

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
CHILD DEVELOPMENTAL MILESTONES

Name: _____ Case #: _____ Case: _____
Date of Birth _____ Home Phone _____ Current Admission _____
Address _____ Primary Program: _____
Case Holder: _____

- Index
1. **Assessment**
2. [Signatures](#)

1. Child Development Milestones: Assessment

Assessment Date

[Use Current Date](#)

Pre-Natal Care

- Did the mother receive prenatal care for the duration of the pregnancy? Yes No Unknown
Was this considered a high risk pregnancy? Yes No Unknown
Did mother receive proper nutrition? Yes No Unknown
Blood pressure problems? Yes No Unknown
Need to restrict activity (bed rest)? Yes No Unknown
Use of tobacco? Yes No Unknown
Use of alcohol? Yes No Unknown
Use of drugs? Yes No Unknown
Exposure to toxins? Yes No Unknown

Labor and Delivery

- Were medications used? Yes No Unknown
Were forceps used? Yes No Unknown
Was delivery Caesarean section? Yes No Unknown
Was birth premature? Yes No Unknown
Were vital medical supports needed? Yes No Unknown

By 3 Months Child Was Able To:

- Hearing: React to noise? Yes No Unknown
Vision: Briefly watch & follow objects with eyes? Yes No Unknown
Motor: Displays sucking reflexes? Yes No Unknown
Motor: Lift his/her head? Yes No Unknown
Motor: Can grasp & shake hand toys? Yes No Unknown
Touch: Avoid mildly annoying sensations? Yes No Unknown
Social/Emotional: Smile? Yes No Unknown
Communication: Make some sounds (coo-chuckle)? Yes No Unknown

By 6 Months Child Was Able To:

- Vision: Recognize a primary care giver? Yes No Unknown
Motor: Able to sit with little help? Yes No Unknown
Motor: Roll from back to stomach? Yes No Unknown
Social/Emotional: Enjoys play with care givers? Yes No Unknown

By 9 Months Old Child Was Able To:

- Physical: Sit Alone?** Yes No Unknown
- Motor: Drink from a cup?** Yes No Unknown
- Motor/Vision: Can reach out & grasp moving objects?** Yes No Unknown
- Motor: Creep/crawl?** Yes No Unknown
- Social/Emotional: Fear of strangers?** Yes No Unknown
- Communication: Say single words "Mama" "Dada"?** Yes No Unknown

By 1 Year Old Child Was Able To:

- Motor: Pull self to standing with support if needed?** Yes No Unknown
- Motor: Pick things up with thumb and 1 finger?** Yes No Unknown
- Social/Emotional: Shows affection?** Yes No Unknown
- Communication/Thinking: Say 2 or 3 words?** Yes No Unknown
- Hearing: Follow simple directions accompanied by gestures?** Yes No Unknown

By 2 Years Old Child Was Able To:

- Motor: Feed self with spoon?** Yes No Unknown
- Motor: Walks without support?** Yes No Unknown
- Motor: Capable of grasping and scribbling with crayons?** Yes No Unknown
- Communication/Thinking: Has 10 word vocabulary?** Yes No Unknown
- Social/Emotional: Participates in pretend play?** Yes No Unknown

By 3 Years Old Child Was Able To:

- Motor: Capable climbing stairs?** Yes No Unknown
- Motor: Jump up with both feet?** Yes No Unknown
- Motor: Open doors?** Yes No Unknown
- Communication/Thinking: Verbalizes toilet need?** Yes No Unknown

By 4 Years Old Child Was Able To:

- Motor: Use toilet almost every time?** Yes No Unknown
- Motor: Dress self?** Yes No Unknown
- Communication/Thinking: Uses sentences with correct grammar (I want a blue sucker)?** Yes No Unknown
- Social/Emotional: Play well with age peers?** Yes No Unknown
- Cognitive/Learning: Knows own sex, age and last name?** Yes No Unknown

By 5 Years Old Child Was Able To:

- Motor: Print a few capital letters?** Yes No Unknown
- Cognitive/Learning: Recognizes own printed name?** Yes No Unknown
- Communication/Thinking: Ask questions?** Yes No Unknown
- Cognitive/Learning: Anticipate events, sense of yesterday, tomorrow?** Yes No Unknown

Comments

Empty text area with a vertical scrollbar on the right side.

characters left: 30000



✓ Spell Check

Save and Continue to Signatures SAVE CANCEL

Back

Home

Name:

Case #:

Case:

Date of Birth

Home Phone

Current Admission

Address

Primary Program:
Case Holder:

Index

1. [Assessment](#)

2. **Signatures**

2. Child Development Milestones: Signatures

Service Activity Logs

Staff:	Date:	Contact Type:
Consumer:	Begin: <input type="text"/> <input type="text"/>	Attendance: <input type="text"/>
<input type="text"/>	End: <input type="text"/> <input type="text"/>	Place of Service: <input type="text"/>
If this is <i>not</i> the program providing the service, please use the LOOKUP button to select a new program	<input type="checkbox"/> SAL Spans Midnight	Staff Type: <input type="text"/>
	<input type="checkbox"/> IDDT	
	Authorization: <input type="text"/>	CPT Code: <input type="text"/> <input type="text"/>
	Please use the LOOKUP button to find an authorization and CPT code for the service provided	
Was physician on site? (Medicare)	Physician on Site: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Electronic Signatures

Instructions

When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By

Enter your password to sign

Record Added

Record Changed