



DEVELOPMENTAL CHECKLIST
Young Children's Program

Child's name: _____

Birthdate _____

3-year-old class 4-year-old class

Dates Completed: _____ to _____

GROSS MOTOR DEVELOPMENT

√	Criterion	Comments
	Jumps off low steps or objects	
	Pedals and steers a tricycle	
	Runs with coordinated movement	
	Walks on balance beam	
	Climbs on jungle gym using alternating motion	
	Climbs stairs, alternating feet	
	Hops on one foot	
	Catches a large ball	

FINE MOTOR DEVELOPMENT

√	Criterion	Comments
	Handles large objects with control (large pegs, blocks, etc.)	
	Uses paint brush with control	
	Holds crayon or marker with fingers instead of fist	
	Pours juice with few spills	
	Handles small objects with control (Legos, puzzle pieces, eye droppers, etc.)	
	Uses scissors with control	

SOCIAL AND EMOTIONAL DEVELOPMENT

√	Criterion	Comments
	Separates from primary caregiver(s)	
	Participates in parallel play	
	Seeks approval of adults	
	Makes eye contact when speaking to others	
	Makes activity choices with minimal assistance	
	Enjoys opportunities to be independent	
	Can delay gratification for short periods of time	
	Participates in associative play	
	Appears comfortable with the daily school routine	
	Follows classroom rules	
	Expresses feelings verbally in conflict situations	
	Participates in cooperative play	
	Has strategies for entering play with others	

INTELLECTUAL AND LANGUAGE DEVELOPMENT

√	Criterion	Comments
	Speaks in sentences of 3-4 words	
	Responds to transitional cues	
	Retells familiar events accurately	
	Recognizes likenesses and differences in objects	
	Asks questions	
	Uses tools and technology	
	Participates in symbolic play	
	Enjoys investigating new materials	
	Follows a two-step oral direction	
	Able to problem solve	
	Knows words to simple finger plays and rhymes	
	Recognizes name in print	
	Participates in conversation (listens to other person and takes turns speaking)	
	Demonstrates 1-to-1 correspondence when counting	
	Speaks in sentences of 6-7 words	
	Understands the function of print (refers to recipe cards, asks "What does this say?" when looking at books, etc.)	
	Attempts to write name	
	Recognizes some letters of the alphabet	

SELF-HELP SKILLS

√	Criterion	Comments
	Washes hands without assistance	
	Uses the toilet with few accidents	
	Follows snack routine with minimal assistance	
	Assists with putting away toys and materials	
	Puts on clothing and shoes	

ADDITIONAL NOTES

Date _____

Teacher _____