

Baby's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

1 month 0 days through 2 months 30 days.

**COMMUNICATION**

1. Does your baby sometimes make throaty or gurgling sounds?	Yes	No	Sometimes
2. Does your baby make cooing sounds such as "Ooo," "Gah," etc?	Yes	No	Sometimes
3. When you speak to your baby, does he/she make sounds back to you?	Yes	No	Sometimes
4. Does your baby smile when you talk to him/her?	Yes	No	Sometimes
5. Does your baby chuckle softly?	Yes	No	Sometimes

**GROSS MOTOR**

1. While your baby is on their back, does he/she wave their arms and legs, wiggle, and/or squirm?	Yes	No	Sometimes
2. When your baby is on their tummy, does he/she turn their head to the side?	Yes	No	Sometimes
3. When your baby is on their tummy, does he/she hold their head up longer than a few seconds?	Yes	No	Sometimes
4. When your baby is on their back, does he/she kick their legs?	Yes	No	Sometimes
5. While your baby is on their back, does he/she move their head from side to side?	Yes	No	Sometimes
6. After holding their head up while on their tummy, does your baby lay their head back down on the floor, rather than letting it drop or fall forward?	Yes	No	Sometimes

**FINE MOTOR**

1. Is your baby's hand usually tightly closed when he/she is awake? (If your baby used to do this but no longer does, mark "yes.")	Yes	No	Sometimes
2. Does your baby grasp your finger if you touch the palm of his/her hand?	Yes	No	Sometimes
3. When you put a toy in his/her hand, does your baby hold it in their hand briefly?	Yes	No	Sometimes
4. Does your baby touch his/her face with his/her hands?	Yes	No	Sometimes
5. Does your baby hold his/her hands open or partly open when he/she is awake (rather than in fists, as they were when he/she was a newborn)?	Yes	No	Sometimes
6. Does your baby grab or scratch at his/her clothes?	Yes	No	Sometimes

**PROBLEM SOLVING**

1. Does your baby look at objects that are 8-10 inches away?	Yes	No	Sometimes
2. When you move around, does your baby follow you with his/her eyes?	Yes	No	Sometimes
3. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his/her eyes, sometimes turning his/her head?	Yes	No	Sometimes
4. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with his/her eyes?	Yes	No	Sometimes
5. When you hold your baby in a sitting position, does she look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him/her?	Yes	No	Sometimes
6. When you dangle a toy above your baby while he/she is lying on his/her back, does he/she wave his/her arms toward the toy?	Yes	No	Sometimes

PERSONAL-SOCIAL			
1. Does your baby sometimes try to suck, even when he's/she's not feeding?	Yes	No	Sometimes
2. Does your baby cry when he/she is hungry, wet, tired, or wants to be held?	Yes	No	Sometimes
3. Does your baby smile at you?	Yes	No	Sometimes
4. When you smile at your baby, does he/she smile back?	Yes	No	Sometimes
5. Does your baby watch his/her hands?	Yes	No	Sometimes
6. When your baby sees the breast or bottle, does he/she seem to know he/she is about to be fed?	Yes	No	Sometimes