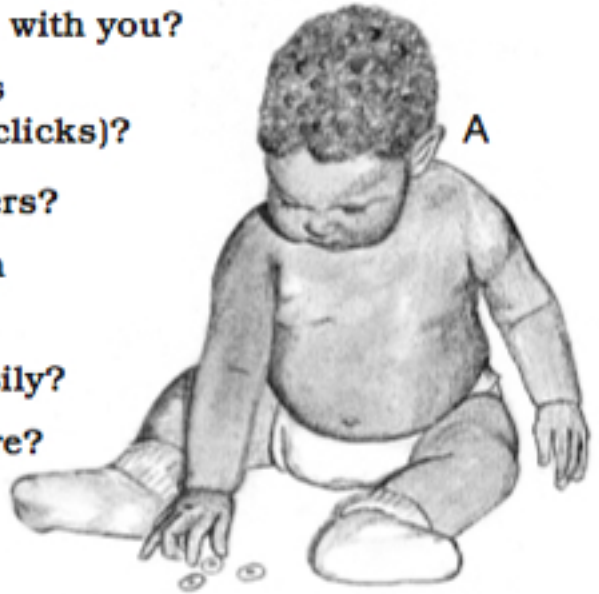


**The Nipissing District Developmental Screen™ is a checklist designed to help monitor your child's development.**

✓ ✓  
**Yes No**

**By Twelve Months of age, does your baby...**

- |                          |                          |                                                                                                                |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Look at the person saying the baby's name?                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Usually have healthy ears (i.e. no serious ear infections)?                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Understand simple requests and questions (e.g. "No", "Don't touch", "Find your shoes", "Where's your toy")? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. "Chatter" to toys or people using three different sounds?                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Take turns making sounds with you?                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Imitate non-speech sounds (e.g. lip smacking, tongue clicks)?                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Hold, bite and chew crackers?                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Get up into sitting position without help?*                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Crawl or "bum" shuffle easily?                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Pull up to stand at furniture?                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Walk holding onto your hands or furniture?                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Pick up small items using tips of thumb and first finger? (Picture A)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Take things out of containers (e.g. blocks)?                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Show many emotions such as affection, anger, joy or fear?                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Start games with you like hiding (peek-a-boo) or clapping (pat-a-cake)?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Seek comfort (i.e. reach up to be held when upset)?                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Use facial expressions, actions, and sounds to make needs known or to protest?                             |



\* item may not be common to all cultures

**12 MONTHS**

Always talk to your health care or child care professional if you have any questions about your child's development or well being. See reverse side for instructions, limitation of liability, and product license.

Filled Out By:  
 Relationship To Child:  
 Doctor's Comments: