

# MONTHLY REPORT

## 37-48 MONTHS



Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Caseworker: \_\_\_\_\_ County: \_\_\_\_\_ For Month, Year \_\_\_\_\_

The items listed in the column on the right below represent things a child of FORTY-EIGHT MONTHS 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.

25 to 36 months	37 to 48 months
<b>Social/Emotional</b>	
<input type="checkbox"/> Copies adults and friends <input type="checkbox"/> Shows affection for friends without prompting <input type="checkbox"/> Takes turns in games <input type="checkbox"/> Shows concern for a crying friend <input type="checkbox"/> Understands the idea of "mine" and "his" or "hers" <input type="checkbox"/> Shows a wide range of emotions <input type="checkbox"/> Separates easily from mom and dad <input type="checkbox"/> May get upset with major changes in routine <input type="checkbox"/> Dresses and undresses self	<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
<b>Language/Communication</b>	
<input type="checkbox"/> Follows instructions with 2 or 3 steps <input type="checkbox"/> Can name most familiar things <input type="checkbox"/> Understands words like "in," "on," and "under" <input type="checkbox"/> Says first name, age, and sex <input type="checkbox"/> Names a friend o Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats) <input type="checkbox"/> Talks well enough for strangers to understand most of the time <input type="checkbox"/> Carries on a conversation using 2 to 3 sentences	<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
<b>Cognitive (learning, thinking, problem solving):</b>	
<input type="checkbox"/> Can work toys with buttons, levers, and moving parts <input type="checkbox"/> Plays make-believe with dolls, animals, and people <input type="checkbox"/> Does puzzles with 3 or 4 pieces <input type="checkbox"/> Understands what "two" means <input type="checkbox"/> Copies a circle with pencil or crayon <input type="checkbox"/> Turns book pages one at a time <input type="checkbox"/> Builds towers of more than 6 blocks o Screws and unscrews jar lids or turns door handle	<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
<b>Movement/Physical Development:</b>	
<input type="checkbox"/> Climbs well <input type="checkbox"/> Runs easily <input type="checkbox"/> Pedals a tricycle (3-wheel bike) <input type="checkbox"/> Walks up and down stairs, one foot on each step	<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
<b>Important Miscellaneous Items:</b> Notify your Doctor, (and placement worker, and county case worker) if, by the end of THIRTY-SIX MONTHS of age your child:	<b>Important Miscellaneous Items:</b> Notify your Doctor, (and placement worker, and county case worker) if, by the end of FORTY-EIGHT MONTHS of age your child:
<input type="checkbox"/> Falls down a lot or has trouble with stairs <input type="checkbox"/> Drools or has very unclear speech <input type="checkbox"/> Can't work simple toys (such as peg boards, simple puzzles, turning handle) <input type="checkbox"/> Doesn't speak in sentences <input type="checkbox"/> Doesn't understand simple instructions <input type="checkbox"/> Doesn't play pretend or make-believe <input type="checkbox"/> Doesn't want to play with other children or with toys	<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 make eye contact o Loses skills he once had	<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"/> 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:

<b>Date &amp; Time</b> ex: 1/1/09; 3-4PM	<b>Location</b> ex: visitation center, foster home, parents' home	<b>Type of contact</b> ex: face to face, phone, email, etc.	<b>With Whom</b> 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.)**

<b>Date</b>	<b>Contact</b>	<b>Reason for Visit</b>

**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: \_\_\_\_\_