

0-3 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Play and Social Skills | | |
| Enjoys playful face-to-face interaction with people | | |
| Coos in response to playful interaction | | |
| Notices and responds to sounds | | |
| Coordination | | |
| Moves legs and arms off of surface when excited | | |
| Uses vision to follow black and white or brightly colored objects | | |
| Is able to open and shut hands | | |
| Is able to bring hands to mouth | | |
| Is able to be on tummy for short bursts of time | | |
| Daily Activities | | |
| Is able to latch on while nursing or bottle feeding | | |
| Is able to calm during car rides when not tired or hungry | | |
| Enjoys bath time | | |
| Is usually able to tolerate diaper changing without crying | | |
| Self-Expression | | |
| Is able to be comforted by cuddling or a parent's touch | | |
| Is not upset with everyday sounds | | |
| Enjoys varied playful movements experiences (e.g. bouncing on knees) | | |
| Is able to calm with experiences such as rocking, touching, and calm sounds | | |
| Does not demonstrate frequent or long bouts of being upset | | |
| Total (out of 17) | | |

4-6 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Play and Social Skills | | |
| Enjoys playful interactions with others (such as peek-a-boo) | | |
| Is vocalizing in response to playful interactions | | |
| Turns head toward sounds | | |
| Maintains eye contact with familiar people during playful interaction | | |
| Enjoys playing with toys of varied textures | | |
| Enjoys musical toys | | |
| Raises hands to be picked up | | |
| Enjoys various types of movement, such as being gently swung | | |
| Coordination | | |
| Is beginning to put weight through feet when supported in standing | | |
| Is able to lift head forward when being pulled to sitting, from lying on back | | |
| Is able to play on tummy for short bursts of time | | |
| Is able to roll from tummy to back (5 months) and from back to tummy (6 months) | | |
| Is able to pick up head and prop on elbows during Tummy Time | | |
| Uses hands to play with and explore toys | | |
| Uses both hands equally to play with toys | | |
| Is able to turn head to visually follow motivating toys and people | | |
| Daily Activities | | |
| Is able to latch on while nursing or bottle feeding | | |
| Is able to stay calm during car rides when not tired or hungry | | |
| Enjoys bath time | | |
| Is usually able to tolerate diaper changing without crying | | |
| Is not fearful when moving to lying on back for diaper changing | | |

4-6 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Self-Expression | | |
| Is able to be comforted by cuddling or a parent's touch | | |
| Is not fearful of everyday sounds | | |
| Is generally happy when not hungry or tired | | |
| Enjoys varied playful movement experiences (e.g. bouncing on knees) | | |
| Is able to calm with experiences such as rocking, touch, and soothing sounds | | |
| Total (out of 26) | | |

7-9 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Play and Social Skills | | |
| Is interested in interacting with others (such as peek-a-boo) | | |
| Enjoys playing with toys of varied textures | | |
| Enjoys playing with musical toys | | |
| Is interested in playing with colorful objects | | |
| Raises hands towards adult to be picked up | | |
| Maintains eye contact with people during playful interaction | | |
| Enjoys moving to explore the environment when placed on floor | | |
| Enjoys various types of movement, such as being gently swung in the air by parents | | |
| Coordination | | |
| Is able to put weight through feet when supported in standing | | |
| Is able to pick up head and push through elbows during tummy time | | |
| Keeps head forward when being pulled to sitting from lying on back | | |
| Is able to play on tummy | | |
| Moves on floor to get desirable toy | | |
| Moves in and out of various positions (e.g. sitting, tummy, and hands and knees) | | |
| Is able to turn head to visually follow motivating toys and people | | |
| Maintains balance while sitting and using two hands together to explore toys | | |
| Uses both hands equally to play with toys | | |

7-9 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Daily Activities | | |
| Is able to latch on while nursing or bottle feeding | | |
| Enjoys bath time | | |
| Is able to self calm in car rides when not tired or hungry | | |
| Usually tolerates diaper changes without crying | | |
| Is not fearful of tipping head back when moving from sitting to lying down, for activities such as diaper changing | | |
| Is able to transition from milk or formula to infant cereal | | |
| Self-Expression | | |
| Is able to be comforted by cuddling or a parent's touch | | |
| Is generally happy when not hungry or tired | | |
| Is able to calm with experiences such as rocking, touch, and soothing sounds | | |
| Is not fearful of everyday sounds | | |
| Has an established and reliable sleeping schedule | | |
| Total (out of 29) | | |

10-12 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Play and Social Skills | | |
| Is interested in interacting with others (such as peek-a-boo) | | |
| Maintains eye contact with people during playful interactions | | |
| Raises hands to be picked up | | |
| Turns head in response to name being called | | |
| Points to objects of interest by 12 months | | |
| Enjoys playing with toys of varied textures | | |
| Enjoys playing and banging musical toys | | |
| Enjoys various types of movement, such as being gently swung in the air by parents | | |
| Frequently explores the environment when placed on floor | | |
| Enjoys moving to get a desirable toy | | |
| Coordination | | |
| Moves in and out of various positions (e.g. crawling, climbing, cruising, and walking) to explore environment and get desired toys | | |
| Keeps head forward when being pulled to sitting from lying on back | | |
| Is able to pull self to stand | | |
| Is able to hold head upright while crawling by 11 months | | |
| Primarily crawls or walks to get desired objects | | |
| Puts weight through hands or feet when moving in and out of positions and while supported in standing | | |
| Is able to sit unsupported and turn head to look at objects without losing balance | | |
| Is able to throw balls and maintain balance | | |
| Uses both hands equally to play and explore toys | | |
| Is able to clap hands | | |
| Enjoys and seeks out various ways to move and play | | |

10-12 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Daily Activities | | |
| Usually enjoys bath time | | |
| Is able to self calm in car rides when not tired or hungry | | |
| Is usually able to tolerate diaper changing without crying | | |
| Is not fearful of tipping head back when moving from sitting to lying on back | | |
| Is able to use fingertips to pick up small objects, such as small pieces of food | | |
| Is eating an increasing variety of food | | |
| Can usually participate in dressing without becoming upset | | |
| Has an established sleep schedule | | |
| Is usually able to calm self to fall asleep | | |
| Self-Expression | | |
| Is comforted by cuddling and a parent's touch | | |
| Has grown accustomed to everyday sounds and is usually not startled by them | | |
| Is generally happy when not hungry or tired | | |
| Is able to calm with experiences such as rocking, touch, and soothing sounds | | |
| Is able to enjoy a wide variety of touch, noise, and smells | | |
| Cries and notices when hurt | | |
| Is able to self soothe when upset | | |
| Total (out of 37) | | |

13-18 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Play and Social Skills | | |
| Is interested in interacting with people (plays patty cake) | | |
| Raises hands to be picked up | | |
| Maintains eye contact with people during playful interactions | | |
| Is interested in imitating others | | |
| Turns head in response to name being called | | |
| Points to objects of interest by 12 months | | |
| Is able to locate objects you are pointing to | | |
| Claps hand together in response to social play | | |
| Enjoys playing with variety of toys and textures | | |
| Enjoys banging and playing with musical toys | | |
| Enjoys playing with new toys | | |
| Eagerly explores the environment when placed on the floor | | |
| Enjoys being swung and gently thrown in air | | |
| Enjoys exploring and playing at the playground | | |
| Enjoys swinging on playground swings | | |
| Coordination | | |
| Is frequently moving in and out of various positions (e.g. crawling, climbing, cruising, and walking) to explore and get desirable objects | | |
| Maintains balance in sitting or standing while using two hands together to explore toys | | |
| Is able to turn head to look at objects without losing balance while standing | | |
| Is able to take steps toward motivating item | | |
| Crawls or walks to get desired item | | |
| Has adequate endurance and strength to play with peers | | |
| Uses hands to help move from one position to another | | |
| Is able to throw balls without losing balance | | |
| Uses both hands equally to play with and explore toys | | |
| Seeks out various new ways to move and play | | |

13-18 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Daily Activities | | |
| Usually enjoys bath time | | |
| Is able to self calm in car rides when not tired or hungry | | |
| Usually tolerates diaper changes without crying | | |
| Is able to tip head back when moving from sitting to back | | |
| Is able to use fingertips to pick up small objects, such as small pieces of food | | |
| Eats an increasing variety of food | | |
| Can usually participate in dressing without becoming upset | | |
| Has an established sleep schedule | | |
| Is usually able to calm self to fall asleep | | |
| Is able to tolerate and wear new and varied textures of clothing | | |
| Self-Expression | | |
| Is comforted by cuddling and a parent's touch | | |
| Is generally happy when not hungry or tired | | |
| Is able to calm with experiences such as rocking, touch, and soothing sounds | | |
| Has grown accustomed to everyday sounds and is usually not startled by them | | |
| Has an established and reliable sleeping schedule | | |
| Is able to enjoy a wide variety of touch, noise, and smells | | |
| Cries and notices when hurt | | |
| Is able to self soothe when upset | | |
| Enjoys various textures, such as grass or sand, after multiple exposures | | |
| Is able to transition to new environment or activity | | |
| Total (out of 42) | | |

19-24 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Play and Social Skills | | |
| Turns head in response to name being called | | |
| Is able to participate in small groups with other children | | |
| Is interested, aware, and able to maintain eye contact with others | | |
| Is able to play in social situations after a transition time | | |
| Points to objects of interest | | |
| Is able to locate objects you are pointing to | | |
| Explores varied environments such as a new playground | | |
| Enjoys swinging on playground swings | | |
| Enjoys being swung and gently thrown in air | | |
| Enjoys playing with new toys in varied ways | | |
| Usually plays with toys without mouthing them | | |
| Enjoys playing with a variety of toys and textures | | |
| Enjoys playing with musical toys | | |
| Enjoys sitting to look at or listen to a book | | |
| Coordination | | |
| Is frequently moving in and out of various positions (e.g. crawling, climbing, cruising, and walking) to explore and get desirable objects | | |
| Coordinates movements needed to play and explore | | |
| Usually walks with heel toe pattern and not primarily on toes | | |
| Enjoys and seeks out various ways to move and play | | |
| Has adequate endurance and strength to play with peers | | |
| Can maintain balance to catch ball or when gently bumped by peers | | |
| Is able to throw and attempt to catch ball without losing balance | | |
| Uses hands to help move from one position to another | | |
| Uses both hands equally to play with and explore toys | | |

19-24 Month Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Daily Activities | | |
| Enjoys bath time | | |
| Is able to self calm in car rides when not tired or hungry | | |
| Usually tolerates diaper changes without crying | | |
| Is not fearful of tipping head back when moving from sitting to back | | |
| Is able to use fingertips to pick up small objects, such as small pieces of food | | |
| Is able to eat an increasing variety of food | | |
| Can usually participate in dressing without becoming upset | | |
| Has an established sleep schedule | | |
| Is usually able to self calm to fall asleep | | |
| Is able to tolerate and wear new and varied textures of clothing | | |
| Self-Expression | | |
| Is generally happy when not hungry or tired | | |
| Is able to calm with experiences such as rocking, touch, and soothing sounds | | |
| Has grown accustomed to everyday sounds and is usually not startled by them | | |
| Has an established and reliable sleeping schedule | | |
| Does not require an excessive routine to calm | | |
| Is able to enjoy a wide variety of touch, noise, and smells | | |
| Cries and notices when hurt | | |
| Is able to self soothe when upset | | |
| Enjoys various textures, such as grass or sand after multiple exposures | | |
| Is able to transition to new environment or activity | | |
| Is able to be away from parents when with supportive and familiar people | | |
| Total (out of 42) | | |

2-3 Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Play and Social Skills | | |
| Is able to participate in small groups with other children | | |
| Is interested, aware, and able to maintain eye contact with others | | |
| Turns head in response to name being called | | |
| Explores varied environments such as a new playground | | |
| Enjoys swinging on playground swings | | |
| Is able to play in social situations after a transition time | | |
| Enjoys swinging, being thrown in air, and roughhousing | | |
| Enjoys playing with a variety of toys and textures | | |
| Is able to locate objects of interest | | |
| Is able to locate objects you are pointing to | | |
| Enjoys playing with musical toys | | |
| Enjoys playing with new toys in varied ways | | |
| Usually plays with toys without mouthing them | | |
| Enjoys sitting to listen or look at book | | |
| Is able to participate in messy activities that result in dirty hands | | |
| Coordination | | |
| Enjoys and seeks out various ways to move and play | | |
| Has adequate endurance and strength to play with peers | | |
| Uses hands to help move from one position to another | | |
| Coordinates movements needed to play and explore | | |
| Usually walks with heel toe pattern and not primarily on toes | | |
| Can maintain balance to catch ball or when gently bumped by peers | | |
| Is able to walk and maintain balance over uneven surfaces | | |
| Walks through a new room without bumping into objects and people | | |

2-3 Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Coordination continued... | | |
| Only leans on furniture, walls or people and sits slumped over when tired | | |
| Is able to throw and attempt to catch ball without losing balance | | |
| Coordinates both hands to play, such as swinging a bat or opening a container | | |
| Uses both hands equally to play and explore toys | | |
| Coordinates hand and finger movements needed to participate in table top games and activities | | |
| Daily Activities | | |
| Enjoys bath time | | |
| Is able to self calm in car rides when not tired or hungry | | |
| Tolerates diaper changes without crying | | |
| Is not fearful of tipping head back | | |
| Is able to use fingertips to pick up small objects, such as small pieces of food | | |
| Eats an increasing variety of food | | |
| Has an established sleep schedule | | |
| Is usually able to self calm to fall asleep | | |
| Is able to tolerate and wear new and varied textures of clothes | | |
| Is able to take appropriate bites of food, does not always stuff mouth | | |
| Is aware of sensations such as a wet diaper or underpants | | |
| Is able to tolerate and stay calm during haircuts | | |
| Is able to adapt to changes in routine | | |

2-3 Years Ability Checklist

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| | Yes | No |
|--|-----|----|
| Self-Expression | | |
| Is generally happy when not hungry or tired | | |
| Is able to calm with experiences such as rocking, touch, and soothing sounds | | |
| Has grown accustomed to everyday sounds and is usually not startled by them | | |
| Has an established and reliable sleeping schedule | | |
| Does not require an excessive routine to calm | | |
| Is able to enjoy a wide variety of touch, noise, and smells | | |
| Cries and notices when hurt | | |
| Is able to self soothe when upset | | |
| Enjoys various textures, such as grass or sand, after multiple exposures | | |
| Is able to transition to new environment or activity | | |
| Is able to be away from parents when with supportive and familiar people | | |
| Enjoys playing near peers | | |
| Total (out of 49) | | |

4-6 Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Play and Social Skills | | |
| Is interested in, aware of, and able to maintain eye contact with others | | |
| Enjoys playing in small groups with children of the same age | | |
| Is able to initiate and play with another child of the same age | | |
| Turns head in response to name being called | | |
| Interested in exploring varied environments, such as new playground or friend's house | | |
| Is able to play in new social situations | | |
| Enjoys playing with variety of toys intended for children of the same age | | |
| Is aware of risky and unsafe environments and behavior | | |
| Participates in crafts / activities that involve wet textures, such as glue | | |
| Enjoys rough but safe play with peers, siblings, or parents | | |
| Enjoys swinging on playground swings | | |
| Enjoys playing with new toys | | |
| Is able to locate objects you are pointing to | | |
| Enjoys sitting to look at or listen to a book | | |
| Usually does not bring non-food objects to mouth | | |
| Is able to play with one toy or theme for 15 minute periods of time | | |
| Coordination | | |
| Enjoys and seeks out various ways to move and play | | |
| Has adequate endurance and strength to play with peers | | |
| Coordinates movements needed to play and explore | | |
| Usually walks with heel toe pattern and not primarily on toes | | |
| Can maintain balance to catch ball or when gently bumped by peers | | |
| Is able to walk and maintain balance over uneven surfaces | | |
| Walks through new room without bumping into objects or people | | |
| Only leans on furniture, walls or people and sits slumped over when tired | | |

4-6 Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Coordination continued... | | |
| Is able to throw and attempt to catch ball without losing balance | | |
| Coordinates both hands to play, such as swinging a bat or opening a container | | |
| Coordinates hand and finger movement needed to participate in table top games and activities | | |
| Is able to color and begin to imitate shapes | | |
| Uses appropriate force when playing with peers or pets or when holding objects | | |
| Is able to maintain good sitting posture needed to sit in chair | | |
| Daily Activities | | |
| Is able to use utensils to pick up pieces of food | | |
| Has an established sleep schedule | | |
| Is usually able to self calm to fall asleep | | |
| Is able to tolerate and wear textures of new and varied articles of clothes | | |
| Is able to take appropriate bites of food, does not always stuff mouth | | |
| Is able to tolerate haircuts and nail cutting without crying | | |
| Is able to adapt to changes in routine | | |
| Can take bath or shower, although preference may be present | | |
| Eats a diet rich in various foods, temperatures, and textures | | |
| Can drink from a cup and straw without dribbling | | |
| Need for crashing, bumping and moving fast does not interfere with participation in activities and family life | | |
| Is able to complete everyday tasks that have multiple steps, such as dressing | | |
| Frequently wakes up rested and ready for a new day | | |

4-6 Years Ability Checklist

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| | Yes | No |
|--|-----|----|
| Self-Expression | | |
| Is generally happy when not hungry or tired | | |
| Has grown accustomed to everyday sounds and is usually not startled by them | | |
| Has an established and reliable sleeping schedule | | |
| Is able to enjoy a wide variety of touch, noises, and smells | | |
| Cries and notices when hurt | | |
| Is able to calm self down after upsetting event | | |
| Is able to transition to new environment or activity | | |
| Is able to pay attention and is not distracted by sounds not noticed by others | | |
| Is able to cope with an unexpected change | | |
| Total (out of 50) | | |

6+ Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Play and Social Skills | | |
| Is interested in, aware of, and able to maintain eye contact with others | | |
| Is able to initiate play with another child of the same age | | |
| Would rather play with a friend or children rather than adults | | |
| Has several friends and enjoys playing with them | | |
| Enjoys participating in family outings | | |
| Enjoys playing in a new setting | | |
| Is able to resolve conflict with friends or other children without teacher or parent intervention | | |
| Participates in crafts / activities that involve wet textures, such as glue | | |
| Is interested in exploring varied environments, such as new playground or friend's house | | |
| Is able to play in and accommodate to new social situations | | |
| Enjoys rough but safe play with peers, siblings, or parents | | |
| Enjoys playing with new toys | | |
| Enjoys swinging on playground swings | | |
| Is able to locate objects you are pointing to | | |
| Enjoys playing with a variety of toys intended for children of the same age | | |
| Is aware of risky and unsafe environments and behavior | | |
| Usually does not bring non-food objects to mouth | | |
| Is able to think of various ways to play with one toy | | |
| Is not overly controlling of play with other children | | |
| Pretend play is rich and varied and does not require adult direction | | |
| Can start and finish age appropriate activities within a reasonable amount of time | | |

6+ Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|---|-----|----|
| Coordination | | |
| Enjoys and seeks out various ways to move and play | | |
| Has adequate endurance and strength to play with peers | | |
| Coordinates movements needed to play and explore | | |
| Usually walks with heel toe pattern and not primarily on toes | | |
| Can maintain balance to catch ball or when gently bumped by peers | | |
| Is able to walk and maintain balance over uneven surfaces | | |
| Walks through a new room without bumping into objects or people | | |
| Only leans on furniture, walls or people and sits slumped over when tired | | |
| Coordinates movement needed for quicker sport-like activities (e.g. soccer, kickball, hopscotch, and gross motor video games) | | |
| Coordinates hand and finger movements needed to participate in table top games and activities | | |
| Uses appropriate force when playing with peers or pets or when holding objects | | |
| Is able to maintain good sitting posture needed for school tasks | | |
| Is able to quickly maneuver around peers moving on the playground | | |
| Participates in challenging tasks that require balance, such as riding a bike | | |
| Is able to use fingertips to pick up small objects, such as coins from a table or small game pieces (e.g. Lite Brite) | | |
| Is able to copy simple designs | | |
| Participates in fine motor activities such as coloring, writing, and cutting | | |
| Has an established hand preference | | |

6+ Years Ability Checklist

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| | Yes | No |
|--|-----|----|
| Daily Activities | | |
| Is able to use utensils to pick up pieces of food | | |
| Has an established sleep schedule | | |
| Is usually able to self calm to fall asleep | | |
| Is able to tolerate and wear textures of new and varied articles of clothes | | |
| Is able to take appropriate bites of food, does not always stuff mouth | | |
| Is able to tolerate haircuts and nail cutting | | |
| Is able to adapt to changes in routine | | |
| Can take bath or shower, although preference may be present | | |
| Eats a diet rich in various foods, temperatures, and textures | | |
| Need for crashing, bumping and moving fast does not interfere with participation in activities and family life | | |
| Is able to independently complete everyday tasks that have multiple steps, such as dressing | | |
| Frequently wakes up rested and ready for a new day | | |
| Is able to eat without making a mess | | |
| Is aware when food is on mouth or face | | |
| Is able to follow multiple step directions when motivated | | |
| Can organize self and day to accomplish age appropriate tasks independently | | |
| Can pay attention in a busy environment such as a classroom | | |
| Enjoys participating in loud fun settings, such as birthday parties | | |
| Is not overly controlling of daily tasks such as dressing or mealtimes | | |

6+ Years Ability Checklist

It is important to look at your child's overall tendencies and clusters of behavior. One or two concerns should not cause alarm. However, if a child is not frequently and consistently demonstrating more than a few of the listed items in each age category, print the following list, check your concerns, and discuss them with your healthcare professional.

| | Yes | No |
|--|-----|----|
| Self-Expression | | |
| Is generally happy when not hungry or tired | | |
| Has grown accustomed to everyday sounds and is usually not startled by them | | |
| Has an established and reliable sleeping schedule | | |
| Is able to enjoy a wide variety of touch, noise, and smells | | |
| Cries and notices when hurt | | |
| Is able to self calm down after upsetting event | | |
| Is able to transition to new a environment or activity | | |
| Is able to pay attention and is not distracted by sounds not noticed by others | | |
| Is able to cope with unexpected change | | |
| Is able to accommodate unexpected touch by others | | |
| Uses simple strategies to remain calm when experiencing stress | | |
| Does not require excessive consoling when upset | | |
| Total (out of 71) | | |