

# Developmental Milestones Chart

Developed by the Institute for Human Services for the Ohio Child Welfare Training Program

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**Overview:** This developmental milestones chart is designed specifically for child welfare staff. It includes normal expectations of developmental milestones for children birth through adolescence, and information about the possible effects of maltreatment.

**How to Use:** Child welfare professionals will find many ways to use this chart. Below are some suggestions:

- Review the chart prior to scheduled interactions with children to prompt your recall of common milestones and to help you identify potential developmental delays or concerns.
- Copy the chart that corresponds to the age of the child you will be seeing, and use it to assess the child's achievement of milestones and apparent delays. Circle apparent delays, or developmental areas needing further assessment.

## Infants and Toddlers

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Newborn: rough, random, uncoordinated, reflexive movement</p> <p>3 mo: head at 90-degree angle, uses arms to prop; visually track through midline</p> <p>5 mo: purposeful grasp; roll over; head lag disappears; reaches for objects; transfer objects from hand to hand; plays with feet; exercises body by stretching, moving; touch genitals, rock on stomach for pleasure</p> <p>7 mo: sits in “tripod”; push head and torso up off the floor; support weight on legs; “raking” with hands</p> <p>9 mo: gets to and from sitting; crawls, pulls to standing; stooping and recovering; finger- thumb opposition; eye- hand coordination, but no hand preference</p> <p>12 mo: walking</p> <p>15 mo: more complex motor skills</p> <p>2 yrs: learns to climb up stairs first, then down</p>	<p>Sensorimotor: physically explores environment to learn about it; repeats movements to master them, which also stimulates brain cell development</p> <p>4-5 mo: coos, curious and interested in environment</p> <p>6 mo: babbles and imitates sounds</p> <p>9 mo: discriminates between parents and others; trial and error problem solving</p> <p>12 mo: beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some may use single words; receptive language more advanced than expressive language</p> <p>15 mo: learns through imitating complex behaviors; knows objects are used for specific purposes</p> <p>2 yrs: 2 word phrases; uses more complex toys and understands sequence of putting toys, puzzles together</p>	<p>Attachment: baby settles when parent comforts; toddler seeks comfort from parent, safe-base exploration</p> <p>5 mo: responsive to social stimuli; facial expressions of emotion</p> <p>9 mo: socially interactive; plays games (i.e., patty- cake) with caretakers</p> <p>11 mo: stranger anxiety; separation anxiety; solitary play</p> <p>2 yr: imitation, parallel and symbolic, play</p>	<p>Birth-1 yr: learns fundamental trust in self, caretakers, environment</p> <p>1-3 yr: mastery of body and rudimentary mastery of environment (can get others to take care of him)</p> <p>12-18 mo: “terrible twos” may begin; willful, stubborn, tantrums</p> <p>18-36 mo: feel pride when they are “good” and embarrassment when they are “bad”</p> <p>18-36 mo: Can recognize distress in others – beginning of empathy</p> <p>18-36 mo: are emotionally attached to toys or objects for security</p>	<p>Chronic malnutrition: growth retardation, brain damage, possibly mental retardation</p> <p>Head injury and shaking: skull fracture, mental retardation, cerebral palsy, paralysis, coma, death, blindness, deafness</p> <p>Internal organ injuries</p> <p>Chronic illness from medical neglect. Delays in gross and fine motor skills, poor muscle tone</p> <p>Language and speech delays; may not use language to communicate</p> <p>Insecure or disorganized attachment: overly clingy, lack of discrimination of significant people, can’t use parent as source of comfort</p> <p>Passive, withdrawn, apathetic, unresponsive to others</p> <p>“Frozen watchfulness”, fearful, anxious, depressed</p> <p>Feel they are “bad”</p>

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
				Immature play – cannot be involved in reciprocal, interactive play

## Preschool

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Physically active Rule of Three: 3 yrs, 3 ft, 33 lbs.</p> <p>Weight gain: 4-5 lbs per year</p> <p>Growth: 3-4 inches per year</p> <p>Physically active, can't sit still for long</p> <p>Clumsy throwing balls</p> <p>Refines complex skills: hopping, jumping, climbing, running, ride "big wheels" and tricycles</p> <p>Improving fine motor skills and eye-hand coordination: cut with scissors, draw shapes</p> <p>3– 3 ½ yr: most toilet trained</p>	<p>Ego-centric, illogical, magical thinking</p> <p>Explosion of vocabulary; learning syntax, grammar; understood by 75% of people by age 3</p> <p>Poor understanding of time, value, sequence of events</p> <p>Vivid imaginations; some difficulty separating fantasy from reality</p> <p>Accurate memory, but more suggestible than older children</p> <p>Primitive drawing, can't represent themselves in drawing till age 4</p> <p>Don't realize others have different perspective</p> <p>Leave out important facts. May misinterpret visual cues of emotions</p>	<p>Play: Cooperative, imaginative, may involve fantasy and imaginary friends, takes turns in games</p> <p>Develops gross and fine motor skills; social skills; experiment with social roles; reduces fears</p> <p>Wants to please adults</p> <p>Development of conscience: incorporates parental prohibitions; feels guilty when disobedient; simplistic idea of "good and bad" behavior</p> <p>Curious about his and other's bodies, may masturbate</p> <p>No sense of privacy primitive, stereotypic understanding of gender roles</p>	<p>Self-esteem based on what others tell him or her</p> <p>Increasing ability to control emotions; less emotional outbursts</p> <p>Increased frustration tolerance</p> <p>Better delay gratification</p> <p>Rudimentary sense of self</p> <p>Understands concepts of right and wrong</p> <p>Self-esteem reflects opinions of significant others</p> <p>Curious</p> <p>Self-directed in many activities</p>	<p>Poor muscle tone, motor coordination</p> <p>Poor pronunciation, incomplete sentences</p> <p>Cognitive delays; inability to concentrate</p> <p>Cannot play cooperatively; lack curiosity, absent imaginative and fantasy play</p> <p>Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive</p> <p>Attachment problems: overly clingy, superficial attachments, show little distress or over-react when separated from caregiver</p> <p>Underweight from malnourishment; small stature</p> <p>Excessively fearful, anxious, night terrors</p>

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
	<p>Receptive language better than expressive till age 4</p>			<p>Reminders of traumatic experience may trigger severe anxiety, aggression, preoccupation</p> <p>Lack impulse control, little ability to delay gratification</p> <p>Exaggerated response (tantrums, aggression) to even mild stressors</p> <p>Poor self-esteem, confidence; absence of initiative</p> <p>Blame self for abuse, placement</p> <p>Physical injuries; sickly, untreated illnesses</p> <p>Enuresis, encopresis, self-stimulating behavior – rocking, head-banging</p>

## School Aged

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Slow, steady growth: 3 -4 inches per year</p> <p>Use physical activities to develop gross and fine motor skills</p> <p>Motor &amp; perceptual motor skills better integrated</p> <p>10-12 yr: puberty begins for some children</p>	<p>Use language as a communication tool</p> <p>Perspective taking: 5-8 yr: can recognize others’ perspectives, can’t assume the role of the other 8–10 yr: recognize difference between behavior and intent; age 10-11 yr: can accurately recognize and consider others’ viewpoints</p> <p>Concrete operations: Accurate perception of events; rational, logical thought; concrete thinking; reflect upon self and attributes; understands concepts of space, time, dimension</p> <p>Can remember events from months, or years earlier</p> <p>More effective coping skills</p> <p>Understands how his behavior affects others</p>	<p>Friendships are situation specific</p> <p>Understands concepts of right and wrong</p> <p>Rules relied upon to guide behavior and play, and provide child with structure and security</p> <p>5-6 yr: believe rules can be changed</p> <p>7-8 yrs: strict adherence to rules</p> <p>9-10 yrs: rules can be negotiated</p> <p>Begin understanding social roles; regards them as inflexible; can adapt behavior to fit different situations; practices social roles</p> <p>Takes on more responsibilities at home</p> <p>Less fantasy play, more team sports, board games</p> <p>Morality: avoid punishment; self-interested exchanges</p>	<p>Self-esteem based on ability to perform and produce</p> <p>Alternative strategies for dealing with frustration and expressing emotions</p> <p>Sensitive to other’s opinions about themselves</p> <p>6-9 yr: have questions about pregnancy, intercourse, sexual swearing, look for nude pictures in books, magazines</p> <p>10-12 yr: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing, re-enacting intercourse with clothes on)</p>	<p>Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers; academic challenges are threatening, cause anxiety</p> <p>Little impulse control, immediate gratification, inadequate coping skills, anxiety, easily frustrated, may feel out of control</p> <p>Extremes of emotions, emotional numbing; older children may “self-medicate” to avoid negative emotions</p> <p>Act out frustration, anger, anxiety with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing</p> <p>Extreme reaction to perceived danger (i.e., “fight, flight, freeze” response)</p> <p>May be mistrustful of adults, or overly solicitous, manipulative</p> <p>May speak in unrealistically glowing terms about his parents</p>

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
				<p>Difficulties in peer relationships; feel inadequate around peers; over-controlling</p> <p>Unable to initiate, participate in, or complete activities, give up quickly</p> <p>Attachment problems: may not be able to trust, tests commitment of foster and adoptive parent with negative behaviors</p> <p>Role reversal to please parents and take care of parent and younger siblings</p> <p>Emotional disturbances: depression, anxiety, post-traumatic stress disorder, attachment problems, conduct disorders</p>

## Adolescents

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Growth spurt: Girls: 11-14 yrs Boys: 13-17 yrs</p> <p>Puberty: Girls: 11-14 yrs Boys: 12-15 yrs</p> <p>Youth acclimate to changes in body</p>	<p>Formal operations: precursors in early adolescence, more developed in middle and late adolescence, as follows:</p> <p>Think hypothetically: calculate consequences of thoughts and actions without experiencing them; consider a number of possibilities and plan behavior accordingly</p> <p>Think logically: identify and reject hypotheses or possible outcomes based on logic</p> <p>Think hypothetically, abstractly and logically</p> <p>Think about thought: leads to introspection and self-analysis</p> <p>Insight, perspective taking: understand and consider others' perspectives, and perspectives of social systems</p> <p>Systematic problem solving: can attack a problem, consider multiple solutions, plan a course of action</p> <p>Cognitive development is uneven, and impacted by emotionality</p>	<p>Young (12 – 14): psychologically distance self from parents; identify with peer group; social status largely related to group membership; social acceptance depends on conformity to observable traits or roles; need to be independent from all adults; ambivalent about sexual relationships, sexual behavior is exploratory</p> <p>Middle (15 – 17): friendships based on loyalty, understanding, trust; self-revelation is first step towards intimacy; conscious choices about adults to trust; respect honesty &amp; straightforwardness from adults; may become sexually active</p> <p>Morality: golden rule; conformity with law is necessary for good of society</p>	<p>Psycho-social task is identity formation</p> <p>Young adolescents (12-14): self-conscious about physical appearance and early or late development; body image rarely objective, negatively affected by physical and sexual abuse; emotionally labile; may over-react to parental questions or criticisms; engage in activities for intense emotional experience; risky behavior; blatant rejections of parental standards; rely on peer group for support</p> <p>Middle adolescents (15-17): examination of others' values, beliefs; forms identity by organizing perceptions of one's attitudes, behaviors, values into coherent "whole"; identity includes positive self-image comprised of cognitive and affective components</p> <p>Additional struggles with identity formation include minority or bi-racial status, being an adopted child, gay/lesbian identity</p>	<p>All of the problems listed in school age section</p> <p>Identity confusion: inability to trust in self to be a healthy adult; expect to fail; may appear immobilized and without direction</p> <p>Poor self-esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy</p> <p>May overcompensate for negative self-esteem by being narcissistic, unrealistically self-complimentary; grandiose expectations for self</p> <p>May engage in self-defeating, testing, and aggressive, antisocial, or impulsive behavior; may withdraw</p> <p>Lack capacity to manage intense emotions; may be excessively labile, with frequent and violent mood swings</p>

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
				<p>May be unable to form or maintain satisfactory relationships with peers</p> <p>Emotional disturbances: depression, anxiety, post-traumatic stress disorder, attachment problems, conduct disorders</p>

Content in this chart was adapted from “The Field Guide to Child Welfare Volume III: Child Development and Child Welfare”  
 By Judith S. Rycus, Ph.D., and Ronald C. Hughes, Ph.D  
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