



AGE <i>(Milestones may vary up to 6 weeks.)</i>	MILESTONE	QUESTIONS	NEXT STEPS
<p>During 3rd and 4th months</p>  <p>http://www.howwemontessori.com/how-we-montessori/2011/07/grasping-and-in-hand-materials.html</p> <p><i>Picture 7 – Baby becomes aware of hands.</i></p>  <p>http://www.flynnleitch.com/2017/02/</p> <p><i>Picture 8 – Baby explores hands with mouth.</i></p>	<p>7. Baby watches his/her hand movements.</p> <p>8. Baby reaches for objects or parent's or caregiver's face.</p> <p>9. Baby grasps and holds objects in his/her hands.</p> <p>10. Baby brings objects to his/her mouth.</p> <p>11. Baby moves eyes from person to person or object to object.</p> <p>NEXT MILESTONE AT AGE 5 MONTHS</p>	<p>7. Does baby watch his/her hands? <input type="checkbox"/> Yes (pass). <input type="checkbox"/> Not Yet (rescreen within 6 weeks). Date for rescreen: _____ <input type="checkbox"/> If "No" after rescreening, move to Next Steps.</p> <p>8. Does baby reach for objects or parent's or caregiver's face? <input type="checkbox"/> Yes (pass). <input type="checkbox"/> Not Yet (rescreen within 6 weeks). Date for rescreen: _____ <input type="checkbox"/> If "No" after rescreening, move to Next Steps.</p> <p>9. Does baby grasp and hold an object in his/her hands? <input type="checkbox"/> Yes (pass). <input type="checkbox"/> Not Yet (rescreen within 6 weeks). Date for rescreen: _____ <input type="checkbox"/> If "No" after rescreening, move to Next Steps.</p> <p>10. Does baby bring objects to his/her mouth by age 4 months? <input type="checkbox"/> Yes (pass). <input type="checkbox"/> No (refer and move to Next Steps).</p> <p>11. Does baby shift his/her eyes from person to person or object to object during age 4 months? <input type="checkbox"/> Yes (pass). <input type="checkbox"/> No (refer and move to Next Steps).</p>	<p><input type="checkbox"/> Refer to baby's pediatric primary health care provider for further evaluation and to coordinate a referral for an eye examination.</p> <p><input type="checkbox"/> Refer to Birth to Three Early Intervention program.</p> <p><input type="checkbox"/> Activities parents and caregivers can do:</p> <ul style="list-style-type: none"> • With baby's back on a flat surface, gently use baby's elbows to bring hands together at the middle of baby's chest. Play together and have fun! • Use age-appropriate baby toys to help baby use his/her hands to explore. Play together and have fun! • Hold a toy in one hand toward the right side of baby's face and shake or activate the toy. Repeat with a different toy in the other hand toward the left side of baby face. Alternate between toys, shaking or activating one toy at a time.

Child's Name: _____ DOB: _____ Age: _____

During 3 rd and 4 th Months				
7. Does baby watch his/her hands?	Screen Date:		Rescreen Date:	
<i>Comments/ Observations:</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Rescreen	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer health care provider <input type="checkbox"/> Refer EI
8. Does baby reach for objects or parent's or caregiver's face?	Screen Date:		Rescreen Date:	
<i>Comments/ Observations:</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Rescreen	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer health care provider <input type="checkbox"/> Refer EI
9. Does baby grasp and hold an object in his/her hands?	Screen Date:		Rescreen Date:	
<i>Comments/ Observations:</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Rescreen	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer health care provider <input type="checkbox"/> Refer EI
10. Does baby bring objects to his/her mouth by age 4 months?	Screen Date:			
<i>Comments/ Observations:</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer health care provider <input type="checkbox"/> Refer EI		
11. Does baby shift his/her eyes from person to person or object to object during age 4 months?	Screen Date:			
<i>Comments/ Observations:</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer health care provider <input type="checkbox"/> Refer EI		

Home-Based Visitor/Nurse Signature: _____ Date: _____