# MONTHLY REPORT
## 5 to 6 MONTHS

BRIDGES
CHILD PLACEMENT AGENCY

**Name of Child:**_____ **Age:** _____ **Caseworker:** _____

**County:**_____ **For Month, Year**_____

The items listed in the column on the right represent things a child of SIX MONTHS of age should be doing. Mark the box next to the item in any of the columns if it represents something that is true of your child at this time, regardless of their chronological age.

| 2-4 months | 3-4 months | 5-6 months |
|---|---|---|
| **Social/Emotional** | | |
| ☐ Begins to smile at people<br>☐ Can briefly calm himself (may bring hands to mouth and suck on hand)<br>☐ Tries to look at parent | ☐ Smiles spontaneously, especially at people<br>☐ Likes to play with people and might cry when playing stops<br>☐ Copies some movements and facial expressions, like smiling or frowning | ☐ Knows familiar faces and begins to know if someone is a stranger<br>☐ Likes to play with others, especially parents<br>☐ Responds to other people's emotions and often seems happy<br>☐ Likes to look at self in a mirror |
| **Language/Communication** | | |
| ☐ Coos, makes gurgling sounds<br>☐ Turns head toward sounds | ☐ Begins to babble<br>☐ Babbles with expression and copies sounds he hears<br>☐ Cries in different ways to show hunger, pain, or being tired | ☐ Responds to sounds by making sounds<br>☐ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds<br>☐ Responds to own name<br>☐ Makes sounds to show joy and displeasure<br>☐ Begins to say consonant sounds (jabbering with "m," "b") |
| **Cognitive (learning, thinking, problem solving):** | | |
| ☐ Pays attention to faces<br>☐ Begins to follow things with eyes and recognize people at a distance<br>☐ Begins to act bored (cries, fussy) if activity doesn't change | ☐ Lets you know if she is happy or sad<br>☐ Responds to affection<br>☐ Reaches for toy with one hand<br>☐ Uses hands and eyes together, such as seeing a toy and reaching for it<br>☐ Follows moving things with eyes from side to side<br>☐ Watches faces closely<br>☐ Recognizes familiar people and things at a distance | ☐ Looks around at things nearby<br>☐ Brings things to mouth<br>☐ Shows curiosity about things and tries to get things that are out of reach<br>☐ Begins to pass things from one hand to the other |

| **Movement/Physical Development:** | | |
|---|---|---|
| ☐ Can hold head up and begins to push up when lying on tummy<br>☐ Makes smoother movements with arms and legs | ☐ Holds head steady, unsupported<br>☐ Pushes down on legs when feet are on a hard surface<br>☐ May be able to roll over from tummy to back<br>☐ Can hold a toy and shake it and swing at dangling toys<br>☐ Brings hands to mouth<br>☐ When lying on stomach, pushes up to elbows | ☐ Rolls over in both directions (front to back, back to front)<br>☐ Begins to sit without support<br>☐ When standing, supports weight on legs and might bounce<br>☐ Rocks back and forth, sometimes crawling backward before moving forward |
| **Important Miscellaneous Items: Notify your Doctor, (and placement worker, and county case worker) if, by the end of * MONTHS of age your child:** | | |
| *** TWO** | ***FOUR** | ***SIX** |
| ☐ Doesn't respond to loud sounds<br>☐ Doesn't watch things as they move<br>☐ Doesn't smile at people<br>☐ Doesn't bring hands to mouth<br>☐ Can't hold head up when pushing up when on tummy | ☐ Doesn't watch things as they move<br>☐ Doesn't smile at people<br>☐ Can't hold head steady<br>☐ Doesn't coo or make sounds<br>☐ Doesn't bring things to mouth<br>☐ Doesn't push down with legs when feet are placed on a hard surface<br>☐ Has trouble moving one or both eyes in all directions | ☐ Doesn't try to get things that are in reach<br>☐ Shows no affection for caregivers<br>☐ Doesn't respond to sounds around him<br>☐ Has difficulty getting things to mouth<br>☐ Doesn't make vowel sounds ("ah", "eh", "oh")<br>☐ Doesn't roll over in either direction<br>☐ Doesn't laugh or make squealing sounds<br>☐ Seems very stiff, with tight muscles<br>☐ Seems very floppy, like a rag doll |

Family Visits/Contacts:

Does the child have regular contacts/visits with family members? ☐ Yes ☐ No

If YES, fill in the following:

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

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: _____**