



*A Division of Rehab Resources, Inc.*

**GROWTH AND DEVELOPMENT:**

<b>Mastery of Motor Skills:</b>	<b>Circle Response</b>	<b>Age</b>	<b>COMMENTS (examples)</b>
1. roll over from stomach to back	YES NO		
2. roll over from back to stomach	YES NO		
3. sit independently	YES NO		
4. crawl on hands/knees	YES NO		
5. cruise around furniture	YES NO		
6. walk independently	YES NO		
7. babble	YES NO		
8. speak first word	YES NO		
9. speak 2 word sentences	YES NO		
10. drink from an open cup	YES NO		What kind of cup does your child use now?
11. use a spoon	YES NO		
12. dress independently	YES NO		
13. toilet trained	YES NO		
14. toilet trained through the night	YES NO		

**My child can:**

\_\_\_\_\_ jump up and down    \_\_\_\_\_ hop on one foot    \_\_\_\_\_ catch a ball    \_\_\_\_\_ kick a ball

\_\_\_\_\_ climb stairs with alternate feet    \_\_\_\_\_ ride a bike    \_\_\_\_\_ climb safely on playground equipment

**\*Submitting this information at least 2 days prior to the initial appointment will provide the therapist opportunity to review the information in order to perform a more thorough evaluation.**