

Developmental screening

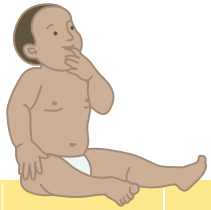
	Hearing/ communication	Vision and adaptive	Cognitive/ behaviour	Motor skills	Caregiver concerns
6 weeks					
10 weeks					
14 weeks Date __ /__ /__ Sign_____	☐ Startles to loud sounds	☐ Follows face or close objects with eyes	☐ Smiles at people	☐ Holds head upright when held against shoulder ☐ Hands are open most of the time	
6 months Date __ /__ /__ Sign_____	☐ Moves eyes or head in direction of sounds ☐ Responds by making sounds when talked to	☐ Eyes move well together (no squint) ☐ Recognises familiar faces ☐ Looks at own hands	☐ Laughs aloud ☐ Uses different cries or sounds to show hunger, tiredness, discomfort	☐ Grasps toy in each hand ☐ Lifts head when lying on tummy	
9 months Date __ /__ /__ Sign_____	☐ Babbles ('ma-ma', 'da-da') ☐ Turns when called	☐ Eyes focus on far objects	☐ Throws, bangs toys/objects ☐ Reacts when caregiver leaves, calms when she/he returns	☐ Sits without support ☐ Moves objects from hand to hand	
12 months Date __ /__ /__ Sign_____	☐ Uses simple gestures (e.g. lifts arms to be picked up) ☐ Has one meaningful word (dada, mama) although sounds may not be clear ☐ Imitates different speech sounds	☐ Looks for toys/ objects that disappear ☐ Looks closely at toys/objects and pictures	☐ Imitates gestures (e.g. clapping hands) ☐ Understands 'no'	☐ Stands with support ☐ Picks up small objects with thumb and index finger	

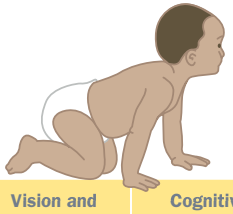
For Health Workers...

AT EVERY VISIT: Ask the parents or caregiver if they have any specific concerns about how their child hears, sees, communicates, learns, behaves, interacts with others and uses their hands, arms, legs and body.

Tick the boxes above if the caregiver says that the child CAN do the following or if it was OBSERVED during the visit. Try to elicit the behaviour or movement if not observed through spontaneous play and interaction.

If the child can complete the task, tick the box ☑. If the child cannot complete the task, cross the box ☒. If you were unable to assess the task, indicate ND (not done) next to the relevant task.







	Hearing/ communication	Vision and adaptive	Cognitive/ behaviour	Motor skills	Caregiver concerns
18 months Date __ /__ /__ Sign_____	☐ Understands names of at least 2 common objects e.g. cup ☐ Uses at least 3 words other than names	☐ Looks at small things and pictures	☐ Follows simple commands (e.g. 'come here')	☐ Walks alone ☐ Uses fingers to feed	
3 years Date __ /__ /__ Sign_____	☐ Child speaks in simple 3 word sentences	☐ Sees small shapes clearly at a distance (across room)	☐ Plays with other children/ adults ☐ Uses pretend play (e.g. feeds doll)	☐ Runs well ☐ Eats on own	
5-6 years Date __ /__ /__ Sign_____	☐ Speaks in full sentences ☐ Caregiver understands child's speech	☐ No reported/ observed vision problems (Use illiterate E chart if available)	☐ Interacts with children and adults ☐ Understands multiple commands (e.g. 'go to the kitchen and bring me your plate')	☐ Hops on one foot ☐ Holds with fingers at top or middle of pencil or stick to draw ☐ Dresses self	
REFERRED TO:	☐ Speech therapy ☐ Audiology ☐ Doctor	☐ Doctor ☐ Optometrist ☐ Ophthalmic nurse ☐ Occupational therapist	☐ Occupational therapist ☐ Doctor ☐ Psychologist ☐ Speech therapist	☐ Physiotherapist ☐ Occupational therapist ☐ Doctor	

If specified health professional not available, refer to one of the following health professionals for an initial developmental assessment: Doctor/physiotherapist/occupational therapist/speech therapist