Standard 5
Child Development

Standard 5 requires the student:

A. Understand the typical stages of intellectual development in children and adolescents.

B. Understand the development of communication and language skills in children and adolescents.

C. Understand the typical stages of physical development in children and adolescents.

D. Understand the typical stages of social-emotional development in children and adolescents.

E. Understand the biological and environmental risk factors that can occur in the pre-natal, perinatal, and post-natal periods, which can lead to the atypical development of a child.

Key Terms for Standard 5

Temperament: A set of in-born traits that organize the child's approach to the world.

Gross Motor Skills: Includes large muscle activities such as crawling, sitting up, and walking.

A. Understand the typical stages of intellectual development in children and adolescents.

There are a number of theoretical perspectives regarding the field of infant cognition and learning. B.F. Skinner maintained that most behaviors are learned. His view of learning is called *behaviorism* and involves classical and operant conditioning and the critical role that "reinforcement" plays in learning. When it is used as a teaching method it is called *applied behavior analysis.*

A theory related to classical and operant conditioning is Albert Bandura's *social learning theory.* This theory expanded Skinner's classical and operant conditioning to include learning without reinforcement. Bandura believed that individuals can learn without reinforcement simply by observing and modeling others. He theorized that an individual can learn by vicarious reinforcement or punishment. For example, an infant that mimics an older child's behavior is an example of social learning theory. As a child grows they learn new behaviors by observing other people and by seeing the consequences of those behaviors.

Vygotsky believed that social interaction plays a fundamental role in the development of cognition. Another aspect of his *social development theory* is the idea that the potential for cognitive development is limited to a certain time span, which he calls the "zone of proximal development." He believed that full development during this time depends upon full social interaction, and that the range of skill that can be developed with adult guidance or peer collaboration exceeds what can be attained alone.

Jean Piaget and his colleagues were among the first to study learning in a developmental and social context. The concept of cognitive structure is central to Piaget's theory. Cognitive structures are patterns of physical or mental action that underlie specific acts of intelligence and correspond to stages of child development. There are four primary cognitive structures or developmental stages according to Piaget: sensorimotor, preoperations, concrete operations, and formal operations.

Piaget's Stages of Cognitive Development

DEVELOPMENTAL STAGE & APPROXIMATE AGE	CHARACTERISTIC BEHAVIOR
Sensory Motor Period (0 - 24 months)	
Reflexive Stage (0-2 months)	Simple reflex activity such as grasping, sucking.
Primary Circular Reactions (2-4 months)	Reflexive behaviors occur in stereotyped repetition such as opening and closing fingers repetitively.
Secondary Circular Reactions (4-8 months)	Repetition of change actions to reproduce interesting consequences such as kicking one's feet to move a mobile suspended over the crib.
Coordination of Secondary Reactions (8-12 months)	Responses become coordinated into more complex sequences. Actions take on an "intentional" character such as the infant reaches behind a screen to obtain a hidden object.
Tertiary Circular Reactions (12-18 months)	Discovery of new ways to produce the same consequence or obtain the same goal such as the infant may pull a pillow toward him in an attempt to get a toy resting on it.
Invention of New Means Through Mental Combination (18-24 months)	Evidence of an internal representational system. Symbolizing the problem-solving sequence before actually responding. Deferred imitation.
The Preoperational Period (2-7 years)	
Preoperational Phase (2-4 years)	Increased use of verbal representation but speech is egocentric. The beginnings of symbolic rather than simple motor play. Transductive reasoning. Can think about something without the object being present by use of language.
Intuitive Phase (4-7 years)	Speech becomes more social, less egocentric. The child has an intuitive grasp of logical concepts in some areas. However, there is still a tendency to focus attention on one aspect of an object while ignoring others. Concepts formed are crude and irreversible. Easy to believe in magical increase, decrease, disappearance. Reality not firm. Perceptions dominate judgment. In moral-ethical realm, the child is not able to show principles underlying best behavior. Rules of a game are not developed, only uses simple do's and don'ts imposed by authority.

Period of Concrete Operations (7-11 years)
Evidence for organized, logical thought. There is the ability to perform multiple classification tasks, order objects in a logical sequence, and comprehend the principle of conservation. Thinking becomes less transductive and less egocentric. The child is capable of concrete problem-solving. Some reversibility now possible (quantities moved can be restored such as in arithmetic: 3+4 = 7 and 7-4 = 3, etc.) Class logic-finding bases to sort unlike objects into logical groups where previously it was on superficial perceived attribute such as color. Categorical labels such as "number" or animal" now available.
Period of Formal Operations (11-15 years)
Thought becomes more abstract, incorporating the principles of formal logic. The ability to generate abstract propositions, multiple hypotheses and their possible outcomes is evident. Thinking becomes less tied to concrete reality. Formal logical systems can be acquired. Can handle proportions, algebraic manipulation, other purely abstract processes. If a + b = x then x = a - b. If ma/ca = IQ = 1.00 then Ma = CA. Prepositional logic, as-if and if-then steps. Can use aids such as axioms to transcend human limits on comprehension.

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Sensorimotor stage:

This stage occurs during the first two years of a child's life and intelligence takes the form of motor actions. It is a time full of discovery about the environment and about themself. Children at this stage of development have well developed sensory abilities. They use their sight, hearing, touch, taste and smell to learn about the world around them. The child's early learning experiences are based in their sensory perceptions and motor activities. A child with an impairment in any of these areas (e.g., vision, hearing) will not experience the world in the same way as a child who can use their senses to the fullest extent.

This is also the stage where children learn that they are separate beings and that the world is not an extension of them. They realize that an object can be moved (concept of causality) and that an object continues to exist even when it is out of sight (object permanence). When a child understands this concept they will search for an object that has been covered, realizing that the object continues to exist. Directed groping is another concept that a child develops after they have mastered object permanence. The child begins to perform motor activities in order to see what will happen. For example, the child figures out they can pull an object towards them using a stick, or turn the object to get it through a tight space.

Piaget begins to talk about the development of play during this stage. Play refers to a wide variety of activities yet certain characteristics have been noted. One of those characteristics is that play is not something that is required for survival (e.g., food, water) but something that is done for its own sake with the reinforcement inherent in the activity itself (Gale Encyclopedia of Psychology, 2001).

Piaget formulated developmental stages of play to correspond with his theory of cognitive development. At the sensorimotor stage when children are interested in gaining control over their own bodies and external objects, "play" consists of repeated patterns of movement and sound, such as sucking, shaking, banging, babbling, and eventually "peekaboo" games in which objects are made to disappear and reappear (Gale Encyclopedia of Psychology, 2001).

Preoperational stage:

This stage occurs between the ages of 3 and 7. Throughout this second stage the child's thinking is self-centered. The child has a difficult time understanding life from any other perspective than its own. A child in the preoperational stage feels that everyone thinks as they do and that the world shares their feelings and desires. They feel since the world is theirs they can control it. This is also the stage that the child begins to use symbols (but can not manipulate them) and can use language to represent things not visible.

During the preoperational stage children begin to engage in fantasy play. They will use objects in make-believe games for purposes other than their functional use. They begin to understand the difference between reality and fantasy. They also become interested in games that have rules, structure and social interaction.

Concrete Operational Stage:

This is the third stage in Piaget's theory. This stage typically occurs between the ages of 7 and 12. During this stage the child begins to use logic in their thinking and organize their thoughts in a more cohesive manner. This logic applies to actual physical objects but it is still difficult to handle abstract reasoning. This is the stage that children begin to think less about themselves and look to the perspective of peers and adults.

As children move into the concrete operational period of development they become more interested in the social aspects of play and acceptance of the group.

Formal Operational Stage:

This is the fourth and final stage in Piaget's theory. It begins at 11 or 12 years of age and continues through adulthood, although Piaget indicates that some people may never reach this stage of cognitive development. This stage is characterized by the individual's ability to

formulate hypotheses and problem solve. The individual is able to think abstractly and to understand the form or structure of a mathematical problem.

As children enter this stage they being to have a more mature ability to reason and play competitive games and games with codes or rules begin to dominate how they think about play.

There are two fundamental characteristics included in Piaget's theory of cognitive development: organization and adaptation.

- ***Organization*** refers to Piaget's belief that human cognitive development is a highly coordinated activity, rather than chaotic or without form.
- ***Adaptation*** refers to the continual adjustments that infants make to their environment.

Piaget theorized that infants are born with reflective actions. These actions are the infant's first activities. As the infant develops the actions become more voluntary and form the basis for the infant to begin forming their view of reality.

While the stages of cognitive development identified by Piaget are associated with age spans, they also **vary for every individual.**

 **Student Note: The stages of intellectual development formulated by Piaget appear to be related to major developments in brain growth. The human brain is not fully developed until late adolescence or, in the case of males, sometimes early adulthood. Adults often expect children to think like they do and forget that a child may not yet be capable of doing so.**

Because many basic cognitive concepts are fundamental to the development of skills in related areas, the level of independence that a child is able to achieve depends on their level of cognitive ability. A child needs to have an understanding of cause and effect and object permanence in order to feel some sense of control over the environment. Spatial awareness and basic positional concepts enable a child to move with greater ease and confidence. The ability to imitate is crucial to language acquisition, and a grasp of one-to-one correspondence is a prerequisite to any mathematical operation. Classification skills are essential to a child's ability to organize the world in a meaningful and systematic way. Finally, problem solving and critical thinking are imperative if an individual is to function independently.

A child with a developmental disability may not progress through the stages of development at the same rate as other children. Blindness and visual impairment, mental retardation, and orthopedic challenges all affect a child's development. Exploration through the senses is the basis for knowledge in the sensorimotor stage. The ability to interact with the environment is crucial to the development of basic cognitive concepts, such as cause and effect and object

permanence. Children who are unable to see the objects around them or who cannot move independently often depend upon others to help them explore the environment and to interpret their surroundings in a meaningful way.

It is critical for adults and peers to be available to assist children with developmental disabilities to structure their world and to interpret their experiences.

For example adults should:

- **Encourage children to actively explore their surroundings.**
- **Talk to them about their discoveries.**
- **Provide sound cues to inspire a child to search the environment.**
- **Positively reinforce the child – "Good you found the doll."**
- **Label positional concepts "The bear is under the chair."**
- **Help the child understand the concept of cause and effect by having the child rather than the adult activate a toy.**

B. Understand the development of communication and language in children and adolescents.

Communication occurs when one individual sends a message to another and that message is understood (Butterfield & Arthur, 1995). **Competence in a symbolic and abstract language system (e.g., spoken English or Spanish, manual American Sign Language (ASL) is not a prerequisite for communication.** Parents and teachers need to recognize and value the power of non-symbolic behavior (e.g., facial expressions, gestures, body temperature) as communicative. Many children with developmental disabilities are unable to develop and master symbolic language in a typical manner.

The Development of Formal Language

The process of formal language acquisition begins in the last trimester of pregnancy when infants begin to learn the sound of their mother's voice. At birth, infants appear to hear and discriminate speech sounds. They orient to the sound of their mother's voice and quickly show signs of social responsiveness to their caregivers. In the weeks and months that follow, they move steadily toward their first intentional communications, which typically emerge at about 9 months. A few months later, often somewhere around their first birthday, they may utter their first words. The progression from infant to toddler is accompanied by the development of increasingly complex

language. By age 3, a child may have a vocabulary of 1,000 words and the ability to speak in sentences about fictitious events using his or her imagination (Warren, Yoder, & Leew, 2002).

Language Development Chart

Age of Child	Typical Language Development
6 Months	Vocalization with intonation Responds to his name Responds to human voices without visual cues by turning his head and eyes Responds appropriately to friendly and angry tones
12 Months	Uses one or more words with meaning (this may be a fragment of a word) Understands simple instructions, especially if vocal or physical cues are given Practices inflection Is aware of the social value of speech
18 Months	Has vocabulary of approximately 5-20 words Vocabulary made up chiefly of nouns Some echolalia (repeating a word or phrase over and over) Much jargon with emotional content Is able to follow simple commands
24 Months	Can name a number of objects common to his surroundings Is able to use at least two prepositions, usually chosen from the following: in, on, under Combines words into a short sentence-largely noun-verb combinations (mean) length of sentences is given as 1.2 words Approximately 2/3 of what child says should be intelligible Vocabulary of approximately 150-300 words Rhythm and fluency often poor Volume and pitch of voice not yet well-controlled Can use two pronouns correctly: I, me, you, although me and I are often confused My and mine are beginning to emerge Responds to such commands as "show me your eyes (nose, mouth, hair)"
36 Months	Use pronouns I, you, me correctly Is using some plurals and past tenses Knows at least three prepositions, usually in, on, under Knows chief parts of body and should be able to indicate these if not name Handles three word sentences easily Has in the neighborhood of 900-1000 words About 90% of what child says should be intelligible Verbs begin to predominate

	Understands most simple questions dealing with his environment and activities Relates his experiences so that they can be followed with reason Able to reason out such questions as "what must you do when you are sleepy, hungry, cool, or thirsty?" Should be able to give his sex, name, age Should not be expected to answer all questions even though he understands what is expected
48 Months	Knows names of familiar animals Can use at least four prepositions or can demonstrate his understanding of their meaning when given commands Names common objects in picture books or magazines Knows one or more colors Can repeat 4 digits when they are given slowly Can usually repeat words of four syllables Demonstrates understanding of over and under Has most vowels and diphthongs and the consonants p, b, m, w, n well established Often indulges in make-believe Extensive verbalization as he carries out activities Understands such concepts as longer, larger, when a contrast is presented Readily follows simple commands even thought the stimulus objects are not in sight Much repetition of words, phrases, syllables, and even sounds
60 Months	Can use many descriptive words spontaneously-both adjectives and adverbs Knows common opposites: big-little, hard-soft, heave-light, etc Has number concepts of 4 or more Can count to ten Speech should be completely intelligible, in spite of articulation problems Should have all vowels and the consonants, m,p,b,h,w,k,g,t,d,n,g,y (yellow) Should be able to repeat sentences as long as nine words Should be able to define common objects in terms of use (hat, shoe, chair) Should be able to follow three commands given without interruptions Should know his age Should have simple time concepts: morning, afternoon, night, day, later, after, while tomorrow, yesterday, today Should be using fairly long sentences and should use some compound and some complex sentences Speech on the whole should be grammatically correct
6 Years	In addition to the above consonants these should be mastered: f, v, sh, zh, th,l He should have concepts of 7

	Speech should be completely intelligible and socially useful Should be able to tell one a rather connected story about a picture, seeing relationships Between objects and happenings
7 Years	Should have mastered the consonants s-z, r, voiceless th, ch, wh, and the soft g as in George Should handle opposite analogies easily: girl-boy, man-woman, flies-swims, blunt-sharp short-long, sweet-sour, etc Understands such terms as: alike, different, beginning, end, etc Should be able to tell time to quarter hour Should be able to do simple reading and to write or print many words
8 Years	Can relate rather involved accounts of events, many of which occurred at some time in the past Complex and compound sentences should be used easily Should be few lapses in grammatical constrictions-tense, pronouns, plurals All speech sounds, including consonant blends should be established Should be reading with considerable ease and now writing simple compositions Social amenities should be present in his speech in appropriate situations Control of rate, pitch, and volume are generally well and appropriately established Can carry on conversation at rather adult level Follows fairly complex directions with little repetition Has well developed time and number concepts

Child Development Institute (2002a)

Communication and language development can be delayed for a variety of reasons. For example, if an infant has a hearing loss they will experience reduced sensory input that can interfere with output. If an infant has a motor impairment they may be unable to gesture or make vocalizations that can be easily interpreted. It is therefore critical that parents and caregivers understand the implications of a child's disability on their communication system.

Over the past twenty-five years, work in the area of communication and language training has had a major influence in designing educational programs for children with disabilities.

Instruction and programming have focused on:

1. **Developing a clear understanding of the child's repertoire of cues and behaviors. Therefore, a DS should:**

   - Become a good observer of the child's behavior.
   - Remember that behavior is communication.
   - Note the circumstances, time of day, people present and what the child is doing to communicate with you.

- Remember, a child will use the easiest and most efficient method they have to communicate. It is easier and quicker to bite, scream, etc. than to raise your hand to get someone's attention. If the child is communicating with an inappropriate behavior (e.g., biting) think of another behavior the child can use to replace the inappropriate behavior.

2. **Value and react to the child's current communication system. A DS should remember:**

   - All children communicate. They may not use a formal symbolic language system (e.g., speech, signs) but their method of communicating should be recognized and valued.
   - To get to know a child and the circumstances under which they do communicate.
   - To think of ways to shape a child's behavior into more appropriate and or recognizable means of communication (e.g., textures, objects, pictures)

3. **Understanding the child's likes and dislikes. A DS should:**

   - Find out what a child likes and dislikes (e.g., interview parents, siblings, peers).
   - Use a child's likes to encourage communication.
   - Recognize a child's dislikes and acknowledge their rejection of an activity as a means of communication.

4. **Increasing the number and frequency of opportunities for a child to use their communication system. The DS should:**

   - Assess the child's routines and weave communication opportunities into every part of the activity.
   - Attend to instructional opportunities for communication (e.g., pausing so that the child needs to do something to have the activity continue).

5. **Assessing the skills of the DS to communicate with the child.**

   - Do an assessment of yourself – Are you a good communicator? Are you paying attention to the child's subtle cues and reading those cues as communication? How can you be a better communicator?

C. Understand motor development: Gross and fine motor skills in children and adolescents.

Motor systems operate so that individuals can interact with their environment. Early motor movements are in response to sensory stimuli. For example, when a mother touches her baby's face, the infant turns toward the stimulus (rooting reflex); when something is placed in a baby's

hand, they grasp the object (grasping reflex). As children grow they develop control and organization over theses reflexive movements. Children also use their vision and their hearing as cues for movement. They see something they want and reach for it; they hear a sound and move towards it.

The development of motor skills flows in a progressive pattern, but it is important to remember that, just as with intellectual development, children do not always develop motor skills at the same rate. They proceed through the stages at their own pace.

Motor development is from *cephalo-caudal*, always beginning at the head and progressing downward toward the toe. For example, a normally developing infant can hold her head up before she can sit up, crawl, or walk. Motor development also occurs from proximal to distal, always from the midline of the trunk, outward to the fingers and toes. Stabilization of the trunk is critical for skills to develop in the arms, legs, hands, and feet. A normally developing child cannot begin to crawl and bear weight on her arms and legs until she has the ability to stabilize her hips and shoulders (Heydt & Allon, 1992).

Development Stages

Physical and Language	Emotional	Social
Birth to 1 month Feedings: 5-8 per day Sleep: 20 hrs per day Sensory Capacities: makes basic distinctions in vision, hearing, smelling, tasting, touch, temperature, and perception of pain	Generalized Tension	Helpless Asocial Fed by mother
2 to 3 months Sensory Capacities: color perception, visual exploration, oral exploration. Sounds: cries, coos, grunts Motor Ability: control of eye muscles, lifts head when on stomach.	Delight Distress Smiles at a Face	Visually fixates at a face, smiles at a face, may be soothed by rocking.
4 to 6 months Sensory Capacities: localizes sounds Sounds: babbling, makes most vowels and about half of the consonants Feedings: 3-5 per day Motor Ability: control of head and arm movements, purposive grasping, rolls over.	Enjoys being cuddled	Recognizes his mother. Distinguishes between familiar persons and strangers, no longer smiles indiscriminately. Expects feeding, dressing, and bathing.

7 to 9 months Motor Ability: control of trunk and hands, sits without support, crawls about.	Specific emotional attachment to mother. Protests separation from mother.	Enjoys "peek-a-boo"
10 to 12 months Motor Ability: control of legs and feet, stands, creeps, apposition of thumb and fore-finger. Language: says one or two words, imitates sounds, responds to simple commands. Feedings: 3 meals, 2 snacks Sleep: 12 hours, 2 naps	Anger Affection Fear of strangers Curiosity, exploration	Responsive to own name. Wave bye-bye. Plays pat-a-cake, understands "no-no!" Gives and takes objects.
1 to 1 ½ years Motor Ability: creeps up stairs, walks (10-20 min), makes lines on paper with crayon.	Dependent Behavior Very upset when separated from mother Fear of Bath	Obeys limited commands. Repeats a few words. Interested in his mirror image. Feeds himself.
1 ½ to 2 years Motor Ability: runs, kicks a ball, builds 6 cube tower (2yrs) Capable of bowel and bladder control. Language: vocabulary of more than 200 words Sleep: 12 hours at night, 1-2 hr nap	Temper tantrums (1-3yrs) Resentment of new baby	Does opposite of what he is told (18 months).
2 to 3 years Motor Ability: jumps off a step, rides a tricycle, uses crayons, builds a 9-10 cube tower. Language: starts to use short sentences controls and explores world with language, stuttering may appear briefly.	Fear of separation Negativistic (2 ½ yrs) Violent emotions, anger Differentiates facial expressions of anger, sorrow, and joy. Sense of humor (Plays tricks)	Talks, uses "I" "me" "you" Copies parents' actions. Dependent, clinging, possessive about toys, enjoys playing alongside another child. Negativism (2 ½ yrs). Resists parental demands. Gives orders. Rigid insistence on sameness of routine. Inability to make decisions.
3 to 4 years Motor Ability: Stands on one leg, jumps up and down, draws a circle and a cross (4 yrs) Self-sufficient in many routines of home life.	Affectionate toward parents. Pleasure in genital manipulation Romantic attachment to parent of opposite sex (3 to 5 yrs) Jealousy of same-sex parent. Imaginary fears of dark, injury, etc. (3 to 5 years)	Likes to share, uses "we" Cooperative play with other children, nursery school. Imitates parents. Beginning of identification with same-sex parent, practices sex-role activities. Intense curiosity & interest in other children's bodies. Imaginary friend

Motor Ability: Stands on one leg, jumps up and down, draws a circle and a cross (4 yrs) Self-sufficient in many routines of home life.	Affectionate toward parents. Pleasure in genital manipulation Romantic attachment to parent of opposite sex (3 to 5 yrs) Jealousy of same-sex parent. Imaginary fears of dark, injury, etc. (3 to 5 years)	Cooperative play with other children, nursery school. Imitates parents. Beginning of identification with same-sex parent, practices sex-role activities. Intense curiosity & interest in other children's bodies. Imaginary friend.
4 to 5 years Motor ability: mature motor control, skips, broad jumps, dresses himself, copies a square and a triangle. Language: talks clearly, uses adult speech sounds, has mastered basic grammar, relates a story, knows over 2,000 words (5 yrs)	Responsibility and guilt Feels pride in accomplishment	Prefers to play with other children, becomes competitive prefers sex-appropriate activities.

Child Development Institute (2001b)

Each disability brings its own set of complications that can interfere with motor development. For example, a child with cerebral palsy automatically has less motor control over their body. This lack of control impacts the child's access to people and activities in the environment. A child who is blind and deaf begins life without the two major senses that gives them the information they need to use their motor skills. "The developmental perspective is not useful in programming for children with multiple disabilities; these children frequently do not have the motor control necessary to explore independently and have a different sensorimotor experience when they do move" (Dunn, 1996, p. 43).

It is more beneficial to look at programming from a functional perspective. What are the motor skills that are essential to completing a task now and in the future? Campbell (1987) suggests that looking, vocalization, functional reaching, simple manipulation, and combined manipulations are the essential skills for performing daily life tasks. It is important for caregivers to understand the child's specific motor needs and how to incorporate those critical skills within meaningful and enjoyable activities.

Planning to incorporate motor needs into daily routines involves answering several questions:

- What are the priorities of the family?
- What motor skills does the child already use?
- How can the child practice motor skills within a designated routine/activity?

D. Understand social-emotional development in children and adolescents.

Social development is the basis for living, working, and functioning within the community. It incorporates skills from all domains and is an essential area of development in and of itself. Interactions with others increase language development while play provides opportunities to develop cognitive and motor skills. It is also essential that students have good social skills as they transition from school to work. Work skills are not enough to ensure success in the workplace. People must be able to interact and get along with their co-workers.

Student Note: Any theory is just that, a theory. It is information they need to take into consideration when they are working with a child, particularly a child with a developmental disability. For example, just because a child is having an emotional or social problem does not necessarily mean that the child's parents have not "attached" to them. There are many variables involved in human behavior.

A prominent theory of social-emotional development is that of Erik Erickson (1950). Erickson accepted many of Freud's theories, but unlike Freud who felt that development occurs primarily as a result of factors within the individual, Erickson believed that development is far more dependent on social issues that a developing child encounters. Erickson conceived *eight stages of development* that demonstrate his theory.

1. Learning Basic Trust vs. Basis Mistrust (Hope)

The primary issue in this stage (birth – 1.5 years of age) is the development of basic trust or mistrust. Attachment is critical and becomes the basis for the infant's social-emotional well-being and the foundation for all other attachments and relationships. If the infant is nurtured and loved it will develop trust and security and a basic optimism. If the infant is badly treated it will become insecure and mistrustful.

> "Attachment is usually described as an emotional tie or bond of affection between an infant and parent. Attachment includes many behaviors such as calling out for contact, clinging, crying, seeking eye contact, smiling, and touching. It is not the particular behavior itself or the frequency of one or many of the behaviors that describes attachment, but rather the pattern of attachment behaviors that indicates the quality and strength of the attachment between infants and their parents" (Mowder, 1997).

Attachment issues between a child and their parent can be the result of many things including: pre-natal rejection of the infant, extended or repeated hospitalizations of a child during the first three years, pre-or post natal maternal substance abuse, parents retaining unrealistic images of the child, multiple caretakers (e.g., foster care, orphanages), multiple changes in living location, early history of losses, harsh and inconsistent parenting, overindulgent parenting, physical or

sexual abuse, neglect, chronic illness, and an extreme temperamental misfit between a parent and child.

A child with attachment issues may be socially withdrawn or pull away from other people. They may reject comfort and soothing attempts by adults. A child may become extremely anxious in the presence of strangers or a child may have separation anxiety from a parent. They child may not explore the environment and have difficulty with more independent activities.

It is important that all parents are encouraged to:

a. Have lots of physical contact with their infant (e.g., rocking, carrying in a front-mounting pack)

b. Identify the sound, types of touch, rhythms, positions, sights, and smells the infant enjoys, and use these when interacting with their infant. Pair these up with things that cause a startle reaction to lower the infant's stress level. For example, if the infant is a self-soother, imitate her soothing activities (e.g., rocking) and add an additional element such as singing or touching.

c. Maintain a consistent routine to promote regulation. If the infant is distressed, attachment can be promoted by staying with her. The parent's physical presence can validate the baby's feeling (Smith, 1997).

2. Learning Autonomy vs. Shame (Will)

Erickson's second stage (between approximately 1.5 years and 3 years) involves the development of autonomy within the child. If the child has a sense of trust and has been encouraged to explore the environment they will develop a sense of autonomy. They are happy with the new sense of control and proud of themselves versus ashamed. The "terrible two's" is often a phrase used to describe this stage. The sound of "no" is familiar as the child goes through this "psychological crisis " of emotional development. Again, it is important for the parent to have resolve to be comforting yet have firm limits to guide the child. Overindulging may be well-intended but can cause many problems in the future.

3. Learning Initiative vs. Guilt (Purpose)

The third stage, or psychosocial crisis occurs from 3-5 year age when the child enters formal school system. These are the years that Erickson labels the "play age." During this stage an emotionally healthy child will learn: (a) to imagine, to broaden his skills through active play of all sorts, including fantasy (b) to cooperate with others (c) to lead as well as to follow.

A child that is having emotional difficulty may be, according to Erickson, immobilized by guilt and be more fearful, may not participate in play with peers, continues to be unduly dependent on adults and is restricted in the development of play skills and in imagination.

4. Industry vs. Inferiority (Competence)

This is Erickson's fourth psychosocial crisis of emotional development. This stage occurs from the beginning of formal school up to and including some of the junior high years (5-12 years of age). During this time the child learns to develop additional skills of life:

a. Relating with peers according to rules.
b. Progressing from free play to play that may be elaborately structured by rules and may demand formal teamwork, such as basketball, and
c. Mastering academic classes like reading and math. It is a time when children are required to be more self-disciplined and use their own initiative to be successful.

5. Learning Identify vs. Identity Diffusion (Fidelity)

During the fifth stage, which occurs during adolescence (12-18 years of age) the child now begins to look at and answer the question "Who am I?" This is a confusing stage of life and even the most well adjusted individuals will experience moments of role and identify conflicts: most boys and girls will "rebel" and, at times, be overtaken with self-doubt. The adolescent establishes a clear sexual identity. They seeks leadership (someone to inspire them) and begins to identify a set of ideals.

6. Learning Intimacy vs. Isolation (Love)

The seventh stage of emotional development focuses on the success of the young adult (18-25 years of age) to experience true intimacy that results in a good marriage or genuine friendship.

7. Learning Generativity vs. Self-Absorption (Care)

The psychosocial crisis during this stage of development (25-65 years of age) demands what Erickson calls generativity. Generativity is the adult's concern for and commitment to promoting the next generation through parenting, mentoring, and generating products and outcomes that benefit youth. The healthy adult looks to foster the development and well-being of those individuals and social systems that outlive them.

8. Integrity vs. Despair (Wisdom)

The final stage of Erickson's theory focuses on adults 65 years of age and older. If the other seven psychosocial crises have been successfully resolved the mature adult develops the peak of adjustment: integrity. They trust, they are independent, they look for new experiences. They work hard and have developed a true self concept. They can be intimate without strain, guilt, regret, or lack of realism. They are proud of what they create – children, work, relationship (Child Development Institute 2001d).

Student Note: Socialization is a learning-teaching process. It is difficult for children and difficult for parents. These eight stages of man, or the psychosocial crises, are only descriptions of how a personality develops. The field of child development has some basic knowledge on what kind of environment will result in these different traits. Much of the research in the field of child development is dedicated to finding the answer to these questions.

Temperament

Personality is determined by the interaction of temperament traits with the environment. **Temperament** is a set of in-born traits that organize the child's approach to the world. They are instrumental in the development of the child's distinct personality. These traits also dictate how the child will learn about the world.

These traits appear to be relatively stable from birth. They are enduring characteristics that are actually never "bad" or "good." It depends how other people, particularly the child's parents, receive them. When parents understand the temperament of their children they can avoid blaming themselves for issues that are normal for that child's temperament. Some children are quiet. Some children are noisy. Some children like to cuddle, while other children do not like to be touched.

When parents and teachers understand how a child reacts to certain situations they can anticipate, and oftentimes prevent, problems for the child. They can prepare a child for a situation. Parents and teachers can feel more effective if they understand the child's personality. They can also avoid thinking that a behavior that reflects a temperament trait represents a pathological condition that requires treatment.

There are **9 traits** that make up an individual's personality. These traits include:

Activity level	Does the child have a high or low activity level?
Distractibility level	How distractible is the child, and under what circumstances?
Intensity level	Does the child react strongly and loudly to everything or get quiet when upset?
Regularity level	Does the child get hungry and sleepy at predictable times?
Sensory threshold level	How sensitive is the child to environmental stimuli- noise, light, temperature changes, textures?
Approach/withdrawal level	How does the child react to new people, environments, and situations?
Adaptability level	How does the child deal with transitions, and/or new activities?
Persistence level	Will the child continue to work on an activity even though it is difficult? Will they ask for help?
Mood level	Does the child have an overall positive attitude towards life? Are they serious and analytical? Are they able to see the lighter side of a situation?

Child Development Institute (2002e)

It is important to remember that temperament is the innate behavior style of an individual child. It is biologically determined. Parents and caregivers need to look for a child's strengths and abilities, and then figure out strategies that will assist them in developing their child's self-esteem.

E. Understand the various biological and environmental risk factors that can occur in the pre-natal, perinatal, and post-natal periods that can lead to the atypical development of a child.

There are a number of biological and environmental risk factors that can occur before, during and after a child is born that can lead to a developmental disability.

The **prenatal period** extends from conception to birth. Risk factors during this time are influenced by the mother's health and behavior. The mother's age, her general state of health, her eating and drinking habits, and her prenatal care all contributes to the health of her baby. Smoking, alcohol, and other drugs (e.g., cocaine, heroin) can have a profound impact on the developing fetus. Certain maternal health problems (e.g., cytomegalovirus, diabetes,

cardiovascular disorders, HIV) can also increase the risk for low birth weight, birth defects, and developmental delays (Widerstrom & Nickel, 1997).

The **perinatal period** occurs between the 12th week of gestation through the 4th week after birth. Risk factors for this period include medical problems during labor and delivery (perinatal asphyxia) and issues associated with prematurity and low birth weight. The typical full term pregnancy is 266 days from conception or approximately 40 weeks. A premature infant is defined as one born at or before the 36th week of gestation. Newborns weighing less than 2,500 grams are labeled low birth weight. Infants weighing less that 1,500 grams are classified as very low weight, those weighing less than 1,000 grams are considered extremely low birth weight, and those weighing less than 800 grams are termed micropremies.

The premature and low birth infants can have respiratory problems, severe vision loss, stroke, heart failure, apnea (infant stops breathing while they are sleeping), gastrointestinal problems, bacterial or viral infections, and other issues that can lead to developmental delay (Bernbaum & Batshaw, 1997).

The **postnatal period** occurs between 28 days after birth and 11 months of age. Environmental factors that influence this period include the quality of attachment and bonding between the parent and the infant, health care (e.g., immunizations), and family support systems. Biological factors that can have an impact on a child during this time include failure to thrive (e.g., infants that fail to gain weight or length within an expected range), seizures, and illness (e.g., meningitis, accidental injuries, child abuse).

Points to Remember

- ✓ **Competence in a symbolic and abstract language system is not a prerequisite for communication.**
- ✓ **Look at programming from a functional perspective.**
- ✓ **Fostering social competence is a priority and requires repeated training.**

Project: Review a developmental assessment used by an agency. Provide the name of the assessment and write a detailed description of each of the components of the assessment.

please see attached assessment - developmental checklist

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Sensory Motor Period (0 - 24 months)	
Reflexive Stage (0-2 months)	Simple reflex activity such as grasping, sucking.
Primary Circular Reactions (2-4 months)	Reflexive behaviors occur in stereotyped repetition.
Secondary Circular Reactions (4-8 months)	Repetition of change actions to reproduce interesting consequences.
Coordination of Secondary Reactions (8-12 months)	Responses become coordinated into more complex sequences.
Tertiary Circular Reactions (12-18 months)	Discovery of new ways to produce the same consequence or obtain the same goal.
Invention of New Means Through Mental Combination (18-24 months)	Evidence of an internal representational system. Symbolizing the problem-solving sequence before actually responding.

The Preoperational Period (2-7 years)	
Preoperational Phase (2-4 years)	Increased use of verbal representation but speech is egocentric. Transductive reasoning.
Intuitive Phase (4-7 years)	Speech becomes more social, less egocentric. The child has an intuitive grasp of logical concepts in some areas. In moral-ethical realm, the child is not able to show principles underlying best behavior.

Period of Concrete Operations
(7-11 years)

Evidence for organized, logical thought. There is the ability to perform multiple classification tasks, order objects in a logical sequence, and comprehend the principle of conservation.

Class logic-finding bases to sort unlike objects into logical groups where previously it was on superficial perceived attribute such as color. Categorical labels such as "number" or animal" now available.

Period of Formal Operations
(11-15 years)

Thought becomes more abstract, incorporating the principles of formal logic. The ability to generate abstract propositions, multiple hypotheses and their possible outcomes is evident. Thinking becomes less tied to concrete reality.

Formal logical systems can be acquired.

Physical and Language

Birth to 1 month	Feedings: 5-8 per day Sleep: 20 hrs per day Sensory Capacities: makes basic distinctions in vision, hearing, smelling, tasting, touch, temperature, and perception of pain
2 to 3 months	Sensory Capacities: color perception, visual exploration, oral exploration. Sounds: cries, coos, grunts Motor Ability: control of eye muscles, lifts head when on stomach.
4 to 6 months	Sensory Capacities: localizes sounds Sounds: babbling, makes most vowels and about half of the consonants Feedings: 3-5 per day Motor Ability: control of head and arm movements, purposive grasping, rolls over.
7 to 9 months	Motor Ability: control of trunk and hands, sits without support, crawls about
10 to 12 months	Motor Ability: control of legs and feet, stands, creeps, apposition of thumb and fore-finger. Language: says one or two words, imitates sounds, responds to simple commands. Feedings: 3 meals, 2 snacks Sleep: 12 hours, 2 naps
1 to 1 ½ years	Motor Ability: creeps up stairs, walks (10-20 min), makes lines on paper with crayon.
1 ½ to 2 years	Motor Ability: runs, kicks a ball, builds 6 cube tower (2yrs) Capable of bowel and bladder control. Language: vocabulary of more than 200 words Sleep: 12 hours at night, 1-2 hr nap
2 to 3 years	Motor Ability: jumps off a step, rides a tricycle, uses crayons, builds a 9-10 cube tower. Language: starts to use short sentences controls and explores world with language, stuttering may appear briefly.
3 to 4 years	Motor Ability: Stands on one leg, jumps up and down, draws a circle and a cross (4 yrs) Self-sufficient in many routines of home life.
4 to 5 years	Motor ability: mature motor control, skips, broad jumps, dresses himself, copies a square and a triangle. Language: talks clearly, uses adult speech sounds, has mastered basic grammar, relates a story, knows over 2,000 words (5 yrs)

Emotional

Birth to 1 month	Generalized Tension
2 to 3 months	Delight Distress Smiles at a Face
4 to 6 months	Enjoys being cuddled
7 to 9 months	Specific emotional attachment to mother. Protests separation from mother.
10 to 12 months	Anger Affection Fear of strangers Curiosity, exploration
1 to 1 ½ years	Dependent Behavior Very upset when separated from mother Fear of Bath
1 ½ to 2 years	Temper tantrums (1-3yrs) Resentment of new baby
2 to 3 years	Fear of separation Negativistic (2 ½ yrs) Violent emotions, anger Differentiates facial expressions of anger, sorrow, and joy. Sense of humor (Plays tricks)
3 to 4 years	Affectionate toward parents. Pleasure in genital manipulation Romantic attachment to parent of opposite sex (3 to 5 yrs) Jealousy of same-sex parent. Imaginary fears of dark, injury, etc. (3 to 5 years)
4 to 5 years	Responsibility and guild Feels pride in accomplishment

Social

Birth to 1 month	Helpless Asocial Fed by mother
2 to 3 months	Visually fixates at a face, smiles at a face, may be soothed by rocking
4 to 6 months	Recognizes mother. Distinguishes between familiar persons and strangers, no longer smiles indiscriminately. Expects feeding, dressing, and bathing.
7 to 9 months	Enjoys "peek-a-boo"
10 to 12 months	Responsive to own name. Wave bye-bye. Plays pat-a-cake, understands "no-no!" Gives and takes objects.
1 to 1 ½ years	Obeys limited commands. Repeats a few words. Interested in mirror image. Feeds elf.
1 ½ to 2 years	Does opposite of what is told (18 months).
2 to 3 years	Talks, uses "I" "me" "you" Copies parents' actions. Dependent, clinging, possessive about toys, enjoys playing alongside another child. Negativism (2 ½ yrs). Resists parental demands. Gives orders. Rigid insistence on sameness of routine. Inability to make decisions.
3 to 4 years	Likes to share, uses "we" Cooperative play with other children, nursery school. Imitates parents. Beginning of identification with same-sex parent, practices sex-role activities. Intense curiosity & interest in other children's bodies. Imaginary friend.
4 to 5 years	Prefers to play with other children, becomes competitive prefers sex-appropriate activities.

9 Traits That Make Up An Individual's Personality

Activity level	High or low activity level
Distractibility level	Distractibility, under what circumstances
Intensity level	React strongly/loudly to everything or get quiet when upset
Regularity level	Hungry and sleepy at predictable times
Sensory threshold level	Sensitivity to environmental stimuli
Approach/with drawal level	Reactions to new people, environments, and situations
Adaptability level	Transitions, and/or new activities
Persistence level	Continue working on activity even though it is difficult, or ask for help
Mood level	An overall positive attitude towards life, serious and analytical, or able to see lighter side of situation

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Access Behavioral Health Services

Clients Name:_____ **Date of Birth:**_____

Assessment Completed By:_____**Date Completed:**_____

Developmental Checklist

(left blank) Positive = Performs Skill Independently, no assistance or supervision needed to comple the task/activity is initiated when environmental cues are present, or when individual desires or perceives a necessity. Consumer demonstrates an ability to adapt to environment by modifying the learned skills or behaviors to adapt to a variety of situations.

5- performs task/activity with other person modeling task/activity 4- performs task/activity w other person using a non-direct verbal prompt 3- performs task/activity with other person providing verbal prompt 2- performs task/activity with other person providing multiple direc verbal prompts 1- performs task/activity with other person providing physical assistance 0- can't perform task/activity even with assistance (may need to break task/activity down to smaller steps and work on each piece independently - please note this)

SELF CARE		
starts to potty train		2 to 3
puts on shoes		
takes off coat		
Drinks from straw		3 to 4
Use spoon without spilling		
Put on and takes off jacket		
Washes hands independently		
Blows nose when reminded		

Uses toilet independently		
Uses a spoon and fork		
Brushes own teeth		
Undresses self		
uses napkins		
flushes toilet after use		
uses toilet tissue		
Cuts food easily with a knife, plastic or butter		4 to 5
laces shoes		
Pour well from pitcher		
Spread butter, jam with knife with butter knife		
Button large buttons		
Unbutton large buttons		
chews with mouth closed		
Dress self completely		5 to 6
ties shoes without help		
brush teeth unassisted		
will bathe on own		
stay dry all nights		
can use a zipper		
give address		

give 424-1233 number		
give parents names		
uses towel		
brush own hair		
ability to nurture self		6 to 7
selects meal in cafeteria		
chooses clothes that are clean		
chooses clothes appropriate for weather		
chooses clothes appropriate for activity		
seeks help for injury or illness		
regulate water temperature for bathing		
styles hair		
orders simple food		7 to 8
orders complete meals		8 to 9
chooses clothes that are not torn		
chooses clothes that are not wrinkled		
cleans up bathroom after use		9 to 10
performs simple first aid on self (band aid)		
clips nails		
No new milestones at this age		10 to 11

No new milestones at this age		11 to 12
uses make-up		12 to 13
care for self during menses		
No new milestones at this age		13 to 14
No new milestones at this age		14 to 15
shaves		15 to 16
No new milestones at this age		16 to 17
No new milestones at this age		17 to 18
gets prescriptions filled		18 and +
uses contraceptives		
has annual medical/dental checkups		
goes to barber		

Receptive/Expressive language		2 to 3
puts two words together		
uses pronouns appropriately		
states first name		
uses up to 50 words		
follows 2 step commands		
asks why questions		
begins to change tone for different people		
uses 2 word negative phrases, "no want"		

uses "s" for plurals		
has 450 word vocabulary		
combines nouns and verbs "mommy go"		
refers to self as "me" instead of name		
names common pictures		
uses short sentences, "me want more"		
Can tell a story		3 to 4
Has sentence length of 3-4 words		
Has a vocabulary of nearly 1000 words		
Names at least one color		
Understands "yesterday"		
Understands "summer"		
Understands "lunchtime"		
Understands "tonight"		
Understands "little and big"		
Begins to obey requests like "put that block under the chair"		
Knows his or her last name		
Knows which sex they are		
Knows name of street on which he/she lives		
Knows age		
Knows several nursery rhymes		
Listen to stories for at least 5 minutes		

Responds to two-step directions		
Answers "if" questions		
Answers "what" questions		
Answers "when" questions		
Answers questions about function: "What are books for"?		
Starts using present tense of words by adding "s" (runs)		
uses pronouns		
most words and sentences are understood by others		
comprehends most others speech		
uses final consonants most of the time		
uses 4-5 word sentences		4 to 5
uses past tense correctly		
has 1500 word vocabulary		
understands "in the morning"		
understands "next"		
understands "noontime"		
Can speak of imaginary conditions such as "I hope"		
Asks "who" questions		
Asks "why" questions		
most consonants used consistently and accurately		
uses sentences "what/do/does/did…:		
Responds verbally to "hi" and "how are you?"		

Uses conjunctions "I saw a bear and a zebra and a giraffe at the zoo"		
has sentence length of 6 words		5 to 6
has vocabulary of 2000 words		
defines objects by there use		
understands "same"		
understands "different"		
asks questions for information		
uses all types of sentences		
uses past, present and future tenses correctly		
will describe actions, events using detail		
will tell you what he/she is doing		
answer the 424-1233 and take simple messages		
use consonant th		6 to 7
use consonant sh		
use consonant ch		
use consonant j		
understands 20,000-26,000 words		
understands time intervals		
understands seasons		
is aware of mistakes in others' speech		
join conversation without disruption		
check-repeat what they heard and ask if they heard right		

ability to reflect content and feelings in conversations		
ask for help		
intensity of speech is appropriate		
use minimal encouragers to let others know they are listening		7 to 8
maintain appropriate eye contact		
use of all consonants in all context		8 to 9
voices forms of th, v, s ,zh		
424-1233 manner		
follow numerical instructions		
follows conditional instructions		9 to 10
No new milestones at this age		10 to 11
No new milestones at this age		11 to 12
No new milestones at this age		12 to 13
No new milestones at this age		13 to 14
Can speak in public		14 15
No new milestones at this age		15 to 16
No new milestones at this age		16 to 17
No new milestones at this age		17 to 18
No new milestones at this age		18 and +

Mobility		2 to 3
gets better at physical activity (throwing, jumping, climbing)		
gets better at walking up and down stairs		

turns doorknobs	
unscrews lids	
turns pages	
holds pencil in hand, instead of fist	
snips with scissors	
jumps with feet together	
kicks ball forward	
strings four large beads	
runs around obstacles	
walk on a line	
balances on one foot for 5 to 10 seconds	
hops on one foot	
pushes wheeled toys	
pulls wheeled toys	
steers wheeled toys	
rides tricycle	
uses slide independently	
jumps over six inch high object and lands on both feet together	
throws ball overhead	
catches a bounced ball	
builds tower of nine small blocks	
drives nail and pegs	

3 to 4

copies circle		
imitates cross		
manipulates clay material (balls, snake, cookie)		
alternate feet when walking up the stairs		
may hold a pen, pencil, or crayon the correct way		
walks on tiptoe		
carries tray of things (food)		
walk backward, heel to toe		4 to 5
walk up and down stairs alternating feet		
cut on line		
jumps forward ten times without falling		
turns somersault		
copies a cross		
copies a square		
can start and stop running		
can walk sideways		
can skate		5 to 6
can to ride a bike		
can use a hammer		
can use a screwdriver		
walk across a balance beam		
skip with alternating feet		

hop for several seconds on one foot (two meters)		
runs lightly on toes		
jumps rope		
cuts out shapes		
copies triangle		
traces diamond		
copies first name		
prints numerals 1 to 5		
colors within line		
has adult grasp of pencil		
pastes and glues appropriately		
can climb ladder		6 to 7
can jump from one small object to the next		
can balance on a teeter-toddler (one foot on either side while rocking)		
can ride a bike successfully		7 to 8
can ride a scooter successfully		
can roller blade successfully		
can do a cartwheel successfully		
No new milestones at this age		8 to 9
No new milestones at this age		9 to 10
No new milestones at this age		10 to 11
No new milestones at this age		11 to 12

ride bike to planned destination		12 to 13
No new milestones at this age		13 to 14
No new milestones at this age		14 to 15
Driving		15 to 16
No new milestones at this age		16 to 17
No new milestones at this age		17 to 18
No new milestones at this age		18 and +

Learning		2 to 3
identifies body parts		
holds up fingers to identify age		
counts to 10		
can name 2 to 3 colors		
recognizes and matches six colors		3 to 4
intentionally stacks blocks or rings according to size		
draws somewhat recognizable pictures - can explain picture		
asks questions for information, why and how questions for simple answers		
knows own age		
begins to be aware of past and present		
sort objects by size		
sorts objects by color		
sorts objects by shape		

print some letters		4 to 5
point to and name three shapes		
group common related objects (shoes, sock and foot)		
demonstrate number concepts to 4 or 5		
draw a person with 3 to 6 body parts		
respond to simple three step directions		
respond correctly when asked to show penny		
responds correctly when asked to show a nickel		
responds correctly when asked to show a dime		
points and names four to six colors		
matches pictures of familiar objects		
knows own street and town		
can talk about yesterday or last week		
can talk about what will happen tomorrow		
sorts toys and possessions		
knows the day of week		
retells a story from book with accuracy		5 to 6
names some letters and numerals		
rote counts to ten		
relates clock time to daily schedule		
attention span increases, can ignore distractions		
sorts objects on one or more dimension, color and shape		

do 15 piece puzzles		
knows days of week		
knows seasons		
knows months		6 to 7
knows holidays		
spell common words		7 to 8
can alphabetize		8 to 9
can read a book		
No new milestones at this age		9 to 10
No new milestones at this age		10 to 11
No new milestones at this age		11 to 12
can write messages		12 to 13
can use a 424-1233book		
can perform first aid on others		13 to 14
No new milestones at this age		14 to 15
can write accurate letters to friends / relatives		15 to 16
No new milestones at this age		16 to 17
No new milestones at this age		17 to 18
No new milestones at this age		18 and +

Capacity for Independent Living		2 to 3
notices changes in routines		
No new milestones		3 to 4

can recognize own items		4 to 5
knows names of family members		
knows meaning of safety signs		
cleans own room		5 to 6
make bed		
pack school bag		
make simple lunch		
cares for bathroom needs		
cross street safely		
can use tele424-1233		
dial own number		
uses vacuum cleaner		6 to 7
hangs up clothes		
put clothes in dryer		
folds clothes		
clear and wipe table		
can set table		
can make simple snack/meal		
can microwave with verbal instruction		
can walk a block from home		
can call 911		
can operate toaster		

can dry dishes		7 to 8
put dishes away		
rake leaves		
sweep floor		
mop floor		
can operate garbage disposal		
can use a radio		
sweep outside		
tell time		
can use a lock and key		8 to9
cleans walls		
dusts		
empties trash		
can turn on washer		
can turn on dryer		
can operate a vacuum		
can read packages		
can read a calendar		
can operate a coin washer and dryer		
can read food labels		9 to 10
can use a dictionary		
can use a 424-1233 book		

can use directory assistance		
can use stove for basic meals		
selects proper pans for cooking		
can mow lawn		
can pull weeds		
can operate electric range		
can read a newspaper		
uses deodorant		10 to 11
can operate gas range		
use a pay 424-1233		
can keep lawn cared for- watered		11 to 12
operate a dish washer		
can sew on buttons		12 to 13
can operate a coffee pot		13 to 14
can place a long distance call - collect or direct		
arrive on time to scheduled events		
irons clothes		14 to 15
obtains drivers license		15 to 16
can grill food		
can trim bushes		
can wash car		
can buy gas		

knows who his/her boss is		16 to 17
can use public rest room		
works with others		
understands and follow instructions		
gets to work on time		
stays at work the required time		
will continue to work for required period		
operates time clock		
responds appropriately to customers		
can complete job application		
files income tax		
No new milestones at this age		17 to 18
gets oil changes done		18 and +
gets engine tuned up		
pays bills		
uses ATM		
registers to vote		
can take a taxi		
can ride bus safely		
can drive car safely		
get car licensed		
get car insurance		

do simple home repairs	
cleans fridge and freezer	
registers for military	

Economic Self-sufficiency		2 to 3
No new milestones at this age		
recognizes what money is		3 to 4
knows money is needed to buy items		
responds correctly when asked to show a penny		4 to 5
responds correctly when asked to show a nickel		
responds correctly when asked to show a dime		
can buy a soda from machine		5 to 6
can identify a quarter		
can identify a dollar		
identifies dollar bills		6 to 7
identifies 5 dollar bills		
identifies 10 dollar bill		
can count dollar bills to ten dollars		
can purchase small items from store with cash		
knows what coins make up a dollar		7 to 8
saves money for purchases		
counts change		8 to 9

knows about sales tax - can estimate how much they need		9 to 10
has (understands the use of) a savings account		10 to 11
No new milestones at this age		11 to 12
No new milestones at this age		12 to 13
No new milestones at this age		13 to 14
No new milestones at this age		14 to 15
No new milestones at this age		15 to 16
can open savings account		16 to 17
budget money		
can make change		
plans spending for specific purposes		
No new milestones at this age		17 to 18
can cash checks		18 and +
can write checks		
open checking account		
can balance check books		
pay bills when they are due		
use credit - open account		
understand finances charge		
uses a ATM		

Social Skills/ Self Direction		2 to 3
attention span starts to increase, 5 minutes		

wants to play with other children		
solves problems with talking, instead of crying and hitting		
plays house		
symbolically uses objects, self in play		
responds to simple directions		
help clean up		
joins in play with other children; begins to interact		3 to 4
socializes well with others		
enjoys playing with others		
develops friendships independent of parents		
shares toys		
takes turns with assistance		
begins dramatic play, acting out whole scenes		
Displays a wide range of emotions		
dramatic play is closer to reality, with attention paid to detail, time, and space		4 to 5
plays dress-up		
shows interest in exploring sex differences		
play simple board games		
engage in cooperative play involving discussion, role assign, rule observance		
follows directions from peers		
can apologize and be courteous		

have non-aggressive conflict resolution strategies		
wait turn		
raise hand		
passes food		
chooses own friends		5 to 6
plays simple table games		
plays competitive games		
wants acceptance from peers		
can usually delay gratification (waits turns)		
uses mannerly words (please, thank you)		6 to 7
express appreciation		
apologize		
introduce self to others		
maintain appropriate distance		
waits while others are speaking		
introduce others		7 to 8
manage anger effectively		
offer help to others		
ability to handle others' inappropriate behavior		
knows and follows rules		
No new milestones at this age		8 to 9
plays team sports		9 to 10

can mediate disagreements		10 to 11
No new milestones at this age		11 to 12
plans outings with friends, separate from parents		12 to 13
No new milestones at this age		13 to 14
Can maintain friendships		14 to 15
No new milestones at this age		15 to 16
No new milestones at this age		16 to 17
No new milestones at this age		17 to 18
No new milestones at this age		18 and +