## **Developmental Milestones Checklist (PK3)**

Stuc	dent	Nam	ne:

Name of Person Completing Form:

Date Completed: \_\_\_\_\_

Please complete the checklist below to indicate your child's ability to perform the developmental skills and return to your child's teacher within one week of enrollment. Please do not be concerned if your child has not mastered all of these skills - your answers will allow your child's teacher to best serve his/her needs.

Health & Motor Skills						
	Always	Sometimes	Never	Comments (Optional)		
Can hold a crayon in his/her hand						
Rolls, pounds, squeezes, pulls playdough						
Undresses by self, unzips zippers, and takes off shoes						
Can dress self with some assistance						
Uses toilet independently during daytime						
Washes and dries hands						
Tells where it hurts when in pain						
Blows nose when reminded						
Can drink from a cup (without a lid)						
So	cial Emo	otional Sk	ills			
	Always	Sometimes	Never	Comments (Optional)		
Shows interest in other children and enjoys being around them, even if they are not playing together yet						

Participates in simple group activities or group games like chase				
May have increased temper tantrums, physical aggression, or rapid mood swings				
Can follow familiar daily routines at home and school				
Expresses emotions in addition to actions and body language				
Shares toys and begins to take turns with assistance				
	Cogniti	ve Skills		
	Always	Sometimes	Never	Comments (Optional)
Strings steps of pretend play together in a sequence (example: pretends playing 'restaurant'- takes orders, makes food, serves food, takes payment)				
Identifies basic colors				
Begins to count				
Lang	juage &	Literacy S	Skills	
	Always	Sometimes	Never	Comments (Optional)
Follows 1-2 step instructions				
Understands simple questions dealing with his/her environment and activities				
Uses short sentences (3-5 words) to express wants & needs				
Says first name				
Verbally participates in a conversation				
Speech is understood by most listeners most of the time				

Please review the list below for possible concerns regarding your child's development. Please check any areas in which you have concerns for your child and discuss those concerns with your child's teacher and/or pediatrician.

- Speech cannot be understood by those outside the family
- Speaks less than 25 words
- Does not want to play with other children or with toys
- Does not make eye contact
- Does not respond to name when called
- Resists using the toilet
- Falls down frequently
- Excessively low/high activity level