

1 MONTH DEVELOPMENTAL CHECKLIST

Name of patient _____

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| 1. Is your baby moving arms and legs equally? | YES | NO |
| 2. Does your baby respond to noises? | YES | NO |
| 3. Does your baby stare at you blankly during feeds? | YES | NO |
| 4. Is your baby starting to raise head when on his/her belly? | YES | NO |
| 5. Does your baby randomly smile? | YES | NO |
| 6. Will your baby grab your finger if you put it in his/her hand? | YES | NO |