

Get Started

1 Choose the nearest age

Choose the checklist that matches your child's age. If your child falls between two ages, use the earlier age (if child is 4½ years old, use the 4 year checklist). If your child is 3 or more weeks premature, determine the appropriate checklist at lookseechecklist.com/premature

2 Answer the questions

Answer the questions to the best of your ability. If you are not sure, try the question with your child. Any examples are only suggestions. You may use similar examples from your family experience. Language and communication items can be asked in the child's first language. Items marked with ** may not be common to all cultures.

3 Follow-up with a professional

If you answer "no" to any question or have any concerns about your child's development, follow-up with a health care and/or child care professional.

When you're done

Follow the parenting tips beside the checklist to help your child grow. These tips may be a bit more challenging than the checklist. If you have questions, contact a professional. The tips are organized into the following developmental areas:

♥ Emotional

✋ Fine Motor

👤 Gross Motor

👥 Social

🧠 Self-Help

💬 Communication

🌱 Learning & Thinking



LIMITATION OF LIABILITY NDDS® has created and provides the Checklists to assist parents, health care and child care professionals (users) with a convenient and easy to use method of recording the development and progress of infants and children within certain age groupings. The Checklists are not meant to be a substitute for the advice and/or treatment of health care and child care professionals trained to properly and professionally assess the development and progress of infants and children. Although the Checklists may help users to determine when they need to seek out the advice and/or treatment of health care and child care professionals, users must still consult with competent health care and child care professionals for advice and/or treatment respecting specific children and their particular needs. Users should bear in mind the following when using the Checklists: (i) The needs of each infant/child are unique. Each infant/child will develop differently and as such, any perceived limitations in development must be reviewed by a health care and/or child care professional to be properly assessed; (ii) While every effort has been made to make the Checklists as culturally, economically and geographically neutral as possible, it must be understood by users that they may still reflect some cultural, economic or geographic prejudices. As such, these prejudices may affect a specific infant's/child's results in a Checklist without actually reflecting a developmental limitation. Again, users should contact a health care and/or child care professional to review the needs of an individual infant/child; (iii) The Checklists cannot contain every possible indicator of developmental limitations or goals to be met. As such, the Checklists are not designed for and should not be used to diagnose or treat perceived developmental limitations or other health needs. NDDS® makes no representation or warranties, express or implied. This includes, but is not limited to, any implied warranty or merchantability of fitness for a particular use or purpose, and specifically disclaims any such warranties and representations. NDDS® expressly disclaims any liability for loss, injury or damages incurred or occasioned as a consequence, directly or indirectly, of the use of the Checklists. The Checklists are sold with the understanding that NDDS® is not engaged in rendering health care, child care, medical or other professional services. NDDS® PRODUCT LICENSE® The Checklists are the copyright of NDDS Intellectual Property Association and are subject to copyright and other intellectual property laws. By purchasing the Checklists, the user agrees to be bound by the terms of the following limited license. (i) Each page of the Checklist shall only be used in relation to an individual infant/child; (ii) When a Checklist page has been used for an individual infant the completed Checklist page may be copied for archival purposes only, or in order to provide a copy to a health care and child care professional in order to assist in the advice or treatment given by the recipient professional for the individual infant/child; (iii) Except as provided in (ii) above, the user shall not copy, modify or remove any of the trademarks, trade names or copyright notices of Nipissing® from the Checklists, either in whole or in part; (iv) The user does not acquire any proprietary or other interest in the Checklists. © The Nipissing and NDDS are trademarks of NDDS Intellectual Property Association, used under license. All rights reserved. NDDS © 2018 NDDS Intellectual Property Association. All rights reserved.



looksee
checklist® by ndds

A checklist to monitor your child's development from 1 month to 6 years of age with tips to help them grow.

By nine months of age, does your child:

Y N

- 1 Look for a hidden toy?
- 2 Imitate facial expressions?
- 3 Turn to look for a source of sound?
- 4 Understand short instructions? *"wave bye-bye", "no", "don't touch"*
- 5 Babble a series of different sounds? *"babababa", "duhduhduh"*
- 6 Make sounds or gestures to get attention or help?
- 7 Sit without support for a few minutes?
- 8 Attempt to move by crawling, "bum" shuffling, or pivoting on tummy?
- 9 Stand with support when helped into standing position?
- 10 Pass an object from one hand to the other?
- 11 Pick up small items using thumb and first finger?
*crumbs, cereal, rice**
- 12 Bang two objects together?
- 13 Play games with you? *nose touching, peek-a-boo**
- 14 Fuss or cry if familiar caregiver looks or behaves differently?
- 15 Reach to be picked up and held?

* Examples are only suggestions.
Use similar examples from your family experience.

** Item may not be common to all cultures.

Try these tips to help your child grow:

Hug and cuddle me often throughout the day. Tell me how wonderful I am.

Continue to talk to me about my world. Make me feel safe and secure by holding me, singing, and having quiet time with me. It is very common for me to prefer to be held by people I know well.

I like things that I can hold and bang together, such as plastic bottles, pots, pans, and blocks. Give me a spoon or toy hammer and show me how to tap the pot lid, plastic container, block, or floor.

Help me practise using my fingers. Give me chances to feed myself with finger foods like crackers and dry cereal. Place them in a small bowl and encourage me to pick them out. I could choke. Stay close by.

When I am on the floor, I can move in many different ways.

Put toys out of my reach and encourage me to move towards them.

Let's climb. Place pillows and cushions on the floor. Put one of my favourite toys on top of the pillow and I may try to get it. When you are lying on the floor, let me climb over you.

When I am in my crib or near the couch, I like to try to pull myself to stand. Remember I am not too steady so stay close by.

When I am sitting alone, encourage me to reach up and to the side for toys. I like to practise getting in and out of a sitting position by myself.

I like to eat with you. Let me sit with you for family meals.

Let me imitate your actions and facial expressions. Play with me face to face and wait for me to respond. Repeat actions several times. Once I can do it, let me lead and you imitate me.

I like books with short sentences and simple pictures. Let me hold the book and turn the pages. Name the pictures. Don't be afraid to read the same book over and over again. I like the repetition. Read animal books and make the animal sounds, too!

Cut out pictures from magazines and use photos to make me a book of my own.

You can teach me how to follow short instructions by showing me. Help me "wave bye-bye", "blow kisses", and "clap hands".

Encourage me to drop my toys into large containers such as dishpans, shoeboxes, or plastic buckets. Show me how to dump them out and put them back in again.

I'm getting into everything.
Time to child-proof my home.



looksee
checklist® ndds

Child's Name: _____

Birthdate: _____

Today's Date: _____

Always talk to your healthcare or childcare professional if you have any questions about your child's development or well-being. See reverse for instructions, limitation of liability, and product license. NDDS © 2016 NDDS Intellectual Property Association. All rights reserved.

looksee 9m
checklist® ndds