

MONTHLY REPORT

19 - 24 MONTHS



Name of Child: _____ Age: _____
 Caseworker: _____ County: _____ For Month, Year _____

The items listed in each section below represent things a child of TWENTY-FOUR MONTHS of age should be doing. Mark the box next to the item if it represents something that is true of your child at this time.

13-18 months	19-24 months
Social/Emotional	
<input type="checkbox"/> Likes to hand things to others as play <input type="checkbox"/> May have temper tantrums <input type="checkbox"/> May be afraid of strangers <input type="checkbox"/> Shows affection to familiar people <input type="checkbox"/> Plays simple pretend, such as feeding a doll <input type="checkbox"/> May cling to caregivers in new situations <input type="checkbox"/> Points to show others something interesting <input type="checkbox"/> Explores alone but with parent close by	<input type="checkbox"/> Copies others, especially adults and older children <input type="checkbox"/> Gets excited when with other children <input type="checkbox"/> Shows more and more independence <input type="checkbox"/> Shows defiant behavior (doing what he has been told not to) <input type="checkbox"/> Plays mainly beside other children, but is beginning to include other children, such as in chase games
Language/Communication	
<input type="checkbox"/> Says several single words <input type="checkbox"/> Says and shakes head "no" <input type="checkbox"/> Points to show someone what he wants	<input type="checkbox"/> Points to things or pictures when they are named <input type="checkbox"/> Knows names of familiar people and body parts <input type="checkbox"/> Says sentences with 2 to 4 words <input type="checkbox"/> Follows simple instructions <input type="checkbox"/> Repeats words overheard in conversation <input type="checkbox"/> Points to things in a book
Cognitive (learning, thinking, problem solving):	
<input type="checkbox"/> Knows what ordinary things are for; for example, telephone, brush, spoon <input type="checkbox"/> Points to get the attention of others <input type="checkbox"/> Shows interest in a doll or stuffed animal by pretending to feed <input type="checkbox"/> Points to one body part <input type="checkbox"/> Scribbles on his own <input type="checkbox"/> Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"	<input type="checkbox"/> Finds things even when hidden under two or three covers <input type="checkbox"/> Begins to sort shapes and colors <input type="checkbox"/> Completes sentences and rhymes in familiar books <input type="checkbox"/> Plays simple make-believe games <input type="checkbox"/> Builds towers of 4 or more blocks <input type="checkbox"/> Might use one hand more than the other <input type="checkbox"/> Follows two-step instructions such as "Pick up your shoes and put them in the closet." <input type="checkbox"/> Names items in a picture book such as a cat, bird, or dog
Movement/Physical Development:	
<input type="checkbox"/> Walks alone <input type="checkbox"/> May walk up steps and run <input type="checkbox"/> Pulls toys while walking <input type="checkbox"/> Can help undress herself <input type="checkbox"/> Drinks from a cup <input type="checkbox"/> Eats with a spoon	<input type="checkbox"/> Stands on tiptoe <input type="checkbox"/> Kicks a ball <input type="checkbox"/> Begins to run <input type="checkbox"/> Climbs onto and down from furniture without help <input type="checkbox"/> Walks up and down stairs holding on <input type="checkbox"/> Throws ball overhand <input type="checkbox"/> Makes or copies straight lines and circles
Important Miscellaneous Items: Notify your Doctor, (and placement worker, and county case worker) if, by the end of EIGHTEEN MONTHS of age your child:	Important Miscellaneous Items: Notify your Doctor, (and placement worker, and county case worker) if, by the end of EIGHTEEN MONTHS of age your child:
<input type="checkbox"/> Doesn't point to show things to others <input type="checkbox"/> Can't walk <input type="checkbox"/> Doesn't know what familiar things are for <input type="checkbox"/> Doesn't copy others <input type="checkbox"/> Doesn't gain new words <input type="checkbox"/> Doesn't have at least 6 words <input type="checkbox"/> Doesn't notice or mind when a caregiver leaves or returns <input type="checkbox"/> Loses skills he once had	<input type="checkbox"/> Doesn't use 2-word phrases (for example, "drink milk") <input type="checkbox"/> Doesn't know what to do with common things, like a brush, phone, fork, spoon <input type="checkbox"/> Doesn't copy actions and words <input type="checkbox"/> Doesn't follow simple instructions <input type="checkbox"/> Doesn't walk steadily <input type="checkbox"/> Loses skills she once had

