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FIRST 5 Santa Clara County

Message from Executive Director, Jolene Smith



It is hard to believe that young children can suffer from clinical depression, traumatic stress disorder and a variety of other social, emotional and behavioral issues, but studies show that this is very much a reality.

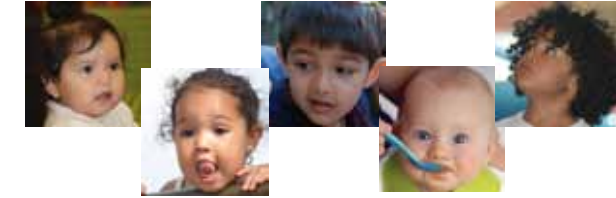
Seeing and accepting this developmental issue in your child is the first step in the wellness process, according to Dr. Charles Zeanah, Psychiatrist and Director of Child and Adolescent Psychiatry at Tulane University. Fortunately, many developmental and behavioral problems can be identified early and prevented if social-emotional development during infancy and early childhood is understood and fostered.

In this issue of Take 5 we highlight the importance of early childhood developmental screenings, assessments and treatment. FIRST 5 provides families and caregivers with the necessary services to support health, social, and emotional development of young children. Through our successful partnerships among families, caregivers and community support systems, children are provided tools for early intervention, focused on their health and well-being.

It is important to know that meeting the social, emotional and behavioral health needs of young children and supporting their families through high quality integrated services helps produce solid outcomes which creates long lasting impact. Remember, what happens during the first five years of life establishes the foundation for a healthy, productive future for our children.

Take5

QUARTERLY NEWSMAGAZINE
Winter 2011 – Issue 09



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What is Developmental Screening, Assessment and Intervention?

Research has demonstrated that early detection of developmental delays and appropriate intervention can significantly improve functioning and reduce the need for lifelong interventions. For example, children with autism identified early and enrolled in early intervention programs show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.

Early identification can also prevent or reduce additional disabling conditions before they emerge. Children who have participated at a young age in services to address developmental delays or disabilities have been found later to have improved cognitive and social skills, higher school achievement and greater success and well-being in adulthood.

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FIRST 5 receives Grant from David and Lucile Packard Foundation



FIRST 5 recently received a \$250,000 grant from the David and Lucile Packard Foundation to help fund enhancements in FIRST 5 Family Resource Centers (FRCs) throughout the county and to create a brand new FRC tailored to the needs of the local American Indian/Alaska Native community. The establishment of FRC's creates accessible, community hubs that offer a continuum of school readiness programs, services and activities for families and young children. Enhancements to the FRCs include:

- + Increasing the number of developmental screenings available
- + Upgrading the facilities to meet higher quality education standards
- + Installing new technology

This grant builds upon the strong relationship FIRST 5 has created with the Packard Foundation to ensure children and families have access to vital services where they live. *Thank you Packard Foundation!*

Early Intervention can Prevent Life-Long Problems

It is surprising to learn that babies and young children may experience mental health problems. Children can show signs of difficulties regulating behaviors and emotion soon after being born. The good news... early intervention can prevent or mitigate life-long problems.

During the past decade, research demonstrates that brain development is rapidly impacted by experiences (both positive and negative) during the first five years of life. Children who have consistent nurturing, and responsive caregiving will likely develop healthy relationships with others and will possess social skills that will support their early

learning and stimulate optimal brain development. While relationships are important, other factors contribute to developmental outcomes, such as temperament, health, sensory processing and stressors in a child's life. New transitions, losses or exposure to traumatic events can also impact a child's behavior and development.

Infant-Family and Early Childhood Mental Health (IF&ECMH) practitioners work with children and their caregivers to identify and respond to developmental concerns early on. IF&ECMH practitioners are from a variety of disciplines including mental health, social work, nursing,

speech therapy, and early education. The primary goal is to prevent and/or treat emotional difficulties while promoting healthy caregiver-child relationships.

If you have any concerns about your child's development, an IF&ECMH practitioner can help by conducting a developmental screening and if indicated, recommending further assessment. Intervention may include evidence-based practices such as home visiting, child-parent psychotherapy, and/or parent education.



Computer Assisted Developmental Screening

Screening young children can help to identify whether or not development is on track. Research shows that early identification and intervention for developmental needs improves children's cognitive and social skills, capacity for learning and overall well-being.

FIRST 5 is partnering with the Santa Clara County Mental Health Department to pilot a project that utilizes computer technology which aids parents in completing a developmental, social and emotional screening, called the Ages and Stages Questionnaire (ASQ), for their child.

Through this partnership, computers will be provided at selected pediatric clinics and FIRST 5 Family Resource Centers. At clinics, the pediatrician will be provided with screening results instantly and can discuss these results with parents during the appointment. At the Family Resource Centers, staff will review the results with parents and make a referral, if needed.

FIRST 5 has used the ASQ for a number of years to help identify the developmental, social and emotional needs of thousands of children. Utilizing the ASQ in conjunction with computer-based technology

will undoubtedly increase the accessibility to developmental screenings, provide a user-friendly experience for parents, and allow children to be connected immediately for further assessment and services, such as home visitation and parent/child therapy through the FIRST 5/Mental Health Department System of Care.

What is Developmental Screening, Assessment and Intervention?

...continued from page 1



It makes sense to recognize challenges and intervene early in life during the time when the developing brain has demonstrated great capacity for new learning.

Developmental screening, assessment, and intervention are terms that are often used interchangeably with definitions that vary across disciplines, programs, and systems.

Developmental Screening

Screening is typically viewed as a brief procedure, often conducted on all children birth to age five, at regular intervals to determine whether a child is meeting developmental milestones or if there is need for further assessment. The process is conducted by pediatricians, nurses, teachers, mental health clinicians or specially trained paraprofessionals using various checklists or parent-completed questionnaires (such as the Ages and Stages Questionnaire and Ages and Stages Questionnaire/Social Emotional).

Routine screening covers all areas of child development: moving, hearing, seeing, thinking, communicating and relating to others. Screening for developmental and social and emotional well-being in young children can help to identify indicators of development and or behaviors that may be cause for concern. Identification does not necessarily indicate an actual delay or disability, but signals that a more extensive assessment is warranted.

Assessment & Intervention

Assessment is a dynamic process that draws upon information from multiple sources, collected over time and settings, and can include the use of a variety of reliable tools and instruments.

Intervention is the process of providing services, education and support to young children and their families who are deemed to have an established diagnosis or an identifiable concern.

Screenings, assessments and interventions may be scheduled in the child's home, school, community or location of parents' or guardians' choice. The team conducting the screening, assessment, and providing the intervention services may include an Early Childhood Mental Health Clinician and/or a Developmental Specialist depending on the needs of the child. The team will debrief the family on the outcome of the assessment, explaining conclusions and recommendations for services. Recommendations for services may include:

- + Home Visitation
- + Therapeutic Services
- + Preschool
- + Early Care and Education Programs
- + Early Start Program
- + School District Services
- + Other Community Resources

FIRST 5 Santa Clara County Regional Assessment Centers

If you would like to schedule an appointment or learn more about your child's development and behavioral health, contact one of the following Regional Assessment Centers closest to you:

Catholic Charities 2625 Zanker Rd., Suite 210 San Jose, CA 95134 (408)325-5138	Community Solutions 6980 Chestnut Street Gilroy, CA 95020 (408)846-4745
Gardner Family Care Corp. 160 E. Virginia Street San Jose, CA 95112 (408)287-6200 ext. 2179	Rebekah Children's Services 290 100F Avenue Gilroy, CA 95020 (408)846-2103
EMQ Families First 1310 Tully Road San Jose, CA 95122 (408)364-4141	Alum Rock Counseling Center 1245 East Santa Clara Street San Jose, CA 95116 (408)294-2451
KidScope, Santa Clara County Mental Health Dept. 828 S. Bascom Ave., Suite 100 San Jose, CA 95128 (408)793-5959	Kidango 1510 Parkmoor Avenue, Ste B San Jose, CA 95128 (408)673-3823

Screenings are also available through a FIRST 5 Family Resource Center near you. For locations please visit: www.first5kids.org/programs/LTI

Safety Tips



WHAT CAN I DO TO MAKE MY KIDS SAFER?*

As your young child begins to explore farther from your side, it is important as parents and caregivers, that we talk to children about ways to stay safe.

01.

Teach your children to check with their parents, guardians or other trusted adults before going anywhere, helping anyone, accepting anything, or getting into a car.

02.

Make sure your children know to stay with a friend whenever they are playing outside.

03.

Teach your children their full names, address and telephone numbers. Children should also know their parent's or guardians full names and how to reach them at work or on their cell phones.

04.

Instruct children to keep the door to your home locked and not open the door or talk to anyone who comes to the door without their parents or trusted adult by their side.

05.

Tell your children to never approach a vehicle, occupied or not, unless they know the owner and are accompanied by a parent, guardian or other trusted adult.

06.

Teach your children to tell people NO if they try to touch them or hurt them and that it's OK for children to stand up for themselves.

07.

Make sure your children tell a trusted adult if anything makes them feel sad, scared or confused.

08.

Teach your children that if anyone tries to grab them, they should make a scene and make every effort to get away by kicking, screaming and resisting.

09.

Instruct your children how and when to dial 9-1-1.

10.

Practice "what if" situations and ask your children how they would respond. "What if a person parks their car in front of the house and tells you to come to the car so they can show you their cute little puppy?"

Remember that there is no substitute for a parent or guardian's attention and supervision. Being available and taking time to really know and listen to your children helps build feelings of safety and security.

* Tips adapted from National Center for Missing & Exploited Children. www.missingkids.com

Congratulations to **Tristan**, our very first Kid of the Month Facebook Contest Winner!!!



Is your child the next face of FIRST 5 Santa Clara County? Join us on Facebook and then email us your child's picture for a chance to be featured on our website, Facebook page, ads and e-blasts as our "Kid of the Month!" Send your photos to: photocontest@first5kids.org.



Brand New!
Tune in to FIRST 5's Podcasts...

To learn more about FIRST 5, please tune in to our in-depth "Family Focus" Podcasts with a detailed view on early childhood topics and don't miss our shorter "Hot Topics" Podcasts getting down to the essence of a topic by interviewing leading experts on child development. Listen to these at: www.first5kids.org/podcast

FIRST 5 partners with Silicon Valley Reads

Silicon Valley Reads promotes reading and literacy, broadens the exposure to and appreciation of good literature, and builds community. FIRST 5 has partnered with Silicon Valley Reads for two years by selecting a book appropriate for children age 5 and under which serves as a companion piece to the chosen adult book.

The Year of Fog by Michelle Richmond is the adult novel selected for the 2011 Silicon Valley Reads campaign. In Richmond's novel, Abby Mason, a young woman who is a photographer, fiancée and soon-to-be-stepmother, looks into her camera for a moment on a San Francisco beach--just enough time for 6-year-old Emma to vanish into the thick fog. The search for the child takes Abby on a strange journey that leads her to another ocean and surprising discoveries.

The three companion books for 2011 are: *Pouch!*, by David Ezra Stein, the story of a baby kangaroo who takes his first steps outside his mother's pouch (recommended for young children); *One*, by Kathryn Otoshi, which uses colors and numbers to help children learn how to handle being bullied and to accept differences in others (recommended for grades K-3); and *Alabama Moon*, by Watt Key, the story of a 10-year old boy leaving his sheltered home and learning about survival and adventure in the outside world (recommended for grades 4-8).

These companion books encourage families to read together and discuss themes and new perspectives. Throughout the campaign, FIRST 5 Community Health Workers read these books to families, distribute complimentary copies of these books, and review safety tips with caregivers at our Family Resource Centers. In addition, FIRST 5 is hosting storytime readings of *Pouch!* at local libraries. For a safety tips flier in English or Spanish or more information on *Pouch!* or Silicon Valley Reads, please visit www.first5kids.org.



Wondering if your **child needs** an **early developmental screening?**

Are you worried about your child's development? Confused about where to go and what to do? To answer these questions and more, *FIRST 5* interviewed two experts in the field – Laura Brunetto, Public Health Nurse Manager, Santa Clara County Public Health Department and Michelle E. Oliver, MA, ECSE, Early Start Program Specialist, Santa Clara County Office of Education.



Michelle E. Oliver, MA, ECSE, Early Start Program Specialist



Laura Brunetto, Public Health Nurse Manager

Q: HOW DO I KNOW IF MY CHILD NEEDS A SCREENING?

A: OLIVER:

All children should have a basic developmental screening during a well-child visit with a pediatrician. For children who are considered at risk for developmental delays due to any number of factors, a developmental screening on a consistent basis is essential.

A parent will not always know if their child needs a screening, as parents often rely on their medical professionals to identify areas of need. Any parent who has concerns regarding any area of development should be encouraged to pursue available developmental screenings or assessments.

Q: HOW OFTEN SHOULD MY CHILD BE SCREENED?

A: BRUNETTO:

The American Academy of Pediatrics recommends developmental surveillance at every well-child visit and developmental screening using formal, validated tools.

Q: WHAT HAPPENS IF MY CHILD SHOWS PROBLEMS?

A: OLIVER:

If a developmental screening shows concerns, then it is recommended to have a follow-up screening within three or six months or to proceed to a more comprehensive developmental assessment. Which approach to take typically depends on the area and significance (level) of concern shown on the screening. In addition, best practice would be that whichever practitioner is providing the developmental screening provide a parent/guardian with some resources/handouts/guidance based on the areas which demonstrated concern on the screening.

Q: WHEN ARE SCREENINGS OFFERED AND WHO DO I CONTACT FOR SCREENINGS?

A: OLIVER:

This would depend on the concern and types of screenings available. In Santa Clara County, any parent who has a developmental concern can contact Early Start and go through a phone screening to see if a referral is needed. This typically leads for a full assessment if it is warranted.

Q: WHAT RESOURCES ARE OFFERED TO HELP MY CHILD?

A: BRUNETTO:

Usually, there should be an education component of a screening. For example, with the Ages & Stages Questionnaire (ASQ-3), there are age specific activities given to families. It is an opportunity to provide anticipatory guidance.

If a child is below the cut off on the screening tool, a child should be referred in for further medical and/or developmental evaluation. This may lead to referral to early intervention/early childhood special education. In our county, this can include Infant Neuro-developmental and High Risk Infant clinics, KidConnections and Early Start.

Q: CAN YOU GIVE ME EXAMPLES OF CHILDREN WHO HAVE BEEN SCREENED AND HOW THIS BENEFITED THEM?

A: BRUNETTO:

We have several examples of children in our Family Wellness Court. The Public Health Nurse makes an initial nursing and developmental assessment on all children in Family Wellness Court. Part of this assessment includes the ASQ-3 and ASQ-SE. Children are then referred into KidConnections so that they can receive a comprehensive mental health evaluation. Linkages are also made to dental, medical and early intervention services as appropriate.

This is a high risk group of children who are at risk for developmental concerns due to being exposed to substances in utero and/or neglect or abusive households. The Public Health Nurse also will make periodic assessment and developmental screenings every 6 months and at closure from Family Wellness Court. This is important because frequently a child's situation could be very different after 6 months. Also, it is possible that initially a child, for example, a newborn did not qualify for additional services. However, at 6 months of age, some developmental concerns may emerge. We have had several instances where children's concerns were identified and linked to much needed services.

Q: HOW DO YOU VIEW DEVELOPMENT IN YOUR PARTICULAR DISCIPLINE?

A: OLIVER:

As a Developmental Specialist and Early Intervention Teacher, I view development as a child's overall skills in his/her family and environment. This encompasses development in gross motor, fine motor, adaptive/self-help, personal social, receptive and expressive communication, and cognitive development. In addition, it includes a child's relationship with their primary caregiver, as this has a profound impact on overall development.

A: BRUNETTO:

Developmental screening, anticipatory guidance and referral are an integral part of the Public Health Nursing assessment on children. All of our Public Health Nurses in the Public Health Department have been trained in the Ages & Stages Questionnaire ASQ-3 and the Ages & Stages: Social Emotional. We integrate this in our practice in following newborns, high risk infants and children.

Q: WHAT AREAS OF A CHILD'S DEVELOPMENT ARE LOOKED AT DURING A DEVELOPMENTAL SCREENING?

A: OLIVER:

This would depend on the concern and types of screenings available. In Santa Clara County, any parent who has a developmental concern can contact Early Start and go through a phone screening to see if a referral is needed. This typically leads for a full assessment if it is warranted.

Q: WHAT WOULD HAPPEN IF THE SCREENING RESULTED IN A RECOMMENDATION FOR FURTHER ASSESSMENT THROUGH YOUR DISCIPLINE?

A: OLIVER:

A child would be referred to the Early Start Program for this County for a comprehensive developmental assessment to see if they are showing a delay that would warrant early intervention services.

A: BRUNETTO:

Public Health Nursing would make the referral, coordinate the linkages and follow up on results of the assessment. Public Health Nursing provides case management services to these clients.

*Please refer to article titled "What is Developmental Screening, Assessment and Intervention?" (p. 3) for referral information.

Employee Spotlight: Rachel Talamantez, Program Manager



"All systems that touch the lives of children have a responsibility to nurture children's development and support them in thriving!"

Rachel joined FIRST 5 last April and in the short time she has been here, she has made quite an impact working as Program Manager for Early Childhood Mental Health and Child Welfare.

She tenaciously works with FIRST 5 community partners overseeing programs and services in the courts and child welfare system. She is also closely involved with KidConnections in assuring children receive proper developmental screenings, assessments, therapy, and home visitation.

"Children don't come with a manual and even if they did each child tends to develop and reach their milestones within different timeframes. Because of the complexity of development, sometimes we don't know when a child needs help. Developmental screening can identify whether a child is on track, whether they could benefit from monitoring, or whether they might need further assessment," says Rachel.

Rachel is no stranger to the early childhood mental health field. She is a licensed Marriage and Family Therapist and decided to specialize in infant-family and early childhood mental health because of her belief that children should have optimal opportunities for attaining their full potential.

She has worked as a clinician, supervisor, reflective facilitator, trainer, and administrator in Alameda, San Mateo and Santa Clara Counties. Rachel holds prestigious certificates from early childhood mental health training programs and is endorsed in California as an Infant Mental Health Specialist and a Reflective Facilitator (Level III). She has a Master's Degree in counseling psychology from the University of San Francisco and is currently working on her dissertation on reflective practice at Argosy University.

"As a parent of a child who benefited from early intervention, I am a strong advocate for screening that links to intervention services. Without intervention, concerns can grow into bigger issues that can be difficult to address as a child grows older. Through early intervention, developmental concerns can often be mitigated by the time a child reaches Kindergarten," says Rachel.

HIGH 5 Winner: Santa Clara County Public Health Department



Joanne Seavey-Hultquist, FIRST 5 Program Officer, Bonnie Broderick, MPH, RD, and Jolene Smith, FIRST 5 Executive Director

The High 5 Partner Appreciation Award recognizes outstanding contributions by a FIRST 5 Santa Clara County grantee, partner or partnership on a quarterly basis.

Santa Clara County Public Health Department (PHD) is a great partner with FIRST 5 in the fight against childhood obesity.

PHD has partnered with FIRST 5 on the Soda Free Summer Campaign for the past two years including: conducting joint trainings to teach adults and youth providers how to "be sugar savvy" in an effort to reduce the consumption of sweetened beverages among children and families; distributing 5,000 storybooks to young children with the key message to drink water instead of soda; and jointly funding advertising that encourages everyone to drink water or milk.

PHD is the lead agency for the Bay Area Nutrition and Physical Activity Collaborative and invited FIRST 5 to represent the early childhood community at their Leadership Council.

The City of Cupertino Commending FIRST 5



Nancy Doan, Maddy Pascua, and Monique Kane, FIRST 5's Learning Together Initiative partners from Community Health Awareness Council (CHAC), Mayor Gilbert Wong, and Avo Makedessian, FIRST 5 Program Officer

Mayor Gilbert Wong and the Cupertino City Council honored FIRST 5 Santa Clara County with a proclamation commending our work and investments towards the well-being of children ages 0-5 in the community. Mayor Wong made special note of the fact that this was the first proclamation of his term as Mayor.



FIRST 5 Makes Strides Towards Universal Developmental Screening, Assessment and Treatment

FIRST 5 has focused on countywide, universal developmental screening for young children for many years now.

Studies show that children who receive early treatment for developmental delays are more likely to graduate from high school, hold jobs, live independently, and avoid teen pregnancy, delinquency, and violent crime, which results in a savings to society of about \$30,000 to \$100,000 per child (Glascoc, F. P., Shapiro, H. L. (2004). *Introduction to Developmental and Behavioral Screening. Developmental Behavioral Pediatrics*).

FIRST 5 has made a significant investment in training the workforce of practitioners from different service systems to administer the Ages and Stages Questionnaire (ASQ) and Ages and Stages Social-Emotional Questionnaire (ASQ-SE) developmental screening tool for families with young children.

To date, developmental screening is taking place in many systems, including the Superior Court System, Community Pediatric Clinics, Power of Preschool sites, Head Start, Department of Family & Children Services, Juvenile Probation Department and at 10 Family Resource Centers serving young children and their families throughout the County.

In keeping up with today's latest technology, FIRST 5 is placing a computer based ASQ/ASQ-SE technology in pediatric offices and Family Resource Centers. This will test whether the kiosks combined with parent/caregiver input and the pediatrician's own observation increases the likelihood of early detection and intervention for young children with social and emotional delays and developmental concerns.

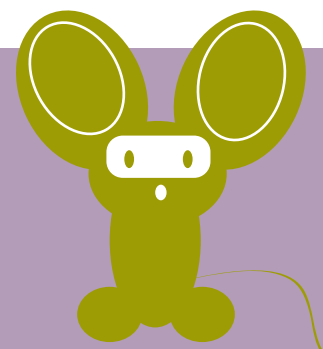
FIRST 5 also developed KidConnections, which provides a coordinated system of screening, assessment and referral to intervention services for children birth through age 5.

Last year, FIRST 5 expanded its partnership with the Santa Clara Valley Health and Hospital System Mental Health Department and community partners to create a blended funding stream for Medi-Cal, Healthy Kids and Healthy Family eligible children. Through this expansion KidConnections has grown into a partnership of more than 65 professionals and 8 community based organizations, the Santa Clara County Office of Education, and the County Mental Health Department.

The KidConnections Network provides increased access to screening, assessment and treatment services for young children and their families at Regional Assessment Centers and FRC's (see list on page 3) located throughout the county. This leveraging strategy is critical in terms of local, statewide and national sustainability of screening, assessment and treatment services for very young children. Santa Clara County was one of the first counties in the state to leverage FIRST 5 dollars in order to serve children prenatal through age five.

Typical Stages

of Child Development Birth through Age 5



This information is presented to help parents/caregivers and providers understand typical stages of child development. It is important to keep in mind that the time frames are averages and some children may achieve various developmental milestones earlier or later than the average but still be within the normal range.

Because children don't develop in a linear fashion it may be difficult to know when a child needs help.

Developmental screenings can identify if a child is on track or may need further assessment and intervention. If you have concerns about your child's development contact your pediatrician.

	PHYSICAL & LANGUAGE	EMOTIONAL	SOCIAL
Birth to 1 month	<p><i>Feedings:</i> 5-8 per day</p> <p><i>Sleep:</i> 20 hrs per day</p> <p><i>Sensory Capacities:</i> makes basic distinctions in vision, hearing, smelling, tasting, touch, temperature, and perception of pain</p>	Generalized Tension	Helpless Asocial
2 months to 3 months	<p><i>Sensory Capacities:</i> color perception, visual exploration, oral exploration</p> <p><i>Sounds:</i> cries, coos, grunts</p> <p><i>Motor Ability:</i> control of eye muscles, lifts head when on stomach</p>	<p>Delight</p> <p>Distress</p> <p>Smiles at a face</p>	Visually fixates at a face, smiles at a face, may be soothed by rocking
4 months to 6 months	<p><i>Sensory Capacities:</i> localizes sounds</p> <p><i>Sounds:</i> babbling, makes most vowels and about half of the consonants</p> <p><i>Feedings:</i> 3-5 per day</p> <p><i>Motor Ability:</i> control of head and arm movements, purposive grasping, rolls over</p>	Enjoys being cuddled	<p>Recognizes his mother</p> <p>Distinguishes between familiar persons and strangers, no longer smiles indiscriminately</p> <p>Expects feeding, dressing, and bathing</p>
7 months to 9 months	<p><i>Motor Ability:</i> control of trunk and hands, sits without support, crawls about</p>	<p>Specific emotional attachment to mother</p> <p>Protest separation from mother</p>	Enjoys "peek-a-boo"
10 months to 12 months	<p><i>Motor Ability:</i> control of legs and feet, stands, creeps, apposition of thumb and fore-finger</p> <p><i>Language:</i> says one or two words, imitates sounds, responds to simple commands</p> <p><i>Feedings:</i> 3 meals, 2 snacks</p> <p><i>Sleep:</i> 12 hours, 2 naps</p>	<p>Anger</p> <p>Affection</p> <p>Fear of strangers</p> <p>Curiosity, exploration</p>	<p>Responsive to own name</p> <p>Wave bye-bye</p> <p>Plays pat-a-cake, understands "no-no!"</p> <p>Gives and takes objects</p>

Information provided by: <http://www.childdevelopmentinfo.com/development/normaldevelopment.shtml>

	PHYSICAL & LANGUAGE	EMOTIONAL	SOCIAL
1 year to 1 1/2 years	<p><i>Motor Ability:</i> creeps up stairs, walks (10-20 min), makes lines on paper with crayon</p>	<p>Dependent behavior</p> <p>Very upset when separated from mother</p> <p>Fear of bath</p>	<p>Obeys limited commands</p> <p>Repeats a few words</p> <p>Interested in his mirror image</p> <p>Feeds himself</p>
1 1/2 years to 2 years	<p><i>Motor Ability:</i> runs, kicks a ball, builds 6 cube tower (2 yrs). Capable of bowel and bladder control</p> <p><i>Language:</i> vocabulary of more than 200 words</p> <p><i>Sleep:</i> 12 hours at night, 1-2 hr nap</p>	<p>Temper tantrums (1-3 yrs)</p> <p>Resentment of new baby</p>	<p>Does opposite of what he is told (18 months)</p>
2 years to 3 years	<p><i>Motor Ability:</i> jumps off a step, rides a tricycle, uses crayons, builds a 9-10 cube tower</p> <p><i>Language:</i> starts to use short sentences, controls and explores world with language, stuttering may appear briefly</p>	<p>Fear of separation</p> <p>Negativistic (2 1/2 yrs)</p> <p>Violent emotions, anger</p> <p>Differentiates facial expressions of anger, sorrow, and joy</p> <p>Sense of humor (plays tricks)</p>	<p>Talks, uses "I", "me", and "you"</p> <p>Copies parents' actions</p> <p>Dependent, clinging, possessive about toys, enjoys playing alongside another child</p> <p>Negativism (2 1/2 yrs)</p> <p>Resists parental demands</p> <p>Gives orders</p> <p>Rigid insistence on sameness of routine. Inability to make decisions</p>
3 years to 4 years	<p><i>Motor Ability:</i> stands on one leg, jumps up and down, draws a circle and a cross (4 yrs). Self-sufficient in many routines of home life</p>	<p>Affectionate toward parents</p> <p>Romantic attachment to parent of opposite sex (3 to 5 yrs)</p> <p>Jealousy of same-sex parent</p> <p>Imagery fears of dark, injury, etc. (3 to 5 years)</p>	<p>Likes to share, uses "we"</p> <p>Cooperative play with other children, nursery school. Imitates parents.</p> <p>Beginning of identification with same-sex parent, practices sex-role activities. Intense curiosity & interest in other children's bodies</p> <p>Imaginary friend</p>
4 years to 5 years	<p><i>Motor Ability:</i> mature motor control, skips, broad jumps, dresses himself, copies a square and triangle</p> <p><i>Language:</i> talks clearly, uses adult speech sounds, has mastered basic grammar, relates a story, knows over 2,000 words</p>	<p>Responsibility and Guild</p> <p>Feels pride in accomplishment</p>	<p>Prefers to play with other children, becomes competitive, prefers sex-appropriate activities</p>