

4 MONTH DEVELOPMENTAL CHECKLIST

Name of patient _____

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| 1. Is your baby rolling over in one direction? | YES | NO |
| 2. Is your baby reaching for objects and grabbing them? | YES | NO |
| 3. Is your baby bringing his/her hands to midline? | YES | NO |
| 4. Is your baby laughing and squealing? | YES | NO |
| 5. Is your baby turning to sound? | YES | NO |
| 6. Does you baby enjoy looking around? | YES | NO |