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NAME:..... DOB: ___/___/___ Date: ___/___/___

Child Development Milestones – 3 Months

The majority of children will achieve the milestones on the left by the time they turn 3 months. All children develop at different rates. Some children are slower than others, but catch up in time. Other children, however, may have an underlying problem that causes their development to be delayed. Some may not catch up. It is important for these children to get as much early intervention (treatment) as possible. If you are concerned about any aspect of your child's health or development (examples in column on right), please discuss this with the Nurse and Doctor. It is better to have your concerns checked than to 'wait and see'. Please place a ✓ in the boxes that represents your child.

Fine Motor

- | | |
|--|--|
| <input type="checkbox"/> Holds a rattle if you put it into their hand | <input type="checkbox"/> Does not follow objects with eyes |
| <input type="checkbox"/> Head control gradually developing since birth | <input type="checkbox"/> Persistent fisting of hands |

Gross Motor

- | | |
|---|--|
| <input type="checkbox"/> Baby easy to hold and cuddle – not overly stiff or floppy | <input type="checkbox"/> Any differences between right and left sides of body (in strength, movement or muscle tone) |
| <input type="checkbox"/> Uses both sides of their body in the same way | <input type="checkbox"/> Head falls back when pulled to sitting position |
| <input type="checkbox"/> Turns head to both sides and does not have a strong preference for looking one way | |

Language / Feeding

- | | |
|---|--|
| <input type="checkbox"/> Makes eye contact with mother | <input type="checkbox"/> No turn-taking or variety in sounds |
| <input type="checkbox"/> Moves their jaw up and down | <input type="checkbox"/> Poor or no response to sound |
| <input type="checkbox"/> Coordinates sucking, swallowing, and breathing while feeding | |
| <input type="checkbox"/> Moves their tongue backward and forward while sucking and swallowing | |
| <input type="checkbox"/> Responds to human voice | |

Social / Emotional

- | | |
|---|---|
| <input type="checkbox"/> Seems interested in people socially and attends to mother's face | <input type="checkbox"/> No preference for mother or other people |
| <input type="checkbox"/> Smiles spontaneously | <input type="checkbox"/> Does not look directly at people's eyes |

Intellectual / Cognitive

- | | |
|---|--|
| <input type="checkbox"/> Makes active movements | <input type="checkbox"/> Inactive, detached (limited display of emotion) |
| <input type="checkbox"/> Puts hands to mouth | |
| <input type="checkbox"/> Shows an active, visual interest in the world and people | |
| <input type="checkbox"/> Has times of being alert | |