

MONTHLY REPORT

0 to 2 MONTHS



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

The items listed in each section below represent things a child of TWO 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.

1. **Social/Emotional:**

- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

2. **Language/Communication:**

- Coos, makes gurgling sounds
- Turns head toward sounds

3. **Cognitive (learning, thinking, problem solving):**

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

4. **Movement/Physical Development:**

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

5. **Important Miscellaneous Items: Notify your Doctor, (and placement worker, and county case worker) if, by the end of TWO MONTHS of age your child:**

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Family Visits/Contacts:

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"

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: _____