature patterns are cluster reduction e.g. spoon as poon, fronting e.g. car as tar, stopping sun as dun	Observe & engage child in play Check child's response to opportunities provided for him to talk	Giving child opportunities to talk Adults to repeat child's immature sentences or pronunciations so he hears good models Opportunities to play with sounds e.g. snakes says sssss, quiet shhhh	If beginning to stammer Muddled word order Inappropriate correcting of child's speech & language by adults Poor control of lips/tongue for sounds Distorted vowel sounds	Signpost to groups in local Sure-Start / Childrens Centres Referral to SLT if only uses 2-3 words in sentences / unusual word order / persistent dysfluency (refer immediately) / Speech is unintelligible / appears to be using a large amount of learnt phrases with little spontaneous language Consider referral to paediatrician
Social Interaction	Can turn take appropriately in conversation Can introduce and maintain a topic of conversation Expresses feelings appropriately Answers questions by talking	Observe & engage with child during play and interaction with others	Opportunities for child to socialise with other children Encourage child to participate in small group activities Oevelop turn taking skills in a range of activities	May be aggressive towards other children Unable to express emotions May become distressed if routine changes May talk a lot without responding to the person he is talking with	Signpost to groups in local Sure-Start / Childrens Centres Refer to SLT if child has difficulty with any of the skills or there are concerns about interaction with others Consider a referral to a paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	Stable in sitting a small chair and table	- Observe skills in sitting	Encourage visits to soft play areas, parks and outdoor play to strengthen child posturally	- Unable to safely maintain secure independent sitting on a chair / potty / toilet	Sitting
Standing	- Climbs ladders - Can walk, run and stand on tiptoe - Can stand on one leg for 3-5 seconds - Can hop on preferred foot - Can stand/walk on heels when shown	- Observation		Unable to walk up and downstairs two feet to a step holing the hand rail If unable to jump with two feet together at 48 months	Standing
Ball Skills	-Throws ball overhand and catches with more skill - Kicks ball forcibly with skill - Can use a bat	- Observation	- Encourage parents to find opportunities such as play sessions at children's centres where their child can take part and learn from children around them.	Unable to attempt to throw ball or kick ball	Ball Skills
Hand Skills	-Builds tower of 10+ bricks -Threads medium beads -Places 5 rings on a post in order / 3 shapes into inset puzzle / 4 part nesting toy - Copies a cross (+), with a pencil / crayon Supports the paper when 'drawing' - Holds using a static (still) tripod grasp on the pencil - Has developed hand preference -Knows how to hold scissors and use scissors to cut a piece of paper in half - Engaging in messy play	- Observation of child playing / eating / drinking / drawing / using scissors (if safe to do so)	- Encourage play and model posting, placing shapes into inset puzzles, pegs into a peg boards, threading etcEncourage messy play with a variety of different safe textures e.g. dry, sticky, wet etc.	-Unable to hold a pencil -Unable to use 2 hands together -Unable to place an object into a container / shape in a form board etc - Encourage pencil skills activities such as dot to dots, simple mazes and colouring within an easy boundary / picture.	Hand Skills
Self help skills	-Drinking from open cup, stabbing with a fork, scoops and can use fork and spoon together, washes and dries hands and face. - Unbuttons large button. - Toilet trained - Can get on / off the toilet unaided - Adorns garments such as a t-shirt with some help, shoes (possibly the wrong way round), pulling up trousers etc	- Observation of child eating / drinking / dressing etc	Encourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. drinking from open cup, start to encourage use of a toddler style knife and continue with stabbing with a fork, using a fork and spoon together, washing and drying hands and face. - Encourage development of upper limb / hand skills / sequencing skills in self-help skills e.g. dressing - taking off shoes and coat / dressing up pi	- Unable to assist with the dressing process at all e.g. arms up, pulling socks off etc Unable to eat / drink independently	Self help skills

Communication	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Skills					
Play	 Imaginative & pretend play develops Joins in play with other children Child begins to solve jigsaw puzzles through a mixture of thinking and trial and error Child begins to play co-operatively with other children Dramatic play develops with play kitchen equipment or medical kits. 	Observe child in play Engage with child in play	Access to dressing up box for role play Access to everyday objects for imaginative play Opportunities to socialise with peers e.g. pre-school/groups	Repetitive play Not initiating or organising own play No interest in or interaction with other children	•Ensure access to pre-school •Signpost to groups in local Sure-Start / Childrens Centres •Consider referral to paediatrician
Feeding	Pours liquid from jug into cup Uses fork and spreads butter on bread with knife	Observe child eating	•Ensure exposure to new foods & variety of eating situations	Not reaching any of the milestones	Signpost to groups in local Sure-Start / Childrens Centres Consider referral to feeding clinic or other relevant group
Attention & Listening	Stops to listen for directions from an adult but may need support to do this e.g. hand to ear for 'listen'. Concentrates on activity he has chosen for 10-15 minutes	Observe / engage with child in play	Adults sit with child doing puzzles etc to extend attention span	Unable to listen nor follow simply adult directions Poor attention skills Child finds it difficult to switch attention between speaker and task	Sign-post to groups in local Sure-Start / Childrens Centres Referral to paediatrician
Understanding	Understands early concepts such as big/little, in/on/under, colours and numbers Understands simple conversations about an activity as you are doing it Understands sentences containing 3-4 key words e.g., 'put teddy in big box', 'put big brick in teddy's bag' Can answer simple who & what questions e.g. 'who is outside'. Child understands questions or instructions with 2 parts e.g. "get your coat and stand by the door" Child is developing awareness of time in relation to past, present and future Child is beginning to understand WHY questions	Observe & engage child in play Check child's responses to 3 A 4 key word instructions	Opportunities for a range of different & interesting activities, e.g. sorting & matching activities Labelling early concepts during conversation Talk about every day events as they happen	Follows what others do instead of language – may appear vague/confused Does not follow 2-3 word instructions Excessive interest in colour or number rather than in object Gives unusual or no answers to questions May talk a lot about things of interest to him but not able to reply appropriately to adult questions May be described as disobedient	Sign-post to groups in local Sure-Start / Childrens Centres Referral to SLT if not following simple instructions or no awareness of size, place, colour or number /inappropriate responses to simple instructions or questions Consider a referral to paediatrician Signpost to Talking Point, ICAN, Talk to your Baby websites

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	Using a large vocabulary including object words, action words and descriptive words Uses 3-5 words in a sentence Beginning to use small words & word endings e.g. 'my brother is kicking the balls Speech may still sound immature - common immature patterns are cluster reduction e.g. spoon as poon, fronting e.g. car as ta, stopping sun as dun Child may use 4-6 words in sentences Child may use future and past tenses Child may continue to have problems with irregular words e.g. 'fell' becomes 'falled', 'mice' becomes 'mouses' Speech may still show some immature patterns	Observe & engage child in play Check child's response to opportunities provided for him to talk	Giving child opportunities to talk Adults to repeat child's immature sentences or pronunciations so he hears good models Opportunities to play with sounds e.g. snakes says sssss, quiet shhhh	If beginning to stammer Muddled word order Inappropriate correcting of child's speech & language by adults Poor control of lips/tongue for sounds Distorted vowel sounds	Signpost to groups in local Sure-Start / Childrens Centres Referral to SLT if only uses 2-3 words in sentences / unusual word order / persistent dysfluency (refer immediately) / Speech is unintelligible / appears to be using a large amount of learnt phrases with little spontaneous language Consider referral to paediatrician
Social Interaction	Can turn take appropriately in conversation Can introduce and maintain a topic of conversation Expresses feelings appropriately Answers questions by talking Child will initiate conversations Child may disagree with adults or peers using words not just actions	Observe & engage with child during play and interaction with others	Opportunities for child to socialise with other children Encourage child to participate in small group activities Oevelop turn taking skills in a range of activities	May be aggressive towards other children Unable to express emotions May become distressed if routine changes May talk a lot without responding to the person he is talking with	Signpost to groups in local Sure-Start / Childrens Centres Refer to SLT if child has difficulty with any of the skills or there are concerns about interaction with others Consider a referral to a paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	Stable in sitting a small chair and table	- Observe skills in sitting	Encourage visits to soft play areas, parks and outdoor play to strengthen child posturally	- Unable to safely maintain secure independent sitting on a chair / potty / toilet	Please use therapy advice line if you would like to talk through your concerns with an OT /physiotherapist
Standing	- Climbs ladders - Can walk, run and stand on tiptoe - Can stand on one leg for 3-5 seconds - Can hop on preferred foot - Can stand/walk on heels when shown	- Observation		Unable to walk up and downstairs two feet to a step holing the hand rail If unable to jump with two feet together at 48 months	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist Refer to physiotherapy service though SPA
Ball Skills	-Throws ball overhand and catches with more skill - Kicks ball forcibly with skill - Can use a bat	- Observation	- Encourage parents to find opportunities such as play sessions at children's centres where their child can take part and learn from children around them.	Unable to throw ball or kick ball	Please use therapy advice line if you would like to talk through your concerns with a physiotherapist Refer to physiotherapy service though SPA
Hand Skills	-Builds tower of 10+ bricks -Threads medium beads -Places 5 rings on a post in order / 3 shapes into inset puzzle / 4 part nesting toy - Copies a cross (+), with a pencil / crayon Supports the paper when 'drawing' - Holds using a static (still) tripod grasp on the pencil - Has developed hand preference -Knows how to hold scissors and use scissors to cut a piece of paper in half - Engaging in messy play	- Observation of child playing / eating / drinking / drawing / using scissors (if safe to do so)	- Encourage play and model posting, placing shapes into inset puzzles, pegs into a peg boards, threading etcEncourage messy play with a variety of different safe textures e.g. dry, sticky, wet etc.	-Unable to hold a pencil -Unable to use 2 hands together -Unable to place an object into a container / shape in a form board etc - Encourage pencil skills activities such as dot to dots, simple mazes and colouring within an easy boundary / picture.	Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to the Occupational Therapy service though SPA if there are significant concerns
Self help skills	-Drinking from open cup, stabbing with a fork, scoops and can use fork and spoon together, washes and dries hands and face. - Unbuttons large button. - Toilet trained - Can get on / off the toilet unaided - Adorns garments such as a t-shirt with some help, shoes (possibly the wrong way round), pulling up trousers etc	- Observation of child eating / drinking / dressing etc	Encourage development of upper limb / hand skills in eating and drinking (if developmentally ready and safe to do so) e.g. drinking from open cup, start to encourage use of a toddler style knife and continue with stabbing with a fork, using a fork and spoon together, washing and drying hands and face. - Encourage development of upper limb / hand skills / sequencing skills in self-help skills e.g. dressing - taking off shoes and coat / dressing up pl	- Unable to assist with the dressing process at all e.g. arms up, pulling socks off etc Unable to eat / drink independently	

Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Play	Complex & imaginative play develops involving changing roles Organising and co-operating with other children	Observe / engage with child during play	•Invite friends to play •Opportunities to develop imaginative play e.g. role play doctors surgery	Repetitive isolated play Unable to follow social rules in play e.g. turn taking Not joining in with other children's play	Consider a referral to paediatrician / SLT if concerns about play development
Feeding	Uses knife & fork competently Child knows what he does & doesn't like	Observe / engage with child during play	Continue to ensure opportunities to try wide range of foods & textures	•Not reaching milestones	Consider referral to feeding clinic or other relevant group
Attention & Listening	Able to move focus between tasks but may still need to stop activity to listen	Observe / engage with child during play	May need adult support to listen e.g. calling name before giving instruction Adults to ensure child has opportunity to learn from good peer models of listening within large / small groups	•Unable to listen to adult directions when engrossed in own activity	Consider referral to SLT & paediatrician
Understanding	Can understand instructions given to a group of children Able to follow simple stories without pictures Will understand instructions containing sequencing words such 'first/after/last Can give a reason when asked a 'why' question The child is aware of more complex humour and enjoys simple jokes Understand past/present/future time	Observe & engage child in play Check child's responses to 3 & 4 key word instructions and size / position words	*Encourage group games such as 'Simon says' Look at family photographs, DVDs etc and encourage talk about present & future *Share humorous books *Talk about cause & effect relationships with appropriate games	•Always the last child to respond to group instructions •Watches other children intently before acting •Only able to follow one element of a longer instruction •Doesn't enjoy listening to stories	•Refer to SLT if unable to follow group instructions / unable to follow instructions with 3 key words e.g. 'put the big brick in the box' / does not understand basic concepts of size & position •Consider a referral to paediatrician • Signpost to Talking Point, ICAN, Talk to your Baby websites

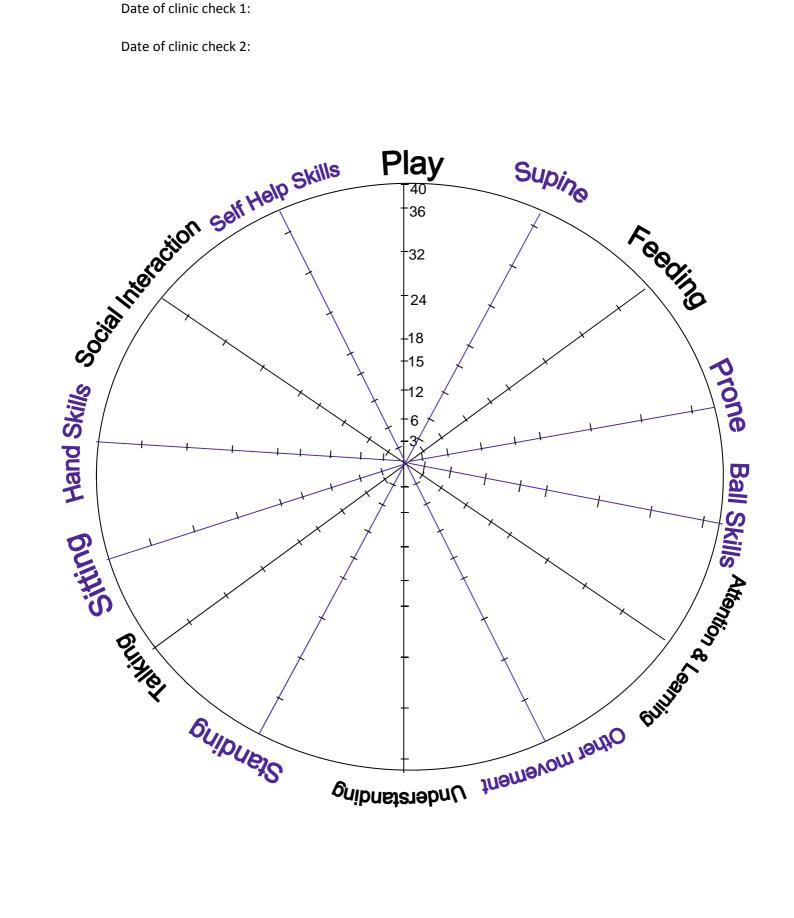
Communication Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Talking	 Child uses well-formed sentences Grammar mostly appropriate but still some errors e.g. 'I catched it' Able to join phrases together e.g. 'I am going to wear my boots because it's raining' Can hold a simple conversation about something which is not immediate Speech is generally intelligible Most sounds are present Clusters beginning to develop e.g. sp & bl 	Observe & engage child in play Check child's response to opportunities provided for him to talk Check child's intelligibility to unfamiliar adult	Adults repeat immature sentences correctly but not expecting child to repeat back Adults break up complex words or sound combinations and model to child	Immature sentence structure e.g. 'me kick ball goal' Inappropriate correcting of child's speech & language by adults Poor control of lips/tongue for sounds Distorted vowel sounds Dysfluent talking	•Refer to SLT if short sentence or telegramatic speech / small words or word endings missed/speech difficult to understand, problems with 'K' 'G' or 'S', 'F', 'Sh' / persisting dysfluency - immediate referral
Social Interaction	Child chooses own friends Able to play co-operatively with other children & adults Able to greet people appropriately Can take part in pretend conversations Can start conversations with several different strategies such as asking questions, making comments using a name Child able to plan construction and make believe activities Shows awareness of the needs of his listener	Observe & engage with child during play and interaction with others	•Opportunities to engage in conversation with peers - group discussions and activities	Poor listener awareness Often talks for long periods of time about the same subject No or limited interaction with peers Often inappropriate communication in social situations	Refer to SLT if child has difficulty with any of the skills or there are concerns about interaction with others Consider referral to paediatrician

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Sitting	Stable in sitting a small chair and table	- Observe skills in sitting	Encourage visits to soft play areas, parks and outdoor play to strengthen child posturally	Unable to maintain upright and symmetrical sitting posture on small chair for 10 minutes.	Please use therapy advice line if you would like to talk through your concerns with an OT / physiotherapist
Standing	- Walks easily on narrow line - Climbs ladders - Can stand on one leg for 8-10 seconds - Can hop on either foot 2-3meters - Can walk on heels	- Tape line on floor	Encourage visits to soft play areas, parks and outdoor play	Child falling behind peers in	Please use therapy advice line if you would like to talk through your concerns with a
Other movement	Active and skilful in climbing, sliding, swinging, digging, - Skips on alternate feet - Bends and touches toes with legs straight	- Observation	Encourage visits to soft play areas, parks and outdoor play	Gross motor skills clumsy with poor coordination, effecting willingness to participate in physical activity	physiotherapist Refer to physiotherapy service though SPA
Ball skills	-Plays all variety of ball games with considerable ability appreciates scoring and rules of the game moves rhythmically to music		Encourage parents to find opportunities for their chills to participate in such activities see games and activities leaflet		

Motor Skills	Milestone	How to Assess	Advice	When to be concerned	Where to Refer
Hand Skills	-Uses a dynamic tripod grasp of the pencil with movement of the fingers -Able to cut a triangle and progressing to a circle -Able to copy a square, with a pencil / crayon. Also progressively shapes involving diagonal lines e.g. triangle, diagonal cross leading eventually to early letter formation	- Observation of child playing / drawing / using scissors (if safe to do so)	- Encourage play and model post placing shapes into inset puzzles, pegs into a peg be threading etc Encourage pencil skills activities such as dot to dots, simple mazes and colouring within an easy boundary / picture, copying simple shapes in a multi media way such as in paint / finger on a carpet square etc - Ensure child is able to copy prewriting shapes before writing letters -Encourage activities with tongs / large tweezers to develop the movements required for scissors then progress to snipping thin card		Please use therapy advice line if you would like to talk through your concerns with an Occupational Therapist Refer to the Occupational Therapy service though SPA if there are significant concerns
Self help skills	-Drinking from open cup, stabbing with a fork, scoops and can use fork and spoon together, washes and dries hands and face. Unbuttons large button. -Toilet trained - Can get on / off the toilet unaided - Adorns garments such as a t-shirt with some help, shoes (possibly the wrong way round), pulling up trousers etc.	- Observation of child eating / drinking / dressing etc	- Encourage parents to practice this with their child e.g. knife and fork. Help hand over hand and practice with Playdoh -Encourage washing and drying hands and face, brushing hair etc. Practice on dolls, in the mirror etc - Play dressing up games,	Self help skills	-Drinking from open cup, stabbing with a fork, scoops and can use fork and spoon together, washes and dries hands and face. Unbuttons large buttonToilet trained - Can get on / off the toilet unaided - Adorns garments such as a t-shirt with some help, shoes (possibly the wrong way round), pulling up trousers etc.

Name of child: Date of Birth:

Date of clinic check 1:

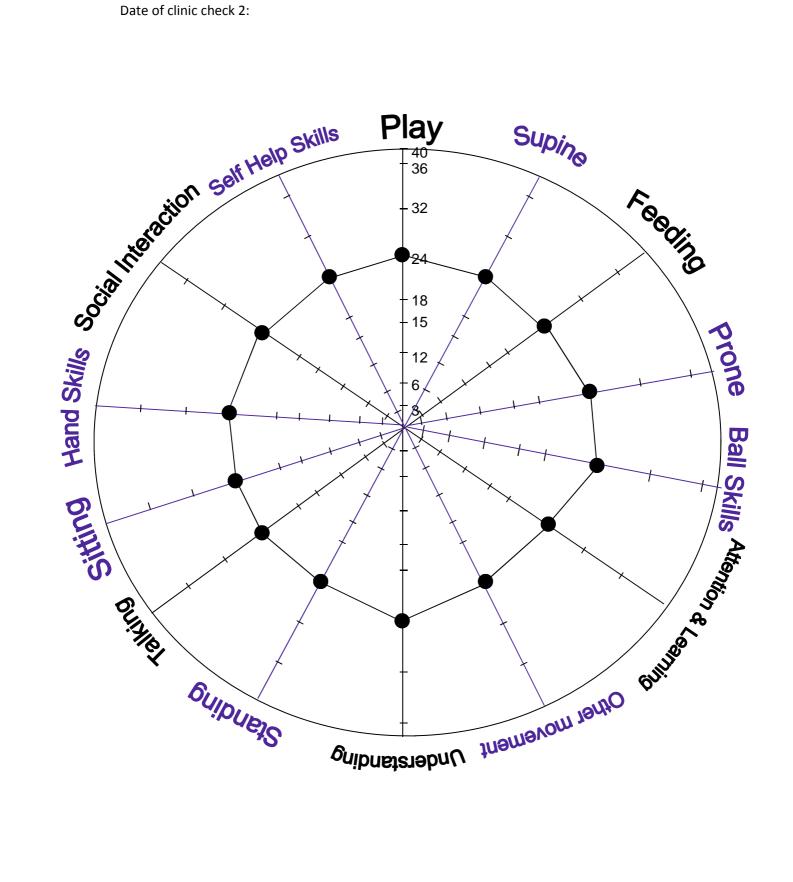


EXAMPLE 1: Within Normal Limits

Name of child: A Date of Birth:

Date of clinic check 1: 26 months

Date of clinic check 2:

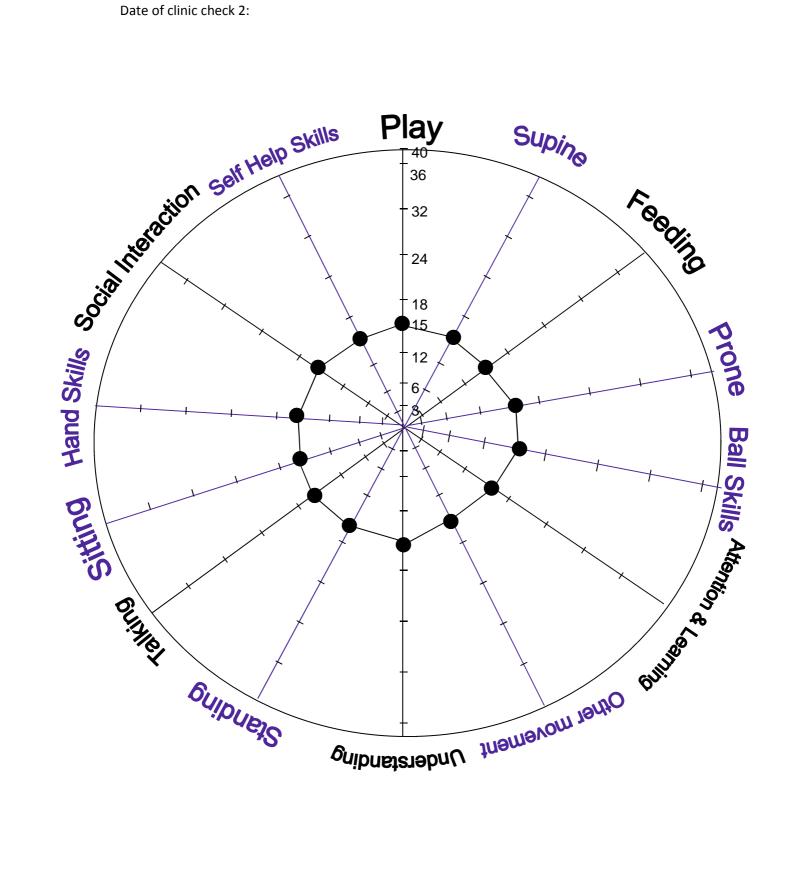


EXAMPLE 2: Delayed Development

Name of child: B Date of Birth:

Date of clinic check 1: 26 months

Date of clinic check 2:



EXAMPLE 3: Disordered Development

Name of child: C Date of Birth:

Date of clinic check 1: 26 months

