By Twelve Months Your	Name:
Baby Does	Birth Date:
Look at the person saying the baby's name?	Date:
Usually have healthy ears (e.g. no serious ear i	nfections)?
Understand simple requests and questions (e.g your toy")?	g. "No". "Don't touch", "Find your shoes', "Where'
"Chatter" to toys or people using three differen	t sounds?
Take turns making sounds with you?	
lmitate non-speech sounds (e.g. lip smacking,	tongue clicks)?
Hold, bite and chew crackers?	
Get up into sitting position without help?	
Crawl or "bum" shuffle easily?	
Pull up to stand at furniture?	
Walk holding onto your hands or furniture?	Let When
Pick up small items using tips of thumb and first	finger?
Take things out of containers (e.g. blocks)?	
Show many emotions such as affection, anger,	, joy or fear?
Start games with you like hiding (peek-a-boo) o	r clapping (pat-a-cake)?
Seek comfort (e.g. reach up to be held when u	ipset)?
Use facial expressions, actions, and sounds to n	nake needs known or to protest?
s Overall Comments:	
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Signatu	ire: Date: