



# SWYC: 4 months

4 months, 0 days to 5 months, 31 days

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Holds head steady when being pulled up to a sitting position . . . . .	0	1	2
Brings hands together . . . . .	0	1	2
Laughs . . . . .	0	1	2
Keeps head steady when held in a sitting position . . . . .	0	1	2
Makes sounds like "ga," "ma," or "ba" . . . . .	0	1	2
Looks when you call his or her name . . . . .	0	1	2
Rolls over . . . . .	0	1	2
Passes a toy from one hand to the other . . . . .	0	1	2
Looks for you or another caregiver when upset . . . . .	0	1	2
Holds two objects and bangs them together . . . . .	0	1	2

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