Get Started

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 $4\frac{1}{2}$ years old, use the 4 year checklist).

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:



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.





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

fold here for bookle



By five years of age, does your child:

M N 1 Count out loud or on fingers to answer "How many are there"? 2 Know common shapes and most of the letters of the alphabet? 3 Speak clearly in adult-like sentences most of the time? 4 Tell long stories about own past experiences? **5** Use sentences to describe objects and events? 6 Walk on a straight line only stepping off once or twice? 7 Stop, start, and change direction smoothly when running? 8 Throw and catch a ball successfully most of the time? 9 Climb playground equipment without difficulty? 10 Hop on one foot several times? 11 Hold a crayon or pencil correctly? 12 Draw lines, simple shapes, and a few letters? 13 Use scissors to cut along a thick line drawn on a piece of paper? 14 Dress and undress with little help?** 15 Usually play well in groups? 16 Cooperate with adult requests most of the time? ○ ○ 17 Talk about having a best friend? 18 Share willingly with others? 19 Work alone at an activity for 20-30 minutes? 20 Separate easily from you? 21 Play make-believe games with others? ○ ○ 22 Respond verbally to "Hi" and "How are you"?

^{**} Item may not be common to all cultures.



Child's Name: _______

Birthdate: ______

Today's Date: _____

Try these tips to help your child grow:

I like to answer the phone and talk to people I know. I feel proud to take a message for you.

Notice me doing something good and tell me how proud you are of me. This will make me feel good about myself, and I will want to do it again.

Help me learn about the feelings of others through stories. Characters in books have feelings and experiences, are afraid, or have problems to overcome. You can probably find a book about someone who is just like me.

I like to experiment using different materials. Fill up a craft box so I can be creative using glue, clay, wood, yarn, tape, scissors, paper, pencils, markers, crayons, or odds and ends.

I still need lots of practice with pencils, crayons, and chalk. Activities like colouring, drawing, dot to dot, mazes, as well as tracing and copying letters, shapes, and numbers will help me at school.

I like to play games such as hide and seek, tag, dodge the ball, and red rover. This helps me learn rules of games and helps me to take turns.

I love to ride my bicycle and I may even be ready to let go of my training wheels. Make sure I am wearing my helmet. My friends and I enjoy going to the park or playground with you. We love to climb, swing, slide, and explore the equipment so we can try new things.

Board games are fun. I learn about rules, counting, taking turns, winning, and losing. Don't always let me win. It's all right for me to lose.

I feel important when I have a few simple jobs.



I like a mystery. You think of something, and I will guess what it is by asking you questions ("Is it food?" "Is it an animal?" "Does it have four legs?" "Is it a dog?").

I have a lot to say. Talk with me often throughout the day about things that interest me. When you listen to me, I learn how to tell a story from beginning to end. Ask questions so that I can remember the details of my day.

I'm learning so much. Let's play using letters, numbers and colours ("I spy with my little eye three things that are red" or "I spy something blue that starts with B").

Sign me up. I want to be part of a team.

All children my age should have a vision, hearing, and dental checkup. Ask our family doctor or public health unit where these services are available in our community.



^{*} Examples are only suggestions.

Use similar examples from your family experience.