



# APPENDIX B

## Developmental Observation Checklist for Birth to 4 Months

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Teacher/Observer \_\_\_\_\_

Developmental Milestone	Date Observed	Date Observed	Date Observed	Date Observed
Smiles reflexively				
Cries when hungry, tired, or uncomfortable				
Enjoys being held and comforted				
Startles to sudden movements or sounds				
Follows a moving object with eyes				
Makes eye contact and watches faces				
Smiles socially in response to another person				
Recognizes familiar people and objects				
Listens to sounds and voices				
Coos and makes vocal play sounds				
Responds to sounds with sounds				
Expresses self with voice				
Uses body and facial expressions to communicate				
Raises head and cheek when on tummy				
Stretches legs out when on back or tummy				
Opens and shuts hands				
Supports upper body with arms when on tummy				
Pushes legs down when feet are placed on a surface				
Explores hands and feet				
Begins to interact in social play				

**Notes:**