MONTHLY REPORT
13-18 MONTHS

BRIDGES
CHILD PLACEMENT AGENCY

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

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

7-9 months	10-12 months	13-18 months
Social/Emotional		
☐ 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"	☐ Likes to hand things to others as play ☐ May have temper tantrums ☐ May be afraid of strangers ☐ Shows affection to familiar people ☐ Plays simple pretend, such as feeding a doll ☐ May cling to caregivers in new situations ☐ Points to show others something interesting ☐ Explores alone but with parent close by
Language/Communication		
☐ Understands "no" ☐ Makes a lot of different sounds like "mamamama" and "babababababa" ☐ 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	☐Says several single words ☐ Says and shakes head "no" ☐ Points to show someone what he wants
Cognitive (learning, thinking, problem solving):		
☐ 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"**	☐ Knows what ordinary things are for; for example, telephone, brush, spoon ☐ Points to get the attention of others ☐ Shows interest in a doll or stuffed animal by pretending to feed ☐ Points to one body part ☐ Scribbles on his own ☐ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development:		
☐ 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	☐ Walks alone ☐ May walk up steps and run ☐ Pulls toys while walking ☐ Can help undress herself ☐ Drinks from a cup ☐ Eats with a spoon
Important Miscellaneous Items: Notify your Doctor, (and placement worker, and county case worker) if, by the end of * MONTHS of age your child:		
*NINE	*TWELVE	*EIGHTEEN
☐ 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	☐ Doesn't point to show things to others ☐ Can't walk ☐ Doesn't know what familiar things are for ☐ Doesn't copy others ☐ Doesn't gain new words ☐ Doesn't have at least 6 words ☐ Doesn't notice or mind when a caregiver leaves or returns ☐ 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: _____