MONTHLY REPORT
10-12 MONTHS

BRIDGES
CHILD PLACEMENT AGENCY

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

The items listed the column on the right below represent things a child of TWELVE 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.

5-6 months	7-9 months	10-12 months
Social/Emotional		
☐ Knows familiar faces and begins to know if someone is a stranger ☐ Likes to play with others, especially parents ☐ Responds to other people's emotions and often seems happy ☐ Likes to look at self in a mirror	☐ May be afraid of strangers ☐ May be clingy with familiar adults ☐ Has favorite toys	☐ Is shy or nervous with strangers ☐ Cries when mom or dad leaves ☐ Has favorite things and people ☐ Shows fear in some situations ☐ Hands you a book when he wants to hear a story ☐ Repeats sounds or actions to get attention ☐ Puts out arm or leg to help with dressing ☐ Plays games such as "peek-a-boo" and "pat-a-cake"
Language/Communication		
☐ Responds to sounds by making sounds ☐ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds ☐ Responds to own name ☐ Makes sounds to show joy and displeasure ☐ Begins to say consonant sounds (jabbering with "m," "b")	☐ Understands "no" ☐ Makes a lot of different sounds like "mamamama" and "babababab a" ☐ Copies sounds and gestures of others ☐ Uses fingers to point at things	☐ Responds to simple spoken requests ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye" ☐ Makes sounds with changes in tone (sounds more like speech) ☐ Says "mama" and "dada" and exclamations like "uh-oh!" ☐ Tries to say words you say
Cognitive (learning, thinking, problem solving):		
☐ Looks around at things nearby ☐ Brings things to mouth ☐ Shows curiosity about things and tries to get things that are out of reach ☐ Begins to pass things from one hand to the other	☐ Watches the path of something as it falls ☐ Looks for things he sees you hide ☐ Plays peek-a-boo ☐ Puts things in her mouth ☐ Moves things smoothly from one hand to the other ☐ Picks up things like cereal o's between thumb and index finger	☐ Explores things in different ways, like shaking, banging, throwing ☐ Finds hidden things easily ☐ Looks at the right picture or thing when it's named ☐ Copies gestures o Starts to use things correctly; for example, drinks from a cup, brushes hair ☐ Bangs two things together ☐ Puts things in a container, takes things out of a container ☐ Lets things go without help o Pokes with index (pointer) finger ☐ Follows simple directions like "pick up the toy"

Movement/Physical Development:

☐ Rolls over in both directions (front to back, back to front) ☐ Begins to sit without support ☐ When standing, supports weight on legs and might bounce ☐ Rocks back and forth, sometimes crawling backward before moving forward	☐ Stands, holding on ☐ Can get into sitting position ☐ Sits without support ☐ Pulls to stand ☐ Crawls	☐ Gets to a sitting position without help ☐ Pulls up to stand, walks holding on to furniture ("cruising") ☐ May take a few steps without holding on or May stand alone

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

*SIX	*NINE	*TWELVE
☐ Doesn't try to get things that are in reach ☐ Shows no affection for caregivers ☐ Doesn't respond to sounds around him ☐ Has difficulty getting things to mouth ☐ Doesn't make vowel sounds ("ah", "eh", "oh") ☐ Doesn't roll over in either direction ☐ Doesn't laugh or make squealing sounds ☐ Seems very stiff, with tight muscles ☐ Seems very floppy, like a rag doll	☐ Doesn't bear weight on legs with support ☐ Doesn't sit with help ☐ Doesn't babble ("mama", "baba", "dada") ☐ Doesn't play any games involving back-and-forth play ☐ Doesn't respond to own name ☐ Doesn't seem to recognize familiar people ☐ Doesn't look where you point ☐ Doesn't transfer toys from one hand to the other	☐ Doesn't crawl ☐ Can't stand when supported ☐ Doesn't search for things that she sees you hide. ☐ Doesn't say single words like "mama" or "dada" ☐ Doesn't learn gestures like waving or shaking head ☐ Doesn't point to things ☐ Loses skills he once had

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"

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 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: _____