

## PHYSICAL

**Birth-2 months:** simple reflexes - grasping, sucking

**2-4 months:** lifts & turns head; head lags when pulled to sitting position; bats at objects; can make vowel sounds (eh, ah); grasps objects

**4-8 months:** can track items across midline; can lift head & sustain position; can sit with support, back rounded; head lag disappears; brings objects to mouth

**8-12 months:** crawls; develops finger-thumb opposition & eye-hand coordination (can retrieve toy); sits without support

**12 months:** average age for walking (can vary from 8 months to 16 months); says mama, dada

**12-18 months:** holds & drinks from cup; waves bye-bye; scribbles with crayon grasped in fist; takes things apart; begins to use spoon; climbs

## SOCIAL

**Birth-2 months:** prefers to look at human faces; recognizes mother's voice; likes to be held & rocked

**2-4 months:** beginning to smile; cries when annoyed

**4-8 months:** laughs out loud; can smile at recognized persons; begins to coo; listens to voices; likes patty-cake & peek-a-boo

**8-12 months:** repeats sounds made by others

**12-18 months:** sustains social contact, may show displeasure if contact broken

## COGNITIVE

**2-4 months:** early sounds usually vowels (eh, ah)

**4-8 months:** babbling most vowels, half of the consonants; interest in objects; tracks across midline; discriminates between people - known & unknown; vocalizes when talked to

**8-12 months:** may say one or two words; imitates sounds; responds to simple commands & own name

**12 months:** achieves object permanence (objects do not vanish when hidden)

**12-18 months:** takes things apart; says at least 6 words; communicates by pointing; gets known objects when asked

## EMOTIONAL

**5-6 months:** stranger anxiety

**8-10 months:** separation anxiety

**10-12 months:** tuned in to verbal & nonverbal cues, which communicate affection or rejection; the infant is determining his/her place in the world - whether s/he is valued or devalued.

**12-18 months:** attachment relationship is being formed

## DEVELOPMENTAL CONCERNS

**Colic:** unknown cause, no known "cure"; inconsolable crying, usually begins around 2-4 weeks; often continues until 3 months of age; baby often cries for as long as 3 hrs. usually beginning after 6:00 pm., lasting until midnight, can occur anytime

**Consult Physician for the following conditions:**

**Wheezing (before 6 months):** can be a symptom of bronchitis

**Chronic ear infections:** usually begin after three months of age; may impede language development

**Gastroesophageal Reflux (GER):** most babies cry incessantly, may vomit dozens of times per day

**Diarrhea:** loose, watery stools more than 6 to 8 times daily, danger of dehydration - dry mouth/ decreasing numbers of wet diapers

**Pyloric stenosis:** projectile vomiting caused by obstruction of valve between stomach & small intestine

**Cerebral palsy:** head lag after 5 mon.; doesn't transfer objects across midline by 7 mon.; falls forward in sitting position after 8 mon.; drags legs, walks on tiptoes, persistent use of one hand

**Social/Communication - Red Flags for Developmental Disabilities :** No big smiles/warm/joyful expressions by 6 mon.; no back-and-forth sharing of sounds/smiles/other facial expressions by 9 mon. or thereafter; no babbling by 12 mon.; no back-and-forth gestures (pointing, reaching, waving) by 12 mon. no words by 16 mon.; loss of speech/babbling or social skills at any age

# INFANT

Birth to 18 months



Developmental Ages & Stages

## PHYSICAL

**18-Month-Old:** sleeps 12 hours/night; naps; pretty good balance, can stoop & recover; can finger-feed; will hold objects with fingers rather than whole hand; opens closets, drawers; stacks 2-4 blocks

**2-Year-Old:** walks well, goes up & down stairs, runs, uses spoon & fork, turns pages singly, kicks ball, attempts to dress self, builds 6-block tower, pushes or pulls toys with wheels

## COGNITIVE

**18-Month-Old:** imitative play (use toy lawn mower appropriately); ball is thrown; comprehends spoken language

**2-Year-Old:** says words (about 270), phrases & simple sentences; understands simple directions; identifies simple pictures (symbolic thought – words stand for objects, receptive language); short attention span

## SOCIAL

**18-Month-Old:** imitate adult behaviors; very social; likes simple pretend play

**2-Year-Old:** solitary or parallel play; dependent on adult guidance; can describe immediate experiences; listens to stories; socially immature (doesn't understand how others feel, think); may follow simple directions; strong sense of independence ("no," temper tantrums)

## EMOTIONAL

**18-Month-Old:** temper tantrums; says "no"; wants things "right now"; may be physically aggressive when frustrated; may do opposite of what s/he is told

**2-Year-Old:** self-centered; possessive; easily frustrated; can't choose between competing alternatives; enjoys physical affection; likes repetition, consistency; responds to humor or distraction better than to discipline or reason; more ready to explore environment

## DEVELOPMENTAL CONCERNS

### *Social/Communication Red Flags for Developmental Disabilities:*

No 2-word meaningful phrases (without imitating or repeating) by 24 mon.; any loss of speech or babbling or social skills at any age

**Developmental Delay (by age 2):** cannot walk by 18 mon.; fails to develop a mature heel-toe walking pattern after months of walking, or walks only on his/her toes; does not follow simple instructions by age 2; cannot push a wheeled toy by age 2

**Developmental Delay (by age 3):** frequent falling/difficulty with stairs; persistent drooling or very unclear speech; inability to build a tower of more than 4 blocks; difficulty manipulating small objects; inability to copy a circle; inability to communicate in short phrases; no "pretend play"; failure to understand simple instructions; little interest in other children; extreme difficulty separating from mother

# TODDLER

18 months to 3 years



Developmental Ages & Stages

## PHYSICAL

**Early School-Age:** growth slow, but steady, 3 to 4 in, per year; active, energetic, lots of motion; prime time for developing gross & fine motor skills necessary for sports & music

**Late School-Age:** perfect gross & fine motor skills; can perform complex motor activities – skateboard, piano, gymnastics; early physical development associated with puberty

## COGNITIVE

**Early School-Age:** “five to seven shift” – striking progress in children’s cognitive development between ages 5 -7; significant advances in reasoning, logic, memory, problem solving; use language as tool to enhance communication, recognize the difference between behavior & intent; good time to learn foreign languages; begin to read & write, well developed concepts of time & numbers; attention span -15-20 min

**Late School-Age:** end of prime time for learning foreign languages; can exchange thoughts & opinions; can understand others’ perspectives; can compromise/identify new solutions; distinguish between “pretend” & “real”; good understanding of space, time, & dimension; most thinking is very concrete, abstract thinking may begin to emerge

## SOCIAL

**Early School-Age:** expanding world – school, church, neighborhood; best friends and peer groups; rules thought to be unchangeable; social roles are perceived as fixed & defined (teacher, clergy, coach); fairness is important

**Late School-Age:** understanding of rules & social roles expands (rules can be negotiated & adapted; social roles encompass activity; life is broader than that role); notices gender differences; more aware of personal appearance

## DEVELOPMENTAL CONCERNS

**Developmental Disabilities:** a developmental disability is a condition or disorder, physical, cognitive, or emotional in nature, which has the potential to significantly interfere with the normal process of a child’s growth and development. To be considered a “developmental disability,” the disorder must be present and affect the child before age 22.

**Possible disorders include:** Intellectual disability, cerebral palsy, epilepsy, autism, learning disabilities, speech and language disorders, spina bifida, hearing loss and deafness, visual disorders and blindness, orthopedic disorders, and congenital malformations

**Dyslexia: (common signs):** Reversing letters/numbers or seeing them upside down; reading very slowly; struggling to decode words; continually misspelling fairly simple words; most children have these problems when they first learn to read; if no improvements are made over several years, these problems may be a sign of dyslexia.

**If, by age 7, the child often does the following, consult a physician:**

- Confuses the order of letters in words
- Does not look carefully at all letters in a word, guessing word is from first letter
- Loses place on a page while reading, sometimes in the middle of a line
- Reads word by word, struggling with almost every one of them
- Reads slowly, tires easily from reading

**Note -** difficulties with school activities (learning and memory), peer interactions, and behaviors may be the result of prenatal exposure to alcohol or other drugs

**Anorexia:** now seen as early as age 8 or 9; a mental illness defined by an obsession with food and an acute anxiety about weight gain; more often seen in girls, but increasingly being seen in boys

**See also red flags Preschooler ADHD**

# SCHOOL AGE

## 6 years to 12 years



## PHYSICAL

**3-Year-Old:** runs well, stands briefly on 1 foot; feeds self well, pours from pitcher; puts on socks, buttons & unbuttons; draws circles & crosses; builds 10-block tower; perpetual motion

**Rule of Three:** 3 ft tall, 33 lbs., 3 years old

**4-Year-Old:** gains 4-5 lbs., 3-4 inches; self-sufficient in many home routines; wash & dries face; can dress self except tying; draws "person"

**5-Year-Old:** gains 4-5 lbs., 3-4 inches; hops; skips; skates, rides bike; prints simple letters; can tie shoes; small muscle develop; girls about 1 year ahead

## COGNITIVE

**3-Year-Old:** vocabulary 900 words; uses short sentences; uses words to express thoughts; answers questions; matches primary colors; begins to recognize size /shapes; imaginative; magical thinking; enjoys music; most become toilet trained this year (girls earlier than boys)

**4-Year-Old:** uses complete sentences (1,500 words); endless questions; dramatic; can draw simple objects

**5-Year-Old:** talks clearly; 2,000 words; tells long stories; knows colors; follows directions; knows difference between fact & fiction; knows age; simple time concepts (night, day, later, after)

## SOCIAL

**3-Year-Old:** parallel play, but likes being around others; can take turns; enjoys brief group activities that don't require skill; toys are focus of play; likes to "help" – responds to verbal guidance

**4-Year-Old:** cooperative play; highly social; talkative; may play group activities like tag, duck-duck-goose, understands rules;

**5-Year-Old:** has "special" friends; can play simple board games that require taking turns & observing rules; eager to take responsibility

## DEVELOPMENTAL CONCERNS

**Asthma:** coughing and/or making a whistling or wheezing sound as s/he breathes

**ADHD:** more active, more easily distracted, more excitable than peers; specific signs

**Exhibits three or more of the following:**

- Difficulty paying attention to activities that interest other children his/her age
- Difficulty following simple instructions
- Repeated running into the street, interrupting other children's play, racing through off-limits areas without considering consequences
- Unnecessarily hurried activity, such as running, touching, and jumping without periods of rest
- Sudden emotional outbursts, such as crying, angry yelling, hitting, or frustration that seems inappropriate
- Persistent misbehavior despite being told "no" many times



# PRESCHOOLERS

## 3 years to 6 years

Developmental Ages & Stages

## PHYSICAL

**Early & Middle Adolescence:** rapid gains in height and weight: boys – 4 inches in one yr., girls – 3.5 inches in one year; weight – boys (muscles), girls (body fat); develop secondary sex characteristics: boys (pubic hair, voice changes, facial hair, increased sweat, acne), girls (pubic hair, underarm hair, breasts, increased sweat, acne); need 9.5 hours sleep; can be clumsy; significant brain changes occurring

**Late Adolescence:** sexually mature; generally have reached adult height & weight; final sculpting of the brain

## SOCIAL

**Early Adolescence (12-14):** distancing from parents; identification with peers and peer standards; social status related to group membership; acceptance important

**Middle Adolescence (14-17):** more one-to-one relationships – same & opposite sex; intimate relationships (deep sharing – loyalty, understanding); sexual experimentation; may espouse moral beliefs, but behave in a contrary fashion

**Late Adolescence:** more likely to re-establish relationships with adults; able to share thoughts on same level; adults again are considered to be reliable sources of ideas, opinions; better able to control behaviors to coincide with personal values

## COGNITIVE

**Early & Middle Adolescence:** developing advanced reasoning skills – hypothetical, “what if”; developing abstract thinking skills– consequences, things that cannot be seen, heard, or touched (trust, beliefs, spirituality); able to demonstrate higher level thinking skills in situations of “cold cognition” (little or no emotional connotation or context, i.e., classroom), less able to do so in emotional situations (risk-laden circumstances &/or with peers)

**Late Adolescence (18-21):** more likely to display affect regulation – understand consequences of behaviors & act appropriately even in emotionally-laden situations; however, for many, this is still a developing capacity

## EMOTIONAL

Behavior largely driven by emotions, high emotional intensity they lack full control of behaviors; establishing personal identity, autonomy-make & follow-through on decisions, establish right & wrong; intimate relationship(s); comfortable with sexuality; sense of individual talents and abilities

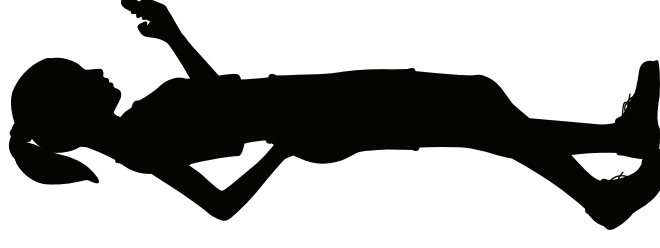
**Early Adolescence:** most emotional time; engage in risk-taking activities; volatile; mood swings; lack judgment in high intensity situations

**Middle Adolescence:** may become very skeptical of previously accepted values; pursuing own “truth”; identity/values struggles

**Late Adolescence:** self-image, self-identity (+/-) largely formed based on experience & perception of one’s “place”

# ADOLESCENCE

12 years to 21 years



Developmental Ages & Stages

## DEVELOPMENTAL CONCERNS

**Headaches and Migraines:** Headaches common in teens (50-75% report at least one per month); usually tension headaches or migraines

**Headaches most commonly caused by:**

- illness - viral infections, strep throat, allergies, sinus infections and urinary tract infections, fever
- Skipping Meals- not getting enough fluids, which leads to dehydration, also may cause a headache.
- Drugs - alcohol, amphetamines, cocaine, and other drugs
- Sleep problems
- minor head injuries
- certain foods (dairy products; chocolate; food additives like nitrates, nitrites and monosodium glutamate).
- Prescribed medication (birth control pills, tetracycline for acne, high doses of Vitamin A.

Only in very rare cases are headaches a symptom of a brain tumor, high blood pressure or other serious problem.

**Suicidal Thoughts and Depression:** suicide is third leading cause of death among young people 15-24 years old, many teens who consider suicide suffer from depression - unhappiness, as well as feelings of inner turmoil, chaos, and low self-worth; persisting sadness, hopelessness and anger.

**Alcohol and Drug Abuse:** may alter adolescent brain development and lead to addiction; may be associated with depression.

**Schizophrenia:** affects an estimated 1 percent of Americans; symptoms include hallucinations, delusions, bizarre and psychotic thoughts, hearing voices, and depression; causes are unknown; typically hits without warning in the late teens or 20s.

See also **School-Age Anorexia**.