

MONTHLY REPORT

49 to 60 MONTHS



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

The items listed in each section below represent things a child of SIXTY MONTHS (5 years) of age should be doing. Mark the box next to the item in either column if it represents something that is true of your child at this time.

37 to 48 months	49 to 60 months
Social/Emotional	
<input type="checkbox"/> Enjoys doing new things <input type="checkbox"/> Plays “Mom” and “Dad” <input type="checkbox"/> Is more and more creative with make-believe play <input type="checkbox"/> Would rather play with other children than by himself <input type="checkbox"/> Cooperates with other children <input type="checkbox"/> Often can’t tell what’s real and what’s make-believe <input type="checkbox"/> Talks about what she likes and what she is interested in	<input type="checkbox"/> Wants to please friends <input type="checkbox"/> Wants to be like friends <input type="checkbox"/> More likely to agree with rules <input type="checkbox"/> Likes to sing, dance, and act <input type="checkbox"/> Is aware of gender <input type="checkbox"/> Can tell what’s real and what’s make-believe <input type="checkbox"/> Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed]) <input type="checkbox"/> Is sometimes demanding and sometimes very cooperative
Language/Communication	
<input type="checkbox"/> Knows some basic rules of grammar, such as correctly using “he” and “she” <input type="checkbox"/> Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus” <input type="checkbox"/> Tells stories <input type="checkbox"/> Can say first and last name	<input type="checkbox"/> Speaks very clearly <input type="checkbox"/> Tells a simple story using full sentences <input type="checkbox"/> Uses future tense; for example, “Grandma will be here.” <input type="checkbox"/> Says name and address
Cognitive (learning, thinking, problem solving):	
<input type="checkbox"/> Names some colors and some numbers <input type="checkbox"/> Understands the idea of counting <input type="checkbox"/> Starts to understand time <input type="checkbox"/> Remembers parts of a story <input type="checkbox"/> Understands the idea of “same” and “different” <input type="checkbox"/> Draws a person with 2 to 4 body parts <input type="checkbox"/> Uses scissors <input type="checkbox"/> Starts to copy some capital letters <input type="checkbox"/> Plays board or card games <input type="checkbox"/> Tells you what he thinks is going to happen next in a book	<input type="checkbox"/> Counts 10 or more things <input type="checkbox"/> Can draw a person with at least 6 body parts <input type="checkbox"/> Can print some letters or numbers <input type="checkbox"/> Copies a triangle and other geometric shapes <input type="checkbox"/> Knows about things used every day, like money and food
Movement/Physical Development:	
<input type="checkbox"/> Hops and stands on one foot up to 2 seconds <input type="checkbox"/> Catches a bounced ball most of the time <input type="checkbox"/> Pours, cuts with supervision, and mashes own food	<input type="checkbox"/> Stands on one foot for 10 seconds or longer <input type="checkbox"/> Hops; may be able to skip <input type="checkbox"/> Can do a somersault <input type="checkbox"/> Uses a fork and spoon and sometimes a table knife <input type="checkbox"/> Can use the toilet on her own <input type="checkbox"/> Swings and climbs
Important Miscellaneous Items: Notify your Doctor, (and placement worker, and county case worker) if, by the end of * of age your child:	
*FORTY-EIGHT MONTHS	*SIXTY MONTHS
<input type="checkbox"/> Can’t jump in place <input type="checkbox"/> Has trouble scribbling <input type="checkbox"/> Shows no interest in interactive games or make-believe <input type="checkbox"/> Ignores other children or doesn’t respond to people outside the family <input type="checkbox"/> Resists dressing, sleeping, and using the toilet <input type="checkbox"/> Can’t retell a favorite story <input type="checkbox"/> Doesn’t follow 3-part commands <input type="checkbox"/> Doesn’t understand “same” and “different” <input type="checkbox"/> Doesn’t use “me” and “you” correctly <input type="checkbox"/> Speaks unclearly	<input type="checkbox"/> Doesn’t show a wide range of emotions <input type="checkbox"/> Shows extreme behavior (unusually fearful, aggressive, shy or sad) <input type="checkbox"/> Unusually withdrawn and not active <input type="checkbox"/> Is easily distracted, has trouble focusing on one activity for more than 5 minutes <input type="checkbox"/> Doesn’t respond to people, or responds only superficially <input type="checkbox"/> Can’t tell what’s real and what’s make-believe <input type="checkbox"/> Doesn’t play a variety of games and activities <input type="checkbox"/> Can’t give first and last name <input type="checkbox"/> Doesn’t use plurals or past tense properly

<input type="checkbox"/> Loses skills he once had	<input type="checkbox"/> Doesn't talk about daily activities or experiences <input type="checkbox"/> Doesn't draw pictures <input type="checkbox"/> Can't brush teeth, wash and dry hands, or get undressed without help <input type="checkbox"/> Loses skills he once had
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Does the child have regular contacts/visits with family members? Yes No

If YES, fill in the following:

Date & Time ex: 1/1/09; 3-4PM	Location ex: visitation center, foster home, parents' home	Type of contact ex: face to face, phone, email, etc.	With Whom indicate names & relationship, ex: "Susy Smith - mother"

Please note any behavior changes you notice around (before, after, during) visits:

Other Appointments: (visits by caseworkers, GAL's, Bridges staff, medical/therapy, etc.)

Date	Contact	Reason for Visit

Additional Important Dates:

Most recent: Physical exam: _____ Dental exam: _____ Eye exam: _____

Date of most recent doctor's visit _____ Treated for: _____

Next scheduled medical appointment: _____

Report submitted by: _____ Date: _____

Print name: _____