

9 MONTH DEVELOPMENTAL CHECKLIST

Name of patient _____

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| 1. Is your baby sitting well? | YES | NO |
| 2. Is your baby pulling to stand? | YES | NO |
| 3. Does your baby pick things up with her thumb and forefinger in a pincer grasp (the Cheerio Pickup)? | YES | NO |
| 4. Does your baby understand a few simple words (i.e. bye, no)? | YES | NO |
| 5. Does your baby bang toys together? | YES | NO |
| 6. Does your baby play pat-a-cake or peek-a-boo? | YES | NO |