Hands & Voices

Developmental Milestones

Family Leadership In Language & Learning (FL3)

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UNDERSTANDING & USING DEVELOPMENTAL
MILESTONE CHECKLISTS

Ever wonder how to answer this question.... “Is my child doing what other kids at the same age are or should be doing?”

As a parent or caregiver of a Deaf or Hard of Hearing (DHH) child, there is probably a lot that you want to know about your child’s development!

Developmental checklists can provide information for you, as a parent or caregiver, however there are some things you’ll want to understand in order to use these checklists appropriately. Here, we discuss how you can use developmental milestone checklists to address questions you may have about your own child’s development. Don’t set your expectations too low! Checklists by themselves are not an indicator that there is a developmental delay. If you have concerns, you may want to ask that your Individualized Family Service Plan (IFSP) team conduct a standardized assessment. If there is a significant developmental delay in a specific area, there is a critical need for families and professionals to partner together to work out the optimal intervention program for you and your child. Some developmental areas can influence the development in other areas (e.g. language delays may impact social-emotional and cognitive skills). Strengths in one developmental area can also be used to support and accelerate the development in other areas (e.g. cognitive skills can facilitate some language skill development).
One goal of all EHDI programs (Early Hearing Detection and Intervention programs) is to prevent developmental delay. Diagnostic developmental evaluations should be conducted every 6 months in the first three years of life and should include standardized assessment tools. With this developmental knowledge, it is possible to chart your child’s developmental path and to ensure that the development is within the typical range of children without disabilities. In general, it is important for children’s development to stay within 80% or greater of their chronological age. For a 36-month-old, this would be a developmental level of at least 29-months of age and for a 24-month-old, a developmental level of at least 19 months of age. The developmental growth rate established in the first few months of life predicts the level of development in later years.

Use a checklist for typically developing children to compare to your child’s specific skill development at his or her same age.

This is what checklists do best. Consider your child’s chronological (real) age, and then compare their current development to what the checklist indicates regarding typically developing children of that age. You may find that there are some items that your child has not yet developed but that those skills can be easily addressed in the home. Talk with your early intervention provider(s) for suggestions on how to incorporate activities into your day to day life. Then, you and/or family members can demonstrate the skills (known as modeling) and provide opportunities for your child to use the skill. You may find that your child might need a little support to accomplish the skill or task (this is called scaffolding). Remember to not do the task for your child but try to provide just enough support so that your child. develops the skill for themselves.

Knowing something about specific skills you and your child’s early intervention provider/therapist/teacher can focus on will hopefully energize you! Having team members and family members supporting the same skill development can encourage a parent-professional partnership and contribute to better informed decision-making.

Your child’s intervention and/or treatment goals can target areas that the developmental checklists identify as needing some support. Bring those areas to the attention of your child’s Individualized Family Service Plan (IFSP) team and consider redesigning your goals to take those areas into
account. People on your IFSP team may reassure you that your child is doing well, and this may be true. Remember that for each skill there is a range of development within typical development. Some toddlers may begin to walk at 10 months, while others don’t walk until 18 months. Simply because your child has not mastered a specific skill doesn’t mean that your child is not typically developing in their overall development (e.g. motor, language, social-emotional, cognitive).

Use a checklist to determine if your child’s development is different from what you would expect based on his or her individual situation.

Consider three DHH children: we’ll call them “Andy”, “Beyza”, and “Curtis”. They’re all 3 years old, and all have the language skills of a typical 2-year-old.

- Now suppose that the Andy has only had access to language (exposure to expressive language, for example) for 2 years. This 1-year gap is still important, as discussed in (1) above, and is worth working on. However, we should be encouraged that the child is making 2 years’ worth of progress in 2 years’ time (more on that in #3 below!).

- Now suppose that Beyza has only had access to language for 6 months: her progress is phenomenal! We can be confident that, despite her delay, she may or will catch up with her typically developing peers.

- Suppose now that Curtis has had access to language for all 3 years (perhaps via a mild or unilateral hearing loss). For Andy and Beyza, their delays are important. For Curtis, the delay is both important and surprising: it’s bigger than we would expect based on his situation.

The list of developmental checklists provided below have been developed for children with typical development; and have been vetted by the FL3 Scientific Language and Literacy Advisory Board. They are often used as a screening and if there are concerns that could lead to a referral for a diagnostic developmental evaluation.

Developmental checklists are not diagnostic evaluations. They can be used to identify a need for a more in-depth diagnostic evaluation but do not diagnose developmental delay. It is extremely helpful to have a member of the IFSP team who has expertise, knowledge and skills related to early childhood deafness and hearing loss. When diagnostic evaluations are conducted, this expertise will help in the interpretation of the assessment results.
What about checklists designed specifically for DHH children?

You might find developmental checklists that are designed specifically for DHH children; these, too, need to be interpreted with caution. Some checklists (e.g. the Visual Communication & Sign Language Checklist [VCSL] link found below) are based on visual language acquisition in children while others such as the LittlEars (designed specifically for children with Cochlear Implants, https://www.medel.com/en-us/about-hearing/hearing-test/little-ears-auditory-questionnaire ) or the Auditory Skills Checklist [Cincinnati], https://successforkidswithhearingloss.com/wp-content/uploads/2011/12/Auditory-Skills-Checklist-Cincinatti-Childrens-Hosp.pdf ) chart the development of auditory skill development. It is important to remember that language acquisition and auditory skills are two entirely separate developmental domains.

The goal of EHDI programs is for children to develop according to their cognitive potential. Most of the children identified through EHDI programs have the potential to develop the same skills as typically developing children. Therefore, for most developmental areas, the expectation is that children who are deaf or hard of hearing will develop similarly to their peers who can hear and develop as expected. As such, there is no need, as was done in the past, to have separate norms for children who are deaf or hard of hearing.

If your child is meeting expectations and milestones, go ahead and celebrate! Then don’t hesitate to aim higher and ask your IFSP team to help get you there.

Use a checklist to determine if your child might be growing at a rate that indicates that a developmental gap is getting bigger, getting smaller, or holding steady.

Knowing where your child falls at one point in time is useful, but it is not enough. As all parents and caregivers know, children grow and change in what seems like the blink of an eye! That’s why it’s so important to be able to track your child’s growth over time. Consider if no delay is present at one point, you will want to make sure that one doesn’t develop at a later point. If a delay is present, it is important to know whether it’s growing, shrinking, or remaining the same as the child grows. Checklists can be used to track this, by periodically revisiting a checklist to
see how your child’s development has changed. Some skills should be checked every 6 months. To start, you can use the approach outlined in the example provided about with Andy, Beyza, and Curtis to figure out where your child stands right now. Continuing our example: Andy, Beyza, and Curtis would all start with the language skills of a 24-month-old (although they are 36 months old). Six months later (when all children are 40 months old), we might find that:

- Andy has the language skills of a 30-month old. In other words, Andy showed 6 months of growth over 6 months in time, suggesting that his delay is holding constant: neither growing nor shrinking. He is making progress but isn’t catching up to his peers; he might need an intensified intervention/therapy schedule, or it may be worth exploring whether he might benefit more from other communication opportunities.

- Beyza has the skills of a 36-month-old and showed 12 months of growth over the span of 6 months, which means that her gap is shrinking. Her intervention is having its desired impact and should be maintained.

- Curtis has the skills of a 27-month-old, who shows 3 months’ worth of progress over the course of 6 months. This indicates that his delay gap is progressively worsening; he may benefit from a substantial change in his IFSP.

“Ups and downs” in a child’s development are common. For example, when a child is concentrating on learning to walk, development in language may slow down. Short term changes in developmental growth may not be significant and may be followed by “growth spurts” without any change in early intervention strategy. When children are attempting to master “grammar and syntax”, they may slow down their acquisition or growth in vocabulary knowledge, but we would anticipate a “speed-up” period once they are using sentences or longer phrases rather than single words.

So, please remember that checklists can give you information about individual tasks and skills but do not provide information about where your unique child is in comparison to anticipated typical development and developmental growth. Only assessments that have standardized scores can tell you how the combination of skills and the accomplishment of individual tasks translate into developmental ages and percentile ranks.

The FL3 Center encourages parents and caregivers to engage daily in their child’s language development and work closely with their early intervention providers ensuring adequate progress is
being made in these very critical early years of language development. We hope that these developmental checklists will assist you. Remember you are not alone in this, if you have questions or concerns about the development of your child, don’t hesitate to ask your providers.

DEVELOPMENTAL MILESTONE CHECKLISTS

These developmental milestone checklists were compiled by the FL3 Scientific Language and Literacy Advisory Board (https://www.handsandvoices.org/fl3/about-us/lang-lit-advisory.html) to provide a sampling of readily available developmental resources accessible to parents and caregivers online. They were reviewed, are currently used and shared, as well as vetted by the Board Advisors in their areas of expertise.

General List

- CDC Learn the Signs. Act Early. From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts, and moves. Track your child’s development and act early if you have a concern. The checklists have information about Social Emotional, Language, Communication, Cognitive (Learning, Thinking, Problem Solving), Movement/Physical Development. https://www.cdc.gov/ncbddd/actearly/
  - Translated materials: English, Spanish, Arabic, Brazilian Portuguese, Haitian, Simplified Chinese, Somali, Vietnamese, Korean. Note: CDC offers most materials in Spanish, and many materials in Simplified Chinese, Korean, and Vietnamese (as indicated above). Some non-CDC partners have translated materials into other languages including Russian, Turkish, French, Indonesian, Bengali, Urdu, and Portuguese. To access these additional translations, please email ActEarly@cdc.gov.

Cognitive Development

- Physical Milestones. Adapted from “Developmental Milestones Summary” Institute for Hu-
Social Emotional Development

- Social-Emotional Development [https://pathways.org/topics-of-development/social-emotional/](https://pathways.org/topics-of-development/social-emotional/)

Language Development

(semantics, syntax-morphology, pragmatics, phonology –auditory and visual)

Many parents and caregivers have requested more specific information about the development of different aspects of language: semantics, syntax/morphology, phonology, and pragmatics. These caregivers/families have indicated that this language is often used in reports and at IFSP/IEP meetings and having developmental checklists that described the differences would be helpful.

- Language Milestones for Children who are DHH, birth to five years of age: [https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp](https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp)
- Speech and Language Development Charts (Phonology, Semantics, Syntax/Morphology, Pragmatics and Play):
  - [https://3366developmentalcharts.weebly.com/index.html](https://3366developmentalcharts.weebly.com/index.html)

- Receptive/Expressive Language: Integrated Scales of Development from Listen Learn and Talk, Cochlear Corporation
• Pathways.org Communication (Speech and Language/Hearing and Listening) Milestones:
  o Tips/Resources: https://pathways.org/topics-of-development/communication/


• Visual Language and Communication
  o Importance of Fingerspelling for Reading Info and Milestones: https://vl2.gallaudet.edu/files/7813/9216/6278/research-brief-1-the-importance-of-fingerspelling-for-reading.pdf
  o My Smart Hands Milestones for Deaf Babies: https://www.mysmarthands.com/baby-by-sign-language/milestones-for-deaf-babies/
  o For purchase: Visual Communication and Sign Language Checklist https://vl2.gallaudet.edu/labs/early-education-literacy-lab/vcsl/
  o VL2 Family Package Booklet (downloadable file): https://vl2parentspackage.org/

Pre-literacy/Literacy Development

• Reading Rockets: https://www.readingrockets.org/article/literacy-milestones-birth-age-3

• Healthychildren.org: https://www.healthychildren.org/English/ages-stages/baby/Pages/Developmental-Milestones-of-Early-Literacy.aspx

The Early Support Monitoring protocol for deaf babies and children was devised in the United Kingdom to help families of deaf children (and the professionals that support them) document the progress that children make in the first three years or so after a child’s hearing levels have been identified. At the heart of the Monitoring Protocol is a set of charts that families use to record what their child can do as time passes and as they learn new things. https://councilfor-disabledchildren.org.uk/help-resources/resources/deaf-babies-and-children-development-journal-early-support
A NOTE ON ASSESSMENTS

In the section on developmental milestones, we mentioned several times that you might also want to request that your child’s IFSP team does an assessment, instead of just a milestones checklist. Assessments can just cover one area of development or all domains of development. Standardized assessments are typically recommended to be done every six months during the birth through three early intervention period, and minimally on an annual basis. Below, we provide two families description of their experiences with and the benefits of a developmental assessment.

Thoughts from Parents...

“My child was identified late after missing a hearing screen at birth. We were in a huge hurry to help get her caught up with language. From that first assessment, I had access to objective information about how I communicated with my child and exactly how she communicated with me. There in black and white, I could see where her strengths were and where she struggled. Our Early Intervention provider, my husband and I then had a much better idea about how we should proceed through the coming months and where we needed to grow. At first, I didn’t ask my child any questions; I only gave her directions. (Not good!) We needed to expand our vocabulary and pay more attention to where our baby was looking to capture a moment of give and take communication. The next assessment was so much better. Yes, there were those agonizing moments when your baby crawls under the table while on tape; but over time, the assessment showed the results of all of our hard work. By the end, the reports were extremely helpful in designing goals for preschool with appropriate accommodations and practical ideas. I Definitely recommend talking to your provider about Assessments!”

- A Colorado parent
“I have three children; my middle child and youngest child are deaf. Both children had their first assessments at three months of age and have been regularly assessed since. The assessments are a valuable tool. They help me to have an objective view of how my children are doing and how I am doing. The assessments show in what areas my children are doing well, and in what areas my children need work. When the assessments come back, my children’s service providers and I can update our goals and decide if we need to change our plan of action. The assessments are a good motivation for me. If the results aren’t as good as I would like, I’m motivated to work harder because I know my children are capable of doing better, but they need my help. If the results are as good as I expected, I’m motivated because it’s so rewarding to see how good intervention pays off. If a fundamental part of language acquisition is missed early on, it will have lifelong consequences. The assessments help to make sure our team isn’t missing anything.”

– Jeannene Evenstad