

## 12 MONTH DEVELOPMENTAL CHECKLIST

Name of patient \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Is your child pulling to stand?                           | YES | NO |
| 2. Is your child walking with support?                       | YES | NO |
| 3. Is your child pointing to desired objects?                | YES | NO |
| 4. Is your child saying Mama and Dada?                       | YES | NO |
| 5. Does your child wave bye-bye?                             | YES | NO |
| 6. Is your child using 1-3 other words besides Mama or Dada? | YES | NO |
| 7. Does your child look for dropped or hidden objects?       | YES | NO |