

JZ Mann Pediatric Therapy
Developmental History Addendum

NAME:

DOB:

At what age did your child *independently* do each activity listed below?

Motor Milestones and Play

| Milestone | Began at age: |
|---|---------------|
| Bringing both hands to mouth | |
| Grabbing a toy | |
| Holding head up alone | |
| Rolling over | |
| Sitting alone without support | |
| Come to sitting from lying without assistance | |
| Creeping or crawling alone | |
| Pulling self to a standing position | |
| Standing unsupported | |
| Walking with support | |
| Walking unaided | |
| Fully toilet trained | |
| Self-dressing | |
| Self-bathing | |
| Buttoning pants/shirt | |
| Zippering/unzipping jacket | |
| Tying shoes | |

Speech & Language

| Speech Milestones | Age |
|--------------------------|-----|
| Babbling | |
| Saying First Words | |
| Naming Familiar Objects | |
| Putting 2 words Together | |
| Using Short Sentences | |