



GUIDEBOOK FOR ECCD SERVICE PROVIDERS AND PARENTS

**Managing Zero (0-) to Four (4-) Year-Old Children
with Developmental Delays and Disabilities in
Early Learning Programs**



The cover design is a visualization of the ECCD Council's recognition that every child is unique. Everyone has her/his own identity. As we recognize each one's individuality, we celebrate diversity.

The handprints with different colors, sizes and designs represent the children of different ages, sex, religion, language, ethnicity, economic status, and cultural background that shape their diverse personalities, characteristics, skills and abilities. These include vulnerable children who come from poor families, and those at-risk for and with developmental delays and disabilities. It is a representation of difference, diversity and disability in an inclusive community.

We embrace inclusion in early childhood education and in society.

*The **Guidebook for ECCD Service Providers and Parents Managing Zero (0-) to Four (4-) Year-Old Children with Developmental Delays and Disabilities in Early Learning Programs** is a publication of the **Early Childhood Care and Development Council**.*

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PREFACE

The ***Guidebook for ECCD Service Providers and Parents Managing Zero (0-) to Four (4-) Year-Old Children with Developmental Delays and Disabilities in Early Learning Programs*** is intended to support service providers and families in providing appropriate accommodation to children with or at-risk for disabilities in the community. It will serve as a guide in designing and implementing intervention activities that are individually-appropriate, culturally-sensitive, easily accessible, and responsive to family-identified needs.



Emergency situations such as occurrence of natural disasters, armed conflict, and disease outbreak hamper the delivery of early childhood education programs. These may lead to negative impacts on children, especially those with developmental delays and disabilities. With the COVID-19 pandemic, the implementation of ECCD programs and activities face challenges due to restricted or reduced face-to-face physical engagement, and limited access to therapy, healthcare facilities, and other essential services. These challenges contributed to the immediate and necessitated development of this Guidebook.

Access to inclusive early childhood programs for children with delays and disabilities and their families had been a major challenge to ECCD even before the pandemic. Hence, the ultimate objective of this Guidebook is to promote inclusive education to ECCD service providers and parents by providing them with knowledge and skills on how to work with children and the importance of collaborating with professionals or specialists for additional support and guidance.

The development of this Guidebook is the result of review of local and international research studies and resource materials. Valuable knowledge and significant experiences of ECCD service providers, parents, and experts shared throughout the validation and finalization of the Guidebook are highly appreciated by the ECCD Council.

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OVERVIEW

The Philippines has been at the forefront of efforts that support the holistic development of young children. While the importance of the early childhood years and the benefits of integrated, holistic programs have only recently been recognized globally, the Philippines has been implementing initiatives centered on young children for more than 40 years. It is through RA 10410 that ECCD, being integrative in nature, emphasizes the importance of the holistic development of the child and the importance of responsive caregiving.

Despite efforts in ensuring that children and families have wider access to ECCD programs, services for young children with developmental delays and disabilities remain to be one of the critical gaps in ECCD enabling efforts as reflected in the Report on the Current State of Early Childhood Care and Development in the Philippines (2019). The enactment of RA 10410 saw the establishment of a system for the prevention, early identification, referral and intervention for delays, disorders, and disabilities in early childhood by the ECCD Council. This initiative has undergone validation and a series of reviews for its expansion to link the Health and Nutrition sectors to the Early Learning sector in the referral system to be established in Local Government Units (LGUs).

In 2019, the ECCD Council developed the Handbook on Inclusion which was subjected for validation to members of the ECCD Council Technical Working Group (TWG) including: Department of Education (DepEd), Department of Social Welfare and Development (DSWD), National Nutrition Council (NNC), and partners from Government Agencies/Non-Government Organizations such as National Council for Disability Affairs (NCDA), UNICEF Philippines, Save the Children Philippines, EDUCO, Norfil Foundation, and ChildFund.

The development of this Guidebook was conceptualized on the basis of the feedback generated from the validation in 2019. The major target users are ECCD service providers and parents of 0-4-year-old children with developmental delays and disabilities. This Guidebook was validated by experts in the field of Medicine, Special Education, Family Life and Child Development, practitioners such as City/Municipal Social Welfare and Development Officers (C/MSWDO), Child Development Workers/Teachers (CDW/T), and parents of children with disabilities.

The primary aim of this Guidebook is to help CDW/Ts, parents and significant adults to manage children with or at-risk for disabilities through practical intervention activities. It also serves as a reference for Local Government Units (LGUs) in establishing their own system of referral. Ultimately, through this document, the ECCD Council hopes that LGUs become more committed in ensuring that inclusion starts in their locality.

LIST OF ACRONYMS

BHW	Barangay Health Worker
BNS	Barangay Nutrition Scholar
CDC	Child Development Center
CDT	Child Development Teacher
CDW	Child Development Worker
CIF	Child Intake Form
CHW	Community Health Worker
CWD	Children with Disabilities
ECCD	Early Childhood Care and Development
ELP	Early Learning Program
ILD	Individual Learning and Development Plan
LGU	Local Government Unit
C/MSWDO	City/Municipal Social Welfare and Development Office
C/MHO	City/Municipal Health Office
NCDC	National Child Development Center
PEIRIDDEC	Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early Childhood
WLP	Weekly Learning Plan

DEFINITION OF TERMS

Assessment

the process of gathering of information, whether formal or informal, to identify present learning skills and developmental needs of young children

Center-based ECCD Programs

ECCD programs and services offered in public and private Child Development Centers/ Schools wherein Child Development Workers and Child Development Teachers are the primary facilitators

Community-based ECCD Programs

ECCD programs and services conducted on a community scale

Developmental Delay

delay in the achievement of developmental tasks expected of the child's age

Developmental Domains

refers to the different areas of learning and development of young children (physical, socio-emotional, language, cognitive, self-help)

Developmental Milestones

patterns of behaviors or skills in different domains of development observed among children as they grow and develop

Diagnosis

findings through the conduct of formal assessment identifying the child's condition and developmental and/or medical needs

Disability

a combination of the child's health condition and social/environmental factors that hinders the child to participate fully in the activities in the community

Early Childhood Care and Development

refers to the full range of health, nutrition, early education and social services that provide for the holistic needs of children from zero (0) to eight (8) years to promote their optimum growth and development

Early Identification / Detection

the process of identifying delays in developmental milestones, disorders, and/or disabilities through regular checkup of pregnant women, screening activities of newborns, and regular conduct of formal and informal assessment of 0-to-4 year old children

Early Learning Programs

refers to learning programs for children aged 0-to-4 delivered through Center-based/Home-based / Community-based / other alternative modalities

ECCD Service Providers

refers to workers and employees involved in the delivery of various programs & services on Health, Nutrition, Early Education, and Social Services intended for young children

ECCD Stakeholders

refers to any organization, group, or individual that has an interest in the course and outcomes of various ECCD Programs and Services

Habilitation Services

programs and services that aims to equip people gain new or enhance existing skills, abilities and knowledge for daily functioning

Home-based ECCD Programs

ECCD programs and services implemented at home facilitated by parents as primary teachers in collaboration with designated Home-based Program Facilitators and Supervisors

Inclusion in Early Learning Programs

the provision of access and supports to ensure participation of children with developmental delays and disabilities in any ECCD program

Interventions

refers to activities, services, and supports intended to prevent and address delays, disabilities and/or disorders that are aligned with the individual, social, and environmental factors of children and their families

Prevention

refers to programs and services aimed for pregnant women and young children to avoid or minimize the risks of acquiring and/or worsening developmental delays, diseases, and disabilities

Referral

the process of establishing clear communication paths among and between parents, child development teachers/workers, health workers, social workers, and specialists

Rehabilitation Services

programs and services that aims to equip people regain their skills, abilities, and knowledge that may have been lost/impaired due to a condition

Republic Act 10410

also known as “The Early Years Act (EYA) of 2013” is an act recognizing the age from zero (0) to eight (8) as the first crucial stage of educational development and strengthening the Early Childhood Care and Development System in the Philippines

Significant Adults

persons in close proximity and relation to the child (e.g., parents, relatives, friends, neighbors, specialists, teachers)

Specialist

an expert who conducts 2nd and 3rd Tier assessments and/or implements intervention activities for pregnant women and children with or at-risk for disabilities. (e.g., pediatrician, obstetrician, physical therapist, etc.)

PART I



BACKGROUND



RATIONALE



OBJECTIVES

PART I. BACKGROUND, RATIONALE AND OBJECTIVES



Background

Access to education of children with disabilities has always been a challenge for the past decades in the Philippines. Numerous local studies show that major challenges include: (1) unavailability of special education programs in the area, (2) schools are very far from their home, (3) fear of parents that their child would be discriminated and bullied in school, (4) financial constraints of families to provide education needs of their child, and (5) inadequate knowledge and understanding on how to deal with children with disability among child development workers/ teachers and parents. Because of these, children with disabilities are further left behind as they are limited in accessing and participating in early intervention programs that could help them develop to their full potential.

The 2015 Census of Population data shows that there are 10.81 million Filipinos children aged 0 – 4 years of which 6.35M are aged 0 – 2 years and 4.46M are aged 3 – 4 years. The 2017 Situation Analysis of Children and Women data showed a low enrollment rate of 42% of 3 -4 years old children in ECCD programs. Additionally, PhilHealth estimates that 1 out of 7 Filipino children are living with disabilities. Based on these data, it may be assumed that more than half of the population of children are not able to access any ECCD program including those who are at-risk for disabilities.

In May 2020, a rapid online survey on the situation of children with disabilities in the context of COVID-19 was conducted by the Sub-Committee on Children with Disabilities. A total of 39,534 respondents participated in the survey of which 6,561 comprise children with disabilities (CWD) and their parents or legal guardians. Other respondents were advocates for disability rights and inclusion. The study revealed that 51% of these respondents were unable to enroll in child development centers primarily due to face-to-face classes were not allowed due to the C-19 pandemic lockdown. Forty-nine percent (49%) were unable to access habilitation and rehabilitation services due to several factors such as financial issues, absence of transportation services, and temporary closure of establishments including child development centers and therapy centers. With these, CWDs and their families who mainly rely on intervention services provided through the early learning programs and center-based therapy services were deeply challenged on how to continue such interventions to manage their children at home.

Common suggestions by the respondents on how to improve the situation of CWDs include supporting home-based interventions and capacity building for parents. Alternative modes of delivery for learning are promoted to ensure learning and development of children are continued

even at home. These led to the development of a guidebook that shall assist ECCD service providers, parents and/or legal guardians in facilitating intervention activities for CWDs at school or at home, and promoting an inclusive setting across various modalities of Early Learning Programs be it center-based, community-based, or home-based. Moreover, the child development workers and teachers (CDW/Ts), parents, and their families' lack or inadequate knowledge and experience on assessment and implementation of intervention activities will likewise be addressed.



Vignettes

Vignette #1

Mommy Rita remembers her son often arranging slippers and toys in line and gets frustrated when disarranged before turning two years old. Her son also does not look and respond verbally when called. She consulted a developmental pediatrician who had findings of speech delay and autism at 2.2 years old. It was recommended that her son undergo occupational therapy thrice a week to address the basic skills needed expected of his age. At that time, she could only afford once a week center-based therapy for a few months because of distant centers and expensive fees. When her son turned 3, she decided to try home-based therapy conducted by an occupational therapist (OT). Her son had challenging behaviors back then such as biting, kicking, not wanting to eat and drink, and she was greatly challenged because she did not know what to do. She relied mainly on the specialist providing interventions for her son, and has consistently implemented the same rules and intervention strategies recommended by the OT.

“Discipline lang yung sa ‘kin, kasi nga hindi ko talaga alam ang gagawin, hindi naman ako sanay magturo. Kahit alam ko yung condition niya, minsan ako yung naiinis bakit hindi niya agad makuha, eh ayoko namang ganun. So, talagang hinayaan ko nang sila teacher (therapist) ang magturo. ‘Yung strategies, sariling isip ko na lang, minsan nasasaktan ko, depende, basta para sa’kin yung kung saan siya sumusunod or natututo.”

Vignette #2

Mommy Tetchie observed that her son has fixations with letters, uses non-functional words and repeats words heard or said at 1.6 years old. Her son also does not respond when she gets his milk bottle or toys from him. At the age of 2 years, her son was beginning to read phonetically. She tried to convince her husband to have their son checked by a specialist but her husband was hesitant, until one day that her husband saw his son read aloud “excavation” from a sign in a construction site. At 2.6 years old, they consulted a developmental pediatrician in Quezon City which is 2 – 3-hour drive from Bulacan where they live. As recommended, their child underwent clinic-based therapy twice a week which is still distant with one and a half hour public transport.

“Sana mayroong mas malapit na therapy center, at kung kaya lang ng budget gusto ko sana everyday may OT session kaya lang hindi kaya eh. Nag-google na lang ako, sinubukan ko yung GFCF diet para sa anak ko, yung SON-RISE Program, tapos nag-coconsult na rin ako sa therapist niya ng mga sensory integration techniques para meron pa rin akong magagawa para sa kanya sa bahay.”

Vignette #3

The child of Mama Jadee was born prematurely at 8 and ½ months and was confined to the Neonatal Intensive Care Unit (NICU) for one week. Newborn Screening was relatively fine but still sees her child thin and weak. At the age of 8 months, Mama Jadee’s sister noticed that the baby could not sit and could only roll over from side-to-side. They brought their child 6 hours away from their municipality because there are no specialized services in their hometown. Medical findings indicate that the child has Cerebral Palsy - Hypotonia type. The child received treatment and therapy sessions thrice a week from then on but was halted since March 2020 because of the lockdown concerns for COVID-19. At that time, the child who was 4 years old was already able to walk by himself cautiously. During the time of pandemic, Mama Jadee continued giving exercises to her son to strengthen lower limb muscles through everyday use of tri-bike in the morning and walking in the afternoon. She relied on google and advice from relatives and friends on other activities for her son who is now enrolled in Kindergarten and hoping for the best when classes start.

“Sa suporta, meron naman tumutulong sa pamilya kahit medyo malayong kamag-anak kasi mahal din nila yung bata. Sa LGU, wala po kasi dito ng mga ganyan, ang meron lang ay yung 20% discount sa gatas o ibang gamit dahil sa PWD card n’ya.”

Vignette #4

Mama Myrna's son was enrolled in a daycare center when other parents and even the teacher requested that her child transfer to another center after biting hard one of his classmates. She knew that her child exhibits some aggressive behavior and significant delay in language because he could not yet speak clearly at the age of 4 years. At that time, their family could not afford to send their son for professional assessment and/or special education services. The family decided to let Mama Myrna teach him while at home. It was very difficult for them to teach since they had no idea what and how to teach their child.

Fifteen years later, when the family could already afford specialized services, they had their son undergo assessment. Their son was diagnosed with intellectual disability, and language-cognitive domain is equivalent to 2 years old while socio-emotional and self-help aspects are that of 4 years old. It was a case too late to address intervention for such delays. Their son is now a young adult but still has difficulty learning the most basic skills for self-help including bathing, toileting, dressing, grooming and other home chores.

“Walang-wala talaga kami noon eh, tapos sa probinsya pa, hindi na rin namin natutukan. Ang iniisip na lang namin ngayon ay kung paano siya kapag nawala na kami, maasikaso ba siya? Sa ngayon inihahanda na namin yung mga kapatid niya kung ano posibleng mangyari, wala kaming problema sa mga anak namin, mahal nila yang kapatid nila, pero paano kapag may sarili na rin silang pamilya? Sigurado ako sa magandang trato ng mga kapatid niya, pero yung sa magiging asawa nila, hindi namin alam.”

Mommy Rita, Mommy Tetchie and Mama Jadee displayed great love and efforts in taking care of their children. They put into great consideration the importance of their own observations in early detection, consultation with professionals/specialists, early intervention to address immediate skills and behaviors, and their own initiatives to address their child's needs. While they faced challenges similar to what other parents of CWDs encounter, they have been resilient in finding ways to help their children.

Families who have the financial capacity and access to technological information are fortunate enough, compared to the majority of Filipinos who have none. In such cases like Mama Myrna's, and probably more Filipinos around the country who belong to the poor, neglected and disadvantaged areas, and who could not do so much for their children, it will be a continuous concern and challenge for them to access the benefits of the community particularly on programs and services for health, nutrition, early education, and social protection.

In the context of the foregoing reality, the ECCD Council developed a guidebook that aims to provide Filipino families of CWDs with guidelines that would serve as reference on what processes are to be considered, primarily: starting with keen observation of their own child, followed by early identification through assessment, referral processes, and provision of early intervention. A major corollary focus is the promotion of early childhood inclusion. Further, it is envisioned that the foregoing would help ensure a more established support system from the LGU, specialists, service providers, families and the community.

The *Guidebook for ECCD Service Providers and Parents in Managing 0-4-Year-Old Children with Developmental Delays and Disabilities in Early Learning Programs* presents basic knowledge and assistance to child development workers/teachers and parents on how to deal with children with or at-risk for disabilities in early childhood. It includes the systematic process of helping the child and their families in addressing delays and difficulties they encounter in relation to disabilities, aligned with the national System for Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early Childhood (PEIRIDDDDEC). It shall serve as a practical guide for ECCD service providers and parents working collaboratively in implementing intervention activities for children with or at-risk for disabilities.



Rationale

As stipulated in RA 10410 or the Early Years Act, the national system for ECCD shall promote the inclusion of children with special needs, provide for reasonable accommodation and accessible environments, and establish an efficient system for early identification, prevention, referral and intervention of children with special needs from age 0 to 4 years. In keeping with this mandate, this Guidebook focuses on providing appropriate accommodation for children with disabilities and addressing the challenges of access to early childhood education. This Guidebook further envisions to aid ECCD service providers and parents in delivering quality inclusive ECCD programs and services for children with disabilities. Additionally, the guidebook was designed to accommodate children with disabilities across center-based, home-based, and other alternative early learning modalities. The Guidebook may be modified for applicability in geographically isolated and disadvantaged areas and emergency situational contexts such as but not limited to natural disasters, armed-conflict and health epidemic.

Further, the Guidebook was developed in accordance with the following core considerations:

- Various legal bases that support Children with Disabilities and their families
- Establishing and strengthening the System for Prevention, Early Identification, Referral, and Intervention of Delays, Disorders, and Disabilities in Early Childhood (PEIRIDDDDEC)

- The need to equip ECCD service providers and parents of children with disabilities with adequate knowledge, skills and strategies on how to manage and support children with disabilities
- The need to promote the roles and participation of other ECCD service providers and the support of the local government unit, local community and families to address immediate needs of children with and at-risk for disabilities.

This Guidebook is ultimately envisioned to contribute in promoting a more inclusive community that possesses the value of understanding, acceptance and support to children with disabilities and their families.



The ECCD Council aims to strengthen the promotion of inclusion in early childhood education for children with disabilities and their families to ensure that children are learning and are happily living at home, in the center and in the community. Thus, the Guidebook for ECCD Service Providers and Parents Managing 0–4-Year-Old Children with Developmental Delays and Disabilities in Early Learning Programs aims to:

1. Promote the legal bases, guiding principles, and the process towards inclusion;
2. Assist ECCD service providers in their role in the whole process of prevention, early identification, referral, and intervention of delays and disabilities as they utilize the different tools for developing and implementing appropriate intervention activities for children with disabilities and their families;
3. Serve as a resource material for ECCD service providers and parents in identifying signs of delays and characteristics through observations made and possible intervention activities for children with delays and disabilities;
4. Promote and encourage active participation of parents in using the guidebook in implementing intervention activities to aid in managing the behavior of their children with delays and disabilities at home; and
5. Encourage local government units to integrate ECCD programs and services for children with disabilities and their families in the LGU development plan.

PART II



THE PATHWAY TO INCLUSIVE EARLY CHILDHOOD EDUCATION



PART II. THE PATHWAY TO INCLUSIVE EARLY CHILDHOOD EDUCATION

Inclusion in education started with the initiative of providing children with disabilities an opportunity to learn along with typical peers in the regular classroom. It supports children with disabilities who are granted access to appropriate intervention and education while acknowledging the individual management of a child's behavior to ensure quality learning of all children in class. It also supports the use of people-first language emphasizing more on the individual person's ability rather than their disability.

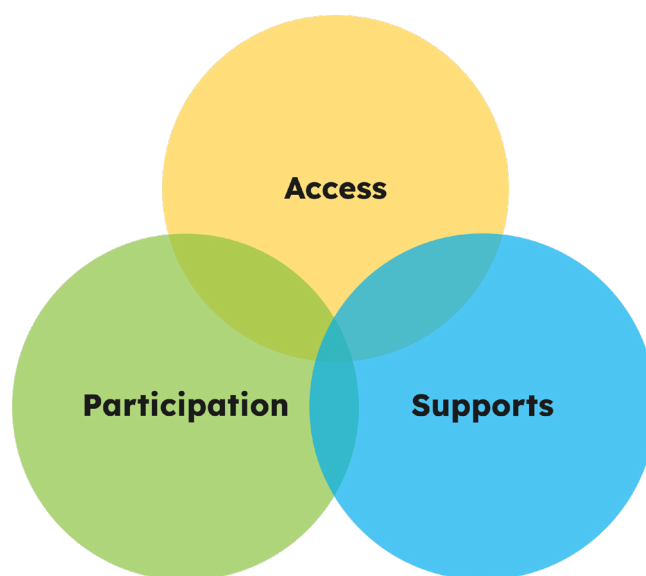
Views on inclusion have shifted to include all children regardless of race, language, religion, gender, ability, and to be given the opportunity to receive individualized, equitable, quality education and to accept diversity. Thus, inclusion considers not only children with disabilities, but also the poor, those belonging from linguistic, ethnic or cultural minorities, and those living in disadvantaged areas.



International conventions as well as national laws and policies support the rights of children with disabilities and special needs. It is important that in using this guidebook, plans and activities to be developed and decisions be taken are in accordance with the following considerations:

1. Beliefs and proclamations on Inclusive Education (Salamanca Statement and Framework of Action on Special Needs Education, 1994):
 - Every child has a right to education and must be given the opportunity to achieve and maintain an acceptable level of learning.
 - Every child has unique characteristics, interests, abilities and learning needs.
 - Education system and programs should be designed and implemented to consider the wide diversity of these characteristics and needs.
 - Those with special education needs must have access to regular schools which should accommodate them within a child-centered pedagogy capable of meeting these needs.
2. Key principles of a human rights approach to disability (Convention on the Rights of Persons with Disabilities, 2008):
 - Full and effective participation and inclusion in society
 - Respect for the evolving capacities of children with disabilities and for their rights to preserve their identities
3. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Sustainable Development Goals, 2015)

4. Rights and privileges of persons with disabilities (RA 9442 or Amended Magna Carta of Persons with Disabilities, 2006):
 - Ensure that persons with disability are provided with adequate access to quality education and ample opportunities to develop their skills
 - Provide persons with disability the opportunity to participate fully into the mainstream society by granting them at least 20% discount in all basic services
5. Promote the inclusion of children with special needs, provide for reasonable accommodation and accessible environments for children with disabilities and advocate respect for cultural and linguistic diversity (RA 10410 or Early Years Act, 2013)
6. Design programs to address the physical, intellectual, psychosocial and cultural needs of learners, specifically for the gifted and talented, learners with disabilities, Madrasah, indigenous people and in difficult circumstances (RA 10533 or Enhanced Basic Education Act, 2013)
7. Uphold respect for inherent dignity, individual autonomy, and independence by guaranteeing accessibility and eliminating all forms of discrimination in all public interactions and transactions, ensuring full and effective participation and inclusion in the society (RA 11106 or Filipino Sign Language Act, 2018)



Early childhood inclusion is defined as the embodiment of values, policies and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities and society (DEC/NAEYC, 2009). It is covered by three defining features: access, participation and supports. Access means providing an array of activities and environments by removing barriers and presenting various opportunities to promote learning and development of every child. Participation means using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child. And supports refer to the broader aspect of the system that assure high quality inclusion.

It is very important to fully understand the features of inclusion in order to achieve program goals in early childhood. Accessing ECCD programs would enable early identification and intervention for developmental delays and disabilities in young children. The community needs to be aware of and understand how parents and their children benefit through accessing ECCD programs. The participation of children with developmental delays and disabilities in early learning programs will help address their immediate needs and contribute to the development of their fullest potential. It is a big step towards their meaningful participation in the community and society. Lastly, much needed support that includes professional development of ECCD service providers, provision of family support programs for parents, families and caregivers, committed partnership and collaboration in the community, and local government assistance on funding and pooling of resources. With all of these efforts, we aspire to achieve a more inclusive community and society.

PART III

THE GUIDE PROCESS



PART III: THE GUIDE PROCESS

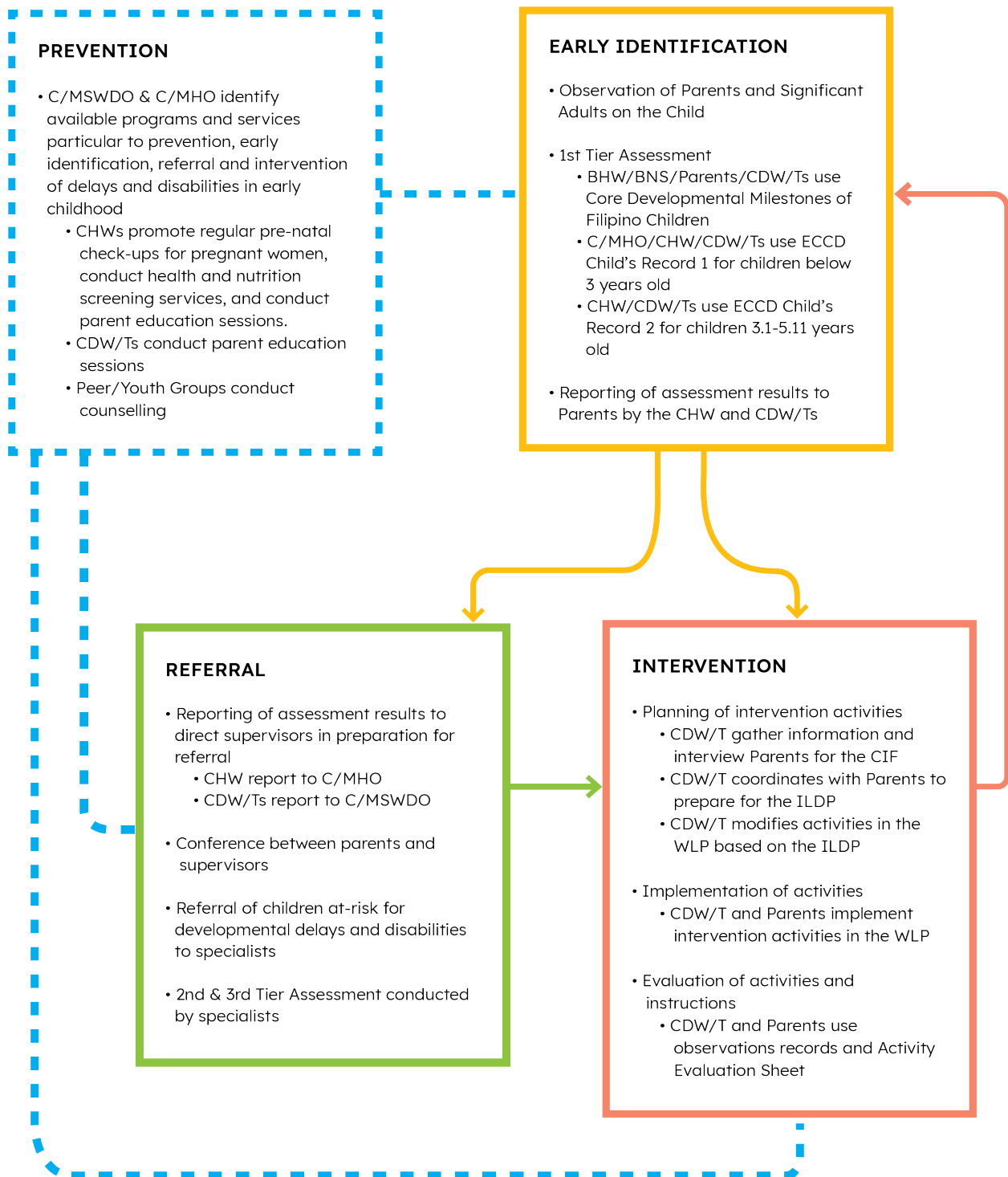
Around the country, there is a general hesitation to include children with or at-risk for disabilities into existing ECCD Programs because of several reasons relating to the various layers of environment of the children. One of the premises is that ECCD service providers and parents are not equipped with the knowledge and skills to address their children with disabilities very specific needs. Another would be the beliefs embedded within the culture that plays a role in the difficulties encountered when including children with or at-risk for disabilities in community activities. These may include spiritual beliefs that lead to perceptions of disabilities as God's punishment and beliefs that having children with disabilities within the family is a source of shame that they could not bring them to places, or an imperfection that could not be corrected by treatment, thus keeping them at home. In response to the assistance needed by the ECCD service providers and to debunk the common misconceptions of these disabilities, this part of the Guidebook is crafted to briefly explore the basic process of how we can help children with or at-risk for disabilities and their families in Early Learning Programs.

Aligning with the System for PEIRIDDDEC

The development of the System for Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early Childhood (PEIRIDDDEC) adheres to Sec. 2 (Declaration of Policy) *"The System shall promote the inclusion of children with special needs, provide for reasonable accommodation and accessible environments for children with disabilities..."* and Sec. 3 Objective (e) *"To establish an efficient system for early identification, prevention, referral and intervention for the wide range of children with special needs from age zero (0) to four (4) years."* The institutionalization of the Volume 1 of the System for PEIRIDDDEC (Background and Description of the System) was endorsed in 2019. The need to further strengthen home-community partnership in the provision of ECCD programs to vulnerable sub-sectors was highlighted during this time of crisis, thus the ECCD Council Governing Board signed into resolution in May 2020 the approval of the Volume 1 of the System for PEIRIDDDEC.

The following diagram provides a visual overview of the guide process. From this, ECCD service providers and parents would be able to understand the processes involved which are aligned with the System for PEIRIDDDEC. Certain assessment tools and resource materials are also discussed and annexed for easier understanding and implementation.

PROCESS FLOW OF THE SYSTEM FOR PEIRIDDEC



Aligned with the system for PEIRIDDDEC, the diagram above summarizes the guide process for ECCD stakeholders. The Prevention component highlights programs and services that are available in local government units related to all the other components of the system. Prevention activities are conducted by different ECCD service providers such as City/Municipal Social Welfare and Development Officer (C/MSWDO), City/Municipal Health Officer (C/MHO), Community Health Workers (CHW) and Child Development Workers and Teachers (CDW/T) to lessen the possibilities of acquiring diseases and disabilities. It interfaces with all the other components of the system since the existence of prevention activities contribute to community awareness on early identification of delays and disabilities, referral processes, and implementation of early intervention activities to prevent worsening of identified delays and disabilities.

The Early Identification component highlights observation and assessment as the main entry points for detection of delays and disabilities. Referral and Intervention components are dependent on the outcome and recommendations relative to assessment results. While referral processes are ongoing, the need to provide early intervention is equally important. In consideration of the assessment results interpretations and recommendations from specialists through referral, intervention activities are planned, implemented and evaluated. The implementation and evaluation of intervention activities in the Intervention component and the conduct of regular assessment in the Early Identification component is cyclic to highlight continuous monitoring and evaluation of the child's development.



PROGRAMS AND SERVICES FOR PREVENTION

Early childhood is the most critical period of growth and development. During this time, brain development is at its peak and builds the foundation of skills necessary for lifelong learning. Early Childhood Care and Development service providers, parents/families, and other significant adults play important roles by providing stimulation and early learning experiences for children. They also need to address the child's needs for effective societal participation in the future and prevent acquiring and/or worsening of delays and disabilities. The CRPD defined children with disabilities as *“those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”*. Implementing preventive interventions, such as the programs and services discussed in this section, may help reduce the incidence and severity of developmental delays or disabilities.

**C/MSWDO & C/MHO IDENTIFY AVAILABLE PROGRAMS AND SERVICES
PARTICULAR TO PREVENTION, EARLY IDENTIFICATION, REFERRAL AND
INTERVENTION OF DELAYS AND DISABILITIES IN EARLY CHILDHOOD**

The potential developmental delays or disabilities identified during mapping and screening shall lead to the collaboration of ECCD Service Providers in identifying free and available community services specific to prevention, early identification, referral, and intervention.

Some of the programs and services available in the community and recommended for prevention are:

SERVICES AND PROGRAMS	DESCRIPTION
<i>Expanded Program on Immunization</i>	To prevent diseases that might lead to a disability; immunizations for TB, Polio, Tetanus, Hepatitis B, MMR, DPT; Iron and Vitamin A supplementation
<i>Family Support Programs/Parent Effectiveness Service</i>	Advocacy on health and nutrition practices for pregnant women and lactating mothers, early childhood development, and child behavior management
<i>Safe Motherhood Program</i>	Programs on family planning, prenatal care, clean and safe delivery and basic obstetric care to reduce maternal and neonatal death Promote maternal check-ups, family planning, vaccination and birthing in health facility
<i>Supplementary Feeding Program</i>	Food supplementation for 120 days for children enrolled in Daycare/Child Development Centers and Supervised Neighborhood Play
<i>Pantawid Pamilyang Pilipino Program</i>	Conditional cash transfer program to assist families of poor children to invest in health, nutrition and early education so they can have a better future



Conduct of Mapping and Health Screening

Improving and planning a healthy lifestyle during pregnancy may reduce the risk of developmental delays, disabilities and secondary conditions related to their disability. Community Health Workers who are responsible for mapping and screening pregnant women, need to help identify their current state of mental health such as signs/level of stress or domestic violence that might affect the development of the child and to monitor red flags for developmental delays. Furthermore, it is critical to determine whether pregnant women receive adequate nutrition, as it can have serious consequences for the mother's and child's health. Based on the mapping and screening data, the CHWs promote and encourage regular and/or additional pre-natal check-ups for pregnant women.



Conduct of Family Education Programs

The CDW/Ts conduct the Family Education Programs (e.g., Family Support Programs, Parent Effectiveness Service, Family Development Sessions) with topics such as: child development, promoting good health and nutrition practices for pregnant women, breastfeeding mothers and young children. Other topics may be suggested depending on needs assessment of parents in the community. Furthermore, the CDW/Ts may seek assistance or collaborate with CHWs, C/MHO and C/MSWDO in promoting other available ECCD programs and services.



Conduct of Pre-marriage, Pre-pregnancy and during Pregnancy Counselling

The C/MSWDO, C/MHO, CHWs and Peer/Youth groups promote the conduct of pre-marriage, pre-pregnancy and during pregnancy counselling. Counseling may help ensure the following: (1) for couples to have a strong and healthy relationship and identify problems during marriage; (2) provide knowledge for woman planning to have a child and; (3) for pregnant women to address conflicts such as stress, pressure or mental health issues and able to properly take care of the child. It is important to address these issues because a child deserves to grow up in a healthy, safe, and secure environment.

In summary, these are the roles and responsibilities of ECCD service providers discussed in the provision of programs and services for prevention:

ROLES OF C/MHO & CHWs	ROLES OF C/MSWDO & CDW/Ts
<ul style="list-style-type: none"> • Counselling of pre-marriage, pre-pregnancy and during pregnancy • Maternal Nutritional Screening and Intervention Tools measuring the stress level, exposure to violence, nutrition, health, etc. • Conduct risk management • Promote available ECCD programs and services 	<ul style="list-style-type: none"> • Educate parents in health, nutrition, early learning and social services available to them • Conduct Family Education Programs to promote good health and nutrition practices for pregnant women, breastfeeding mothers and young children • Promote available ECCD programs and services • Collaborates with Community Health Workers, Nutrition Officers and Social Workers on free and available services in the community



PROCESS OF EARLY IDENTIFICATION



The assessment of children's development is a very important part of the process of early identification. Through assessment, parents and teachers will be able to identify the strengths and the age-appropriate skills that are yet to be developed. Assessment may come in two forms: formal and informal assessment. Formal assessments are standardized and usually done on a periodic schedule to track the development of the child. An example of a formal assessment is the ECCD Checklist. Informal assessments, on the other hand, are ways of tracking a child's development that may be done by parents and teachers every day. A common example of an informal assessment is noting observations.



Observations of Parents and Significant Adults

Observation is the most common form of getting familiarized with the development and learning of a young child. In noting observations, it is important that the five senses are employed rather than the observer's judgments of the behavior. Parents and other significant adults should be able to clearly note what they were able to literally see, hear, smell, taste, and feel about their child. They should not jump into their own interpretations of their observations as these would fall under their own judgments. Noting honest and clear observations allows us to focus on the child's unique behavior as an individual and as a member of a group. An example of an observation form is in Annex A of this document.



First Tier Assessment

There are different tools that can be used in conducting assessment. However, the main tool used by ECCD service providers in determining if a child is developing adequately or is at-risk for developmental delay is the ECCD Checklist. Below are the list and description of the different tools for Tier 1 assessment:

FIRST TIER ASSESSMENT TOOLS (PRIMARY)**1. Core Developmental Milestones of Filipino Children**

Age Group

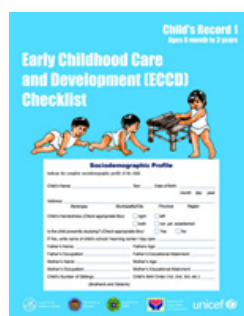
0 - 60 months

Administered by

- Barangay Health Workers (BHW), Barangay Nutrition Scholars (BNS)
- Child Development Workers and Teachers (CDW/T)
- Parents

Description

This tool is used as a simple guide in identifying children at-risk for developmental delay. It shows five developmental domains (motor, self-help, language, cognitive and socio-emotional) for ages 4, 8, 12, 18, 24, 36, 48 and 60 months. This tool can be used to determine if a child can elicit the expected milestones according to their age. If a child does not exhibit an expected skill under a particular domain relative to age, then the child is suspected to have a delay in that domain and is subjected for use of the ECCD checklist for further assessment. The Core Developmental Milestones can be found at the back cover of the ECCD Checklist for perusal. A copy of this is in Annex B.

2. ECCD Checklist Child's Record 1

Age Group

0 - 3.0 years old


Administered by

- City/Municipal Health Officers, Community Health Workers (e.g., rural health midwives and nurses) to children visiting Health Centers
- CDW/Ts with students below 3 years old

Description

Used to determine if a child is developing adequately or is at-risk for developmental delays. It covers seven developmental domains: gross motor, fine motor, self-help, receptive language, expressive language, cognitive and social-emotional.

FIRST TIER ASSESSMENT TOOLS (PRIMARY) cont.

3. ECCD Checklist Child's Record 2 	Age Group	3.1 - 5.11 years old
	Administered by	<ul style="list-style-type: none"> • CDW/Ts • Kindergarten teachers • Community Health Workers (CHWs) may also use this tool for tracking the development of children 3.1 to 5 years old not enrolled in Early Learning Programs.
	Description	Used to determine if a child is developing adequately or is at-risk for developmental delays. It covers seven developmental domains: gross motor, fine motor, self-help, receptive language, expressive language, cognitive and social-emotional.

During the First Tier Assessment, the ECCD service providers (e.g., CHWs, CDW/Ts) lead the administration of the Child's Record 1 or 2, depending on the age of the child that will be assessed. The list of materials needed for the assessment is in the ***"How to Use the ECCD Checklist"*** manual. If some of the materials listed are not available, assessors can use alternative materials that serve the same purpose. Noted observations of parents are very important for items marked with *"parents' report will suffice"*. Their observations of the particular skills mostly exhibited at home are vital information in the completion of the checklist items.

The ECCD service providers (e.g., CHWs, CDW/Ts) tally the raw score under each developmental domain. The raw scores are converted into scaled scores that can be found in the ***"Table of Scaled Scores and Standard Scores"*** manual. They are expected to use the table applicable to the child's age at the time of the conduct of assessment. Interpretation of the scaled score per domain should be noted to determine if a child is developing adequately or not in each domain. The scaled scores are then summed up and converted to standard score. The interpretation of standard score is the overall interpretation of the child's development. The table for the interpretation of scaled scores and standard score can be seen below:

SCALED SCORE	INTERPRETATION
1 - 3	Development in the domain must be monitored after 3 months
4 - 6	Development in the domain must be monitored after 6 months
7 - 13	Average development
14 - 16	Suggests slightly advanced development in the domain
17 - 16	Suggests highly advanced development in the domain

STANDARD SCORE	INTERPRETATION
69 and below	Overall development must be monitored after 3 months
70 - 79	Overall development must be monitored after 6 months
80 - 119	Average overall development
120 - 129	Slightly advanced overall development
130 and above	Highly advanced overall development

**Tables shown above are sourced from the ECCD Checklist Manual (How to Use)*




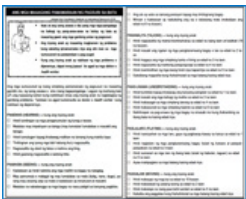
Reporting of Assessment Results to Parents

The ECCD service providers who administer the ECCD Checklist to the child (e.g., CHWs in Health Centers, CDW/Ts in CDCs) need to report the child's ECCD checklist assessment results to the parents at most two weeks after the conduct of the assessment. Two assessment results should be looked out for by the ECCD service providers.

First, if the standard score of the child's assessment is 79 and below with an interpretation of "overall development must be monitored after 3 or 6 months", then intervention strategies must be utilized and the ECCD Checklist must be administered for all domains after 3 or 6 months, depending on the standard score.

Second, if the results of the assessment show scaled scores of 1 – 6 in particular domains and an interpretation of "must be monitored after 3 or 6 months," then the child needs immediate intervention that would focus on the identified developmental domains. Furthermore, the specific domains must be re-assessed using the ECCD Checklist after 3 or 6 months, depending on the results of the previous assessment. Results of the follow through assessments must also be reported to parents.

Other First tier assessment tools that are available in the LGU and can be used by ECCD service providers are the following:

FIRST TIER ASSESSMENT TOOLS (SUPPORTING)		
1. Portage Guide to Early Education (PGEE) 	Age Group	0 - 6 years old
	Administered by	Teachers, parents, professionals and other service providers who need to assess a child's behavior and plan realistic curriculum goals
	Description	<p>This tool contains three documents: the Manual, Checklist of behaviors and Card file. The Checklist of behaviors is used to assess and record the developmental progress of a child in 5 areas: socialization, language, self-help, cognitive and motor. The Card File is used for possible methods of teaching targeted skills based on the administration results of the checklist.</p> <p>All National Child Development Centers (NCDC) with CDTs who have completed the Early Childhood Education Program have a copy of PGEE. The CDTs can share with the parents and other ECCD service providers the most applicable and appropriate interventions for use of their child at home.</p>
2. Early Childhood Screening List 	Age Group	0 - 2 years old
	Administered by	Parents, primary caregivers, community health workers and child development workers/teachers may use this tool
	Description	<ul style="list-style-type: none"> An annexed document in “Idol ko si Nanay Learning Sessions for the First 1000 Days of Life”. It is a useful tool to determine if a child has a delay in various domains. The screening includes a check of the child's hearing, vision, speech, learning development, coordination and social skills. A copy of this tool is in Annex C.



PROCESS OF REFERRAL

The interpretation of the result of the child's first tier assessment is very important in the succeeding steps of the Process Flow. When results of the assessment show delays in a child's development, intervention activities for children displaying delay(s) on certain developmental domains should be implemented. Moreover, the assessment results from the first tier assessment tools should be used as a supporting document in the referral process to the ECCD service providers' supervisors and as intake information for tier 2 and 3 assessments.



Reporting of Children's Assessment Results to Supervisor

The ECCD service providers who conducted developmental assessment using the ECCD checklist need to report the assessment results to their immediate supervisor in preparation for the referral process in case there is a need for 2nd and 3rd tier assessments. The CDW/Ts report to the C/MSWDO while the CHWs report to the C/MHO under the local government unit (LGU) jurisdiction. For children not enrolled in any Early Learning Program (ELP), the CHWs should be able to report to the C/MHO the assessment results especially of children at-risk for disabilities. Once reported, the C/MHO should schedule a conference with the parents to prepare them for the referral in case there is a need for 2nd and 3rd tier evaluation. Families are encouraged to enroll their child in any ELP so that their child can be given early intervention activities while the process of referral is ongoing, as well as to practice their right to inclusion in early education.




Conference Between the Parents and the Supervisors

The C/MSWD Officer coordinates with the C/MH Officer in evaluating the assessment result reported by the CDW/T and decides if there is a need for 2nd and/or 3rd tier assessment. Through the scheduled conference with the parents, the officers relay their evaluation of the results of the

1st tier assessment and present recommendations for referral to specialists. Not all parents are open to further assessment, and it is natural for the majority to initially deny difficult issues about their child. ECCD service providers cannot force parents when they are not yet ready to accept their child's need for further assessment and evaluation. However, parents can be encouraged to go through the referral process by ensuring them of the support that they will receive from the LGU. In that case, the officers should be able to assist ECCD service providers, parents and their child in the referral process. If needed, the C/MSWD Officer and/or ECCD Focal Person or C/MHO can accompany the CDW/Ts or CHWs in communicating with the child's parents regarding the need to consult health specialists and medical experts for further assessment.

It is suggested that the child's health record/card, ECCD checklist, and teacher's observation notes be available for review/evaluation by the specialists.



Referral of Children at-risk for Developmental Delays and Disabilities to Specialists

The LGU and local sectors on health and nutrition, early childhood education, social welfare and development, can come up with collaborative efforts to identify available resources in the locality. They should be able to map out professionals and practitioners as well as civic groups who can help out children with or at-risk for disabilities through diagnostic assessment, intervention and rehabilitation programs and services available in the locality. With an established referral system, the C/MSWDO and C/MHO shall be able to assist the parents and families of children with and/or at-risk for disabilities to the identified specialists and services deemed appropriate as recommended.

The LGU is encouraged to integrate in their annual development plan the provision of programs and services for children with disabilities and allocate funds for the provision of assistive devices, medications, community service, financial aids for the underprivileged families of children with disability and other forms of assistance they can offer. Sources of funds may be attributed, but not limited to, the GAD and SEF funds of the LGU. Furthermore, the C/MSWD Officer can find ways to subsidize transportation or other types of aid to the child and her/his parents/family, while the C/MHO can assist in the application and acquisition of PhilHealth Z-package benefits for children with disabilities.



Second and Third Tier Assessments

It is very important that a system for the PEIRIDDDEC is in place which includes mapping of available specialists in the LGU or nearby cities and municipalities. There are instances when further assessment is needed to verify initial results and know how and why the child may have not exhibited certain developmental tasks, skills or behavior expected at their present age. When this happens, a child may need 2nd or 3rd Tier Assessments that should only be conducted by specialists. Through proper coordination at the LGU level, the C/MH Officer can identify available experts/specialists in the community and possibly assist in initial communication with them. Some of the possible 2nd Tier assessments may be found in the table:

2ND TIER ASSESSMENT	DESCRIPTION
Hearing examination	<p>Several hearing examination methods can be used, depending on the child's age, development and health status.</p> <p>A hearing examination is usually done before a newborn is discharged from the hospital. In the event that the child is not born in a hospital facility, a hearing examination must be administered within the first 3 weeks of life.</p> <p>During behavioral tests, an audiologist carefully watches a child respond to sounds like calibrated speech (speech that is played with a particular volume and intensity) and pure tones.</p>
Eye examination	<p>Children's eye exam is an assessment of your child's eye health and vision performed by a pediatric optometrist (OD) or pediatric ophthalmologist (eye MD).</p> <p>Children should have their first comprehensive eye exam at 6 months of age. Eye exams for children are very important to ensure that the child's eyes are healthy and have no vision problems that could interfere with everyday activities.</p>
Nutritional status examination	<p>Nutritional status is assessed using anthropometric and biochemical tests, among others. Anthropometric measurements used to determine nutritional status include the assessment of the physiological status of the body based on its height and weight. Through the nutritional status examination, specialists are able to identify if the child is healthy, undernourished, wasted or obese.</p>

Medical examination	This test is conducted annually where the child is weighed and measured, and her/his results are plotted on growth charts for weight, height, and body mass index (BMI). Using these charts, doctors can see how the child is growing compared with other children of the same age and gender. The doctor will take a medical and family history and do a physical exam.
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The specialist prepares an assessment report and presents the results with appropriate recommendations for intervention to the parents of the child. Depending on the results of the 2nd tier assessment, further evaluation may be needed upon the recommendation of the specialist, and this is referred to as the 3rd tier assessments.

During the 3rd tier assessments, results of the different assessments administered during the 2nd tier are evaluated by the specialist. Some of the medical and non-medical specialists that provide 3rd tier assessments are the following:

3RD TIER MEDICAL & NON-MEDICAL SPECIALISTS	DESCRIPTION
Pediatrician	A doctor who manages medical conditions affecting infants, children and young people
Developmental-behavioral pediatrician	A specialist who evaluates, counsels and provides treatment for children, adolescents, and their families with a wide range of developmental and behavioral difficulties
Pediatric neurologist	A doctor who treats children who have problems with their nervous system. Problems in the nervous system can start in the brain, spine, nerves, or muscles. These can lead to problems such as seizures, headaches, or developmental delays
Neonatologist	A doctor in pediatrics who specialises in looking after newly born babies. This specialist is usually based in an intensive care unit looking after premature babies or those with problems at birth.
Child psychiatrist	A doctor who specializes in diagnosing and treating behavioral and thought disorders in children
Clinical psychologist	A mental health professional with highly specialized training in the diagnosis and psychological treatment of mental, behavioral and emotional illnesses

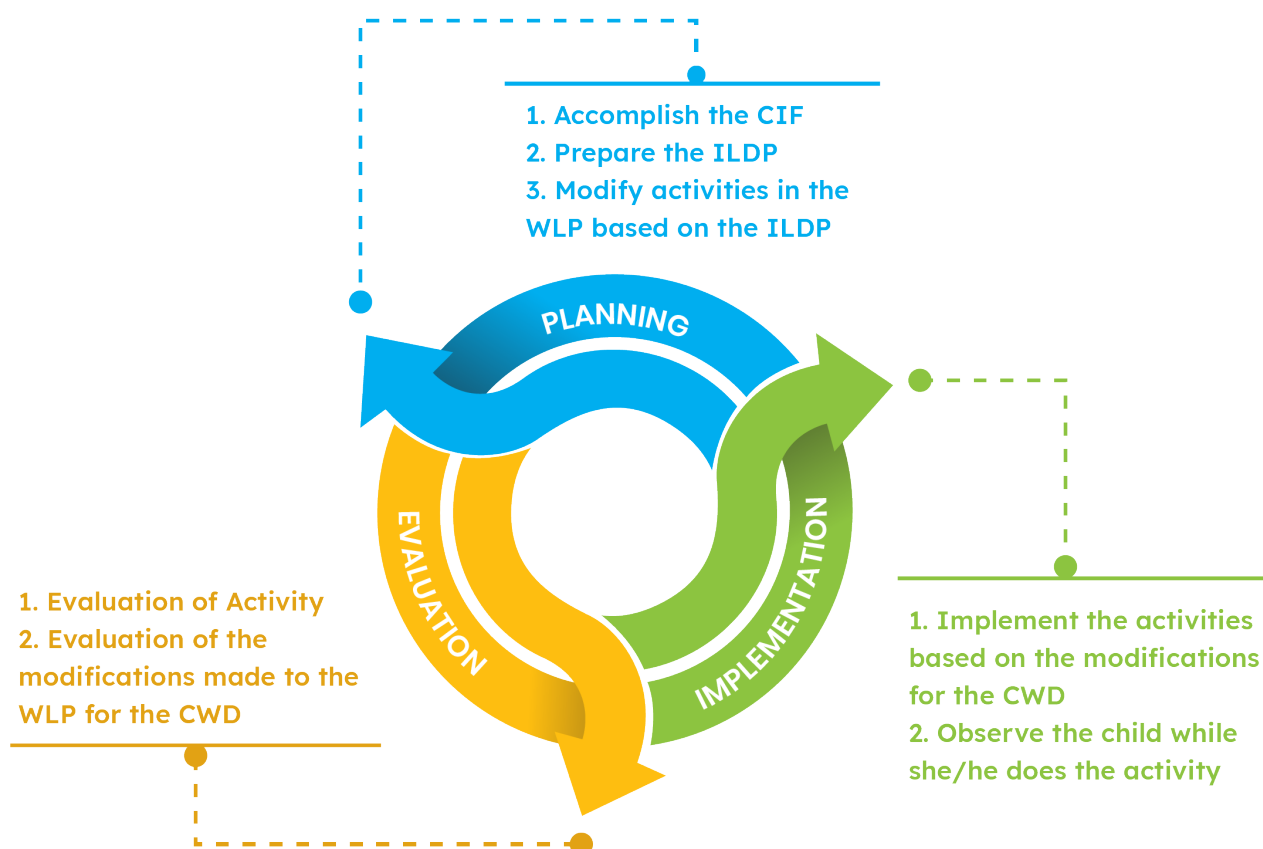
Psychoeducational diagnostician	A specialist concentrating on diagnosing and assessing children with learning disabilities
Rehabilitation specialist	A specialist who acts as a case manager who trains patients to function within the larger community

The list of 3rd Tier specialists above is not conclusive and there can be more available specialists based on the stakeholders mapping conducted by the LGU. Moreover, the specialists mentioned above are expected to come up with report findings and give recommendations as to how to address the immediate needs of the child by the parents/family and significant ECCD service providers. The document of findings and recommendations provided by the specialists are valuable in the comprehensiveness of the Child Intake Form, Individual Learning and Development Plan, and modifications in the Weekly Learning Plan.



PROCESS OF INTERVENTION

The process of planning of intervention activities based on assessment results is very important to ensure participation of the child in Early Learning Programs. Through the planning stage, ECCD service providers are able to ensure that individualized intervention activities will be implemented based on the child's developmental needs. These intervention activities shall be guided by the results of the 1st, 2nd and 3rd Tier assessments of the child, whichever is applicable. The process of intervention involves three steps: *planning, implementation and evaluation*.



Planning of Intervention Activities

The first step in ensuring that appropriate intervention activities are provided is Planning. This should start immediately upon the entry of the child in an Early Learning Program and must constantly be updated based on the child's assessment results.

Accomplishing the Child Information Form

Initially, significant adults fill-out the needed information in the Child Intake Form (CIF). It includes basic information about the child and her/his family, medical information, latest assessment results and interview notes with the parents/family. Information about the CIF and how it is accomplished is in the Annex D of this document. The accomplished CIF shall be used to know and understand the child well, so that intervention activities shall be carefully planned based on the child's interests, immediate needs, present skills and shall consider parent/family capability, time and resources.

Preparing the Individual Learning and Development Plan

Planning intervention activities is crucial in the child's learning and development. Using the information taken from the CIF, an Individual Learning and Development Plan (ILDLP) shall be prepared by the CDW/T in coordination with parents and/or caregivers and specialists/therapists.

The ILDP is adapted from the Individualized Family Service Plan (IFSP) and Individualized Education Plan (IEP). It is simplified to make it easier for CDW/Ts to prepare and easier for parents to understand. The components of the ILDP are basic information of the child, inclusive dates of implementation, goals, objectives, target skills, and intervention activities. Information on how to accomplish the ILDP is in Annex E. The ILDP shall be used for at least three months or up to six months and can be modified during the duration of implementation.

Modification of Activities in the Weekly Learning Plan based on the ILDP

As a usual practice of CDW/Ts, they are encouraged to prepare a Weekly Learning Plan (WLP). The WLP contains activities to be implemented by CDW/Ts for the whole class following specific routines and schedules. Since this serves as a general plan of activities for the class, some modifications on instructions, materials and level of difficulty may be necessary to fit the child's needs. Considering that all children are unique individuals, the activities planned should also show variations to accommodate children who may have delayed or advanced development and should fit the child's unique characteristics, behavior and needs. Though the WLP being prepared is a general plan for the class, the CDW/Ts should be flexible enough to modify activities based on the child's CIF and ILDP. Parents are also welcome to modify the activities to be implemented at home particularly on the use of available materials, effective teaching instructions, and time/schedule of implementation. Two samples of WLP are appended in this document, Annex F WLP Template for Center-based Program and Annex G WLP Template for Home-based Program.



Implementation of Intervention Activities

Planning and modification of activities are not enough to ensure participation of children with or at-risk for disability. Proper implementation of activities is very important in providing intervention activities for the best interest of the children.

Based on the WLP, the CDW/T will facilitate the activities for the children in class. The child with or at-risk for disability shall receive modified or individualized activity alongside with typical peers based on her/his CIF and ILDP, and should not be segregated or isolated from her/his classmates. The child should also be able to feel that she/he belongs in a group and can also do tasks and activities in class. When implementing activities, the CDW/Ts may utilize collaborative learning where one child may help the child in need of assistance.

Furthermore, as we promote inclusion in early learning programs, we must take into consideration the recommended ratio of 1 child with disability to 10 typical children (1:10) in class for children aged 3- 4 years, and ratio of 1:5 for children aged 0 - 2 years as stated in the *Standards and Guidelines for Center-based ECCD Programs*. As much as possible, 1 parent or significant adult should assist and look after the child in class as the CDW/T also has to attend to the needs of all the other children. The parent/caregiver, however, should make sure that the child is the one doing the activity, and that their role is to assist in giving out instructions as to how the child can easily understand what she/he is doing.

For children who are not enrolled in any early learning program (center-based, community-based, home-based, and alternative delivery modes), their parents are encouraged to register them so that they may receive early intervention and prevent worsening of the delays. Parents/families of children with such unique needs may also receive support and training that could be provided by LGUs.

Using the ILDP as a guide, the parents facilitate intervention activities at home or in the community. Suggested activities can be incorporated in regular family activities and chores at home. It is important for the parents and ECCD service providers to have constant communication on how the child is faring with the implementation of intervention activities.

There are two reference materials appended in this Guidebook that may help CDW/Ts, parents and significant adults in planning and implementing appropriate intervention activities for children with or at-risk for disability: (*Annex H*) *Table Guide for Children with Delays in Developmental Milestones and Suggested Intervention Activities* and (*Annex I*) *Table Guide for Children with Disabilities and Suggested Intervention Activities*. Intervention activities included in the reference materials are only suggested and may not be effective for all children. It is critical to consider the child's

needs and interests so that the most appropriate activities can be planned and implemented. Thus, activities, materials and instructions may be modified according to the specific needs and interests of the child.



Evaluation of Intervention Activities and Instructions

The last step of the process for intervention is the Evaluation of Activities. This is the step that is of equal importance but often overlooked by CDW/Ts. Through the evaluation, the CDW/Ts are able to identify which parts of the activity worked and which parts need further modification to ensure that learning of the child is maximized.

During the evaluation, the CDW/T and the parents and/or caregivers conduct a daily informal assessment of the child's response towards the activity at the center or at home. Some of the questions that may be considered by the CDW/Ts and the parents and/or caregivers in their observations and reflection are the following:

- How did the child respond to the activity?
 - Was the child interested in the activity? Did the child enjoy it?
 - Was the activity too difficult or too easy for the child?
 - Was the child able to finish the task on his/her own?
 - Did the child understand what he/she did?
- Was the activity developmentally appropriate for the child?
 - Were the objectives of the activity met?
 - Were the materials appropriate and safe?
 - Were the materials also available at home?
- Was the CDW/T or parents able to address the needs of the child?
 - Were the instructions communicated well?
 - Was the child observed clearly while doing the activity?
 - Were the activities processed after?

For convenience in the observation of the CDW/Ts and parents and/or caregiver, an Activity Evaluation Checklist in Annex J may serve as a reference material.

In addition to the regular evaluation of intervention activities, quarterly meetings through Parent-Teacher Conferences between the CDW/T and the child's parents are advised to keep track of the child's progress. Apart from this, weekly conversations between the parents and the teacher regarding the child's development and the implementation of intervention activities included in the ILDP should be done through alternative means (i.e. parent journals, communicating through phone, online, etc.). With these, planning for developmentally appropriate intervention activities to be implemented for the following week will be much easier to follow.

Lastly, follow through 1st tier assessment using the ECCD Checklist may be needed especially for children with results that show monitoring and evaluation must be done after 3 - 6 months. The CDW/T also needs to report the status of implementation of intervention to the child with or at-risk for disabilities to the M/CSWD Officer and/or ECCD Focal Person for program evaluation and appropriate actions. This can be helpful in identifying additional assistance and support that may be needed by the child and her/his family.

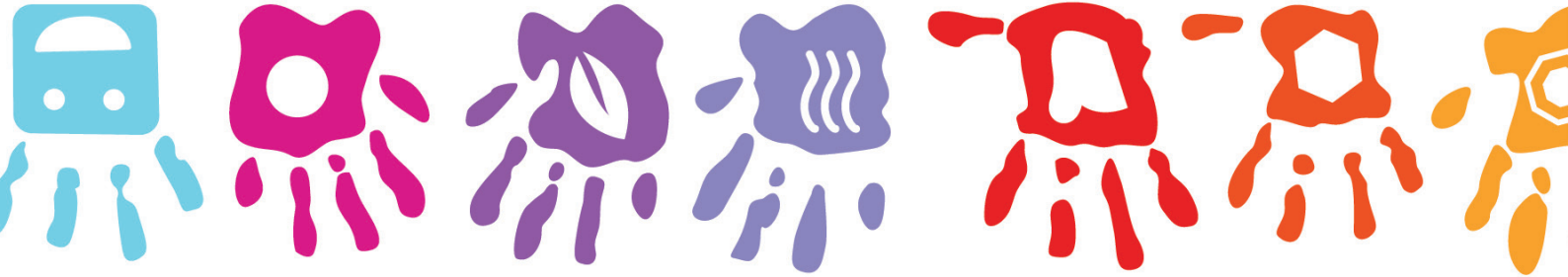


Ensuring Inclusion beyond ECCD

The end-result of providing inclusive ELP programs and services is to ensure that children with or at-risk for disabilities are provided with full participation in the society. Thus, transition and continued learning of these children to Kindergarten and Basic Education is very important.

As mandated by the Department of Education (DepEd), ECCD Checklist results of all children transitioning to Kindergarten must be presented by the parents to the Kindergarten Teachers. In this regard, CDW/Ts, with assistance from the C/MSWD Office, must be able to provide parents/significant adults a copy of the child's ECCD Checklist, CIF and ILDP. A portfolio of the child's output and the CDW/Ts compilation of observation notes would also be helpful for the continuity of the child's learning as she/he transitions to Kindergarten. It is also very important that an annual evaluation of the inclusiveness of Early Learning Programs and the referral system of the LGU be conducted to further inclusion of children with or at-risk for disability in the LGU. Collaboration among the ECCD service providers related to early learning is deeply acknowledged and recommended for continuity of intervention and early childhood inclusion for children with disabilities.

To ensure that inclusion is truly achieved, the whole community should be working towards the full internalization of the three features of inclusion: access, participation, and supports. A system for the prevention, early identification, referral and intervention of delays, disorders and disabilities in early childhood should also be in place to ensure that the child with or at-risk for disability and her/his family receive utmost support from the community they are in.



APPENDICES

- A1.** OBSERVATION FORM
- A2.** OBSERVATION FORM SAMPLE
- B.** CORE DEVELOPMENTAL MILESTONES OF FILIPINO CHILDREN
- C.** EARLY CHILDHOOD SCREENING LIST
- D1.** GUIDE IN ACCOMPLISHING THE CHILD INTAKE FORM (CIF)
- D2.** CHILD INTAKE FORM (CIF)
- D3.** CIF SAMPLE
- E1.** GUIDE IN ACCOMPLISHING THE INDIVIDUAL LEARNING AND DEVELOPMENT PLAN (ILDP)
- E2.** INDIVIDUAL LEARNING AND DEVELOPMENT PLAN (ILDP)
- E3.** ILDP SAMPLE
- F1.** WEEKLY LEARNING PLAN (WLP) FOR CENTER-BASED PROGRAM
- F2.** WLP SAMPLE FOR CENTER-BASED PROGRAM
- G1.** WEEKLY LEARNING PLAN (WLP) FOR HOME-BASED PROGRAM
- G2.** WLP SAMPLE FOR HOME-BASED PROGRAM
- H.** TABLE GUIDE FOR DELAYS IN DEVELOPMENTAL MILESTONES AND SUGGESTED INTERVENTION ACTIVITIES
- I.** TABLE GUIDE FOR DISABILITIES AND SUGGESTED INTERVENTION ACTIVITIES
- J.** ACTIVITY EVALUATION CHECKLIST
- K.** US CDC DEVELOPMENTAL MILESTONES CHECKLIST
- L.** FILIPINO SIGN LANGUAGE - ALPHABET CHART
- M.** FILIPINO SIGN LANGUAGE - NUMBER CHART



OBSERVATION FORM

Name of Child: _____

Observer’s Name and Relation to Child: _____

Date, Time and Location of Observation	Observation










OBSERVATION FORM (SAMPLE)

Name of Child: Juan L. dela Cruz

Observer's Name and Relation to Child: Dalisay L. dela Cruz/ Mother

Date, Time and Location of Observation	Observation
September 7, 2021 9:00 am (House)	Si Juan ay naglalaro ng kotse-kotsehan sa sala. Tinawag ko siya ng anim na beses para kumain ngunit hindi niya ako nililingon. Nung sa ika-pitong tawag, di niya pa din ako nilingon kaya nilapitan ko na at hinawakan ang kamay papuntang lamesa.
September 10, 2021 12:00 pm (kainan)	Dinala namin sila ng ate niya sa paborito nilang kainan. Nung tinanong ko siya kung ano gusto niyang kainin, ang sagot niya lang sa'kin ay "Am-am". Nung tinanong ko ulit ano ang gusto, kinuha niya ang kamay ko at ginawang panturo sa pagkain.

Core Developmental Milestones of Filipino Children

	MOTOR	SELF-HELP	LANGUAGE	COGNITIVE	SOCIO-EMOTIONAL
60 months 5 years	 Throws ball overhead with direction	 Bathes unassisted	 Recounts recent experiences in order of occurrence using past tense	 Matches upper and lower case letters	 Uses cultural gestures or greeting without prompts (e.g. mano, bless kiss)
48 months 4 years	 Draws a human figure or house	 Uses toilet with occasional accidents	 Asks "WHAT", "WHO", and "WHY" questions	 Arranges objects according to size from smallest to biggest	 Plays organized group games fairly
36 months 3 years	 Runs without tripping	 Pulls down gartered shorts	 Speaks grammatically correct 2-3 word sentence	 Matches objects and pictures	 Imitates adult activities (e.g. cooking, washing)
24 months 2 years	 Holds crayon with palmar grasp; Scribbles spontaneously	 Drinks from cup with spillage	 Names objects in pictures	 Exhibits simple pretend play (e.g. feed, put doll to sleep)	 Rolls ball interactively with caregiver
18 months 1 year & 6 months	 Walks alone, rarely falls	 Feeds self using spoon with spillage	 Combines single words and gestures to make wants known (e.g., "out")	 Searches for completely concealed object	 Friendly with strangers but initially shows anxiety or shyness
12 months 1 year	 Stands with minimum support	 Feeds self with fingers (biscuits, bread)	 Uses meaningful sounds to refer to specific objects or persons (e.g., "mama", "dada")	 Looks at direction of fallen object	 Cries when caregiver leaves
8 months	 Sits alone steadily	 Begins to take solid foods	 Turns head when called by name, makes eye contact	 Explores objects by biting or holding	 Enjoys friendly handling
4 months	 Holds head steadily	 Sucks and swallows liquid	 Turns head toward sound	 Gazes slowly at moving objects	 Smiles and lifts arms to greet caregiver

Ensure the best possible start in your child's life. Monitor your child's development regularly.

ANG MGA MAAANGANG PAMAMARAAN NG PAGSUSURI SA BATA

Adapted from Coordinator's Notebook, an International Resource for ECD

- Ikaw at ang iyong asawa o iba pang mga tagapangalaga na bahagi ng pang-araw-araw na buhay ng bata ay maaaring gawin ang mga ganitong antas ng pagsusuri.
- Kung sakaling ipinamamalas niya ang alin man sa mga sumusunod na palatandaan o pag-uugali.
- Kung ang inyong anak ay nakitaan ng mga problema o diperensya, dapat mong ipasuri ito agad sa mga doctor o *health worker*.



Ang mga sumusunod ay isang simpleng pamamaraan ng pagsusuri na maaaring gamitin mo, ng iyong asawa o sino mang tagapangalaga. Lagyan ng markang tsek (✓) ang naayong kahalagang nakikitaan ninyo ang inyong anak na nagtataglay ng ganitong problema. Tandaan na agad kumonsulta sa doctor o *health worker* kung nakitaan ng deperensya.

PANDINIG (HEARING) – kung ang inyong anak:

- ☐ Hindi lumilingon sa mga pinagmumulan ng tunog o boses
- ☐ Madalas may impeksyon ang tainga (may tumutulo/lumalabas o masakit ang tainga)
- ☐ Hindi tumutugon kapag tinatawag maliban na lamang kung makita kayo
- ☐ Tinitingnan ang inyong mga labi habang ika'y nagsasalita
- ☐ Nagsasalita na ubod ng lakas o mahina ang tinig



PANINGIN (SEEING) – kung ang inyong anak:

- ☐ Kadalasan ay hindi nakikita ang mga maliit na bagay na nalaglag
- ☐ May pamumula o matagal ng may lumalabas sa mata (tubig, nana, dugo), parang may anyong ulap sa mata o kadalasan ay kinukusot o masakit
- ☐ Madalas na nababangga sa mga bagay na nasa paligid sa kanyang pagkilos
- ☐ Ang ulo ay wala sa tamang posisyon kapag may tinitingnang bagay
- ☐ Minsan o kadalasang naduduling ang isa o dalawang mata (makalipas ang edad na 6 na buwan)



PANANALITA (TALKING) – kung ang inyong anak:

- ☐ Hindi nagsasalita ng mama/mommy/nanay sa edad na isang taon at kalahati (18 na buwan)
- ☐ Hindi masabi ang ngalan ng mga pangkaraniwang bagay o tao sa edad na 2 taon
- ☐ Hindi magaya ang mga simpleng kanta o himig sa edad na 3 na taon
- ☐ Hindi nagsasalita ng maikling pangungusap sa edad na 4 na taon
- ☐ Hindi maintindihan ang mga taong hindi niya kapamilya sa edad na 5 na taon
- ☐ Kakaibang magsalita kung ihahalintulad sa mga batang kasing edad niya



PANG-UNAWA (UNDERSTANDING) – kung ang inyong anak:

- ☐ Hindi kumikibo kapag tinatawag ang kanyang pangalan sa edad na 1 na taon
- ☐ Hindi masabi ang mga bahagi ng mukha sa edad na 3 na taon
- ☐ Hindi makasagot sa mga simpleng tanong sa edad na 4 na taon
- ☐ Hindi makasunod sa mga simpleng kwentos sa edad na 5 na taon
- ☐ Nahihirapan sa pag-unawa ng mga bagay na sinasabi mo kung ihahambing sa ibang bata na kasing edad niya



PAGLALARO (PLAYING) – kung ang inyong anak:

- ☐ Hindi nasisiyahan sa mga laro, gaya ng pagkaway-kaway sa kanya sa edad na 1 taon
- ☐ Hindi naglalaro ng mga pangkaraniwang bagay (tulad ng kutsara at palayuk-palyokan) sa edad na 3 na taon
- ☐ Hindi sumasali sa mga laro ng ibang bata (tulad ng habulan, taguan) sa edad na 4 na taon
- ☐ Ayaw makipaglaro sa mga batang kasing edad niya



PAGGALAW (MOVING) – kung ang inyong anak:

- ☐ Hindi makaupo ng mag-isa sa edad na 10 buwan
- ☐ Hindi makalakad ng walang tulong sa edad na 2 na taon
- ☐ Hindi makatayo sa isang paa kahit na sandali sa edad na 4 na taon
- ☐ Kakaiba ang paggalawa kung ihahalintulad sa mga batang kasing edad niya



GUIDE IN ACCOMPLISHING THE CHILD INTAKE FORM

What is the Child Intake Form?

The Child Intake Form (CIF) contains essential information about the child and her/his family. The information on the child's parents and family, latest assessment results, medical findings, and interview notes are written and will be used as reference for more efficient preparation of Individual Learning and Development Plan (ILDP) considering the child's interests, needs, present skills and parent/family support.

Who accomplishes the Child Intake Form?

The CIF consists of 4 parts and will be needed to be filled out by significant adults.

Part A: *Basic information about the child and family* to be filled out by the **parents of the child**. This contains:

- Information about the child
- Information about the parents
- Information about other members of the family/household

If the parents do not know how to read and write, or have difficulty accomplishing it, the CDW/T may need to assist them or fill it out for them.

Part B: *Medical information of the child* to be filled out by the **specialist** who conducted 2nd tier assessment. This is not to be filled out if the child has not been given further assessment. This contains:

- Medical findings
- Recommendations by the specialist

If the parents were given a comprehensive assessment report with recommendations by the medical/non-medical specialist, a copy is suggested to be attached for reference. In this case, filling out Part B will no longer be needed.

Part C: *Latest result of assessment using the ECCD Checklist* to be filled out by the **CDW/T**. This contains:

- Child's actual age during assessment
- Raw score and scaled score of each developmental domain
- Interpretation of scaled score on each developmental domain

- Sum of scaled scores and standard score
- Interpretation of standard score for overall development

It is very important to know the interpretation for each developmental domain as this will be the basis for what domains are needed to be addressed immediately by the CDW/Ts and parents of the child.

Part D: *Interview notes with the parents and/or other members of the family/household* to be filled out by the **CDW/T**. Interview questions focus on:

- Child's interests
- Child's behavior
- Child's routine
- Other considerations

The CDW/T will need to pre-arrange a schedule with the parents for an interview. It would be helpful if both parents and other significant persons in the family/household are available. Time set for the interview should not take longer than two hours.

At the beginning of the interview, the CDW/T orients the parents on why they conduct the interview. The CDW/T asks the parents if the interview can be recorded for documentation purposes. The CDW/T facilitates the interview asking general questions focusing on the child's interests, behavior and routine. Follow-up questions may be asked by the CDW/T for clarification, while the parents can also share other considerations for their child. They may need to talk and agree about what they think are the immediate needs and achievable goals for the child in the next three to six months. They may also talk about the role of parents and family in the intervention process. The CDW/T will transcribe the parents' responses in this part.

When do you need a Child Intake Form?

After the first conduct of assessment using the ECCD Checklist, the CDW/T will report to the parents of the child the assessment results. If there are interpretations of "*development in the domain or over-all domain must be monitored after 3 or 6 months*", the CDW/T has to plan for intervention activities based on the results, implement and re-assess the child after 3 or 6 months. If after the second assessment, and the interpretations are still the same, the CDW/T shall report this to the C/MSWDO who will then recommend to the child's parents to consider further assessment from specialists. This is the time that the CDW/T will need the CIF and prepare for an Individual Learning and Development Plan (ILDLP).

If a child has previously undergone a diagnostic assessment by a specialist prior to enrolment, and a comprehensive assessment report with recommendations are submitted, then a CIF and ILDP will be needed to be prepared immediately.

CHILD INTAKE FORM

Part A. Basic information about the child and family			
A.1. Information about the child			
Name:		Sex:	
Birthdate:		Age:	
Address:			
A.2. Information about the parents			
Father's Name:		Mother's Name:	
Age:		Age:	
Occupation:		Occupation:	
Contact number:		Contact number:	
A.3. Information about other members of the family/household			
Name:	Age:	Sex:	Relation to child
1.			
2.			
3.			
4.			
5.			

Accomplished by:

Date:

(Signature over printed name)

(Month/Day/Year)

Part B. Medical information of the child

Name of Specialist:

Designation:

Medical Findings:

Medical notes and recommendations:

General considerations:

Accomplished by:

Date:

(Signature over printed name)

(Month/Day/Year)

Part C. Latest result of assessment using the ECCD Checklist			
Date of assessment:		Age of the child during assessment:	
Domain	Raw Score	Scaled Score	Interpretation
Gross Motor			
Fine Motor			
Self-Help			
Receptive Language			
Expressive Language			
Cognitive			
Socio-Emotional			
Sum of Scaled Scores			Overall Interpretation:
Standard Score			

D. Interview notes with the parents and/or other members of the family/household
<p><u>Child's interests:</u> What are the things/activities does your child like or hate? Where do you think your child is very good at doing?</p>
<p><u>Child's behavior:</u> How does your child behave when playing, interacting and doing family activities at home? How does your child behave when in other places?</p>

Child's routine: What are the usual activities your child do with your family in a day? What does your child do from morning until night?

Other considerations: Are there other things that you like to share about your child?

Accomplished by:

Date:

(Signature over printed name)

(Month/Day/Year)

CHILD INTAKE FORM (SAMPLE)

Part A. Basic information about the child and family			
A.1. Information about the child			
Name: Juan L. dela Cruz		Sex: Male	
Birthdate: February 10, 2019		Age: 2.6 years	
Address: #81 Magiting St., Brgy. Pitogo, Sta. Cruz, Laguna			
A.2. Information about the parents			
Father's Name: Makisig T. dela Cruz		Mother's Name: Dalisay L. dela Cruz	
Age: 42		Age: 37	
Occupation: Office employee		Occupation: none	
Contact number: 0917 654 3210		Contact number: 0915 987 6543	
A.3. Information about other members of the family/household			
Name:	Age:	Sex:	Relation to child
1. Miranda A.. Liwag	62	F	Lola
2. Mutya A. Liwag	26	F	Tita
3. Juana L. dela Cruz	7	F	Sister
4. n/a			
5. n/a			

Accomplished by:

Date:

Dalisay L. dela Cruz

August 20, 2021

(Signature over printed name)

(Month/Day/Year)

Part B. Medical information of the child

Name of Specialist: n/a

Designation: n/a

Medical Findings: n/a

Medical notes and recommendations:

General considerations:

Accomplished by:

Date:

(Signature over printed name)

(Month/Day/Year)

Part C. Latest result of assessment using the ECCD Checklist			
Date of assessment: July 25, 2021		Age of the child during assessment: 2.5 years	
Domain	Raw Score	Scaled Score	Interpretation
Gross Motor	19	8	Average development
Fine Motor	14	12	Average development
Self-Help	9	9	Average development
Receptive Language	4	1	Development in the domain must be monitored after 3 months
Expressive Language	12	3	Development in the domain must be monitored after 3 months
Cognitive	14	5	Development in the domain must be monitored after 6 months
Socio-Emotional	12	6	Development in the domain must be monitored after 6 months
Sum of Scaled Scores		44	Overall Interpretation: Overall development must be monitored after 3 months
Standard Score		67	

D. Interview notes with the parents and/or other members of the family/household

Child's interests: What are the things/activities does your child like or hate? Where do you think your child is very good at doing?

Marami naman po siyang nagagawa, nakakapaglaro naman siya at nakakakain mag-isa, nakakainom din. Basta kung ano yung nakikita niya sa amin sa bahay, nagagaya naman po niya yun. Ayun nga lang, minsan kapag tinatawag siya ay hindi lumilingon. Minsan tuloy hindi mo alam kung narinig ka ba o hindi. Medyo ano lang siya sa salita, parang bihira kase magsalita tapos parang bulol, pero naiintindihan naman namin ang gusto niyang sabihin. Minsan pinapaulit namin kung ano sinabi niya, kaya nga lang minsan ayaw na niya ulitin.

Mahilig siya maglaro ng mga maliliit na blocks at kotse-kotsehan na binili sa kanya ng papa niya. Minsan sinasama siya ng ate niya sa laro ng titser-titseran pero madalas gusto lang niya mag-isa. Siguro ayaw nya yung laro ng ate niya. Sumasama rin pla siya pag nagsusulat o nagdodrawing ate niya, pero siya sandal lang din. Ayaw niya yung pinipilit mo siya na gawin yung isang bagay, parang mas gusto niya gawin lang kung ano yung naisipan niyang gawin.

Minsan gusto ko siya basahan ng books na gamit ng ate niya noon pero parang ayaw pa niya yun. Yung pictures parang titignan lang niya sandali tapos ayaw na. Hindi ko naman pinipilit kase sabi nga wag daw pilitin kase bata pa, kaya hinahayaan lang muna namin kung ano gusto niyang gawin sa ngayon. Tapos sa cellphone, nanonood sila ng papa niya sa YouTube, sila naman yun pag magkasama, minsan may nilalaro sila doon, bonding nila yun. Ako naman, wala naman sakín mga laro doon, pang-text lang talaga sakín. Yung pinapanood din naman nila yung mga ABC tsaka mga kanta. Minsan may shapes din tsaka color, pero hindi pa naman niya alam yun. May nasasabi siya kunyari “yed” red daw pero hindi naman talaga red pa yung kulay na tinuturo.

Child's behavior: *How does your child behave when playing, interacting and doing family activities at home? How does your child behave when in other places?*

Okay naman siya sa bahay, wala naman kaming problema sa kanya. Basta hayaan mo lang siya maglaro, okay na siya. Pag nagugutom naman malalaman mo na agad kse tumitingin na doon sa mesa o kaya lumalapit na sa ref, nagbubukas na nga eh, marunong na siya magbukas ng ref tapos minsan kumukuha siya doon ng Yakult o kaya yung gatas o juice na maliit lang. Minsan naman tinuturo yung lalagyan ng mga kutsara pag gusto niya kumain. Sinasabi namin, “Anong gusto mo? Sabihin mo.”, tapos sinusubukan naman niya, sabi niya “tsara” tapos “yain”, kutsara daw tapos kakain na siya, ganun. Inom, laro, mama, papa, ate, tita, lola, alam niya na yun sabihin, kaya nga lang hindi pa malinaw tulad ng “yoya” pero alam na namin na si lola yung tinutukoy niya.

Sa ibang lugar, hindi pa kse namin siya gaanong inilalabas, lalo na ngayon na hindi pa ligtas sa pandemya. Kaya sa bahay lang talaga kami, o kaya minsan dito sa kapit-bahay namin, pero napakadalang lang. Hindi rin naman siya masyado pa nakikipaglaro doon, hindi tulad ng ate niya, siguro dahil sa wala rin siyang ka-edad doon.

Child's routine: *What are the usual activities your child do with your family in a day? What does your child do from morning until night?*

Kadalasan, pagkagising niya, minsan mga 9:00 na ‘yan, naghahanap na ‘yan ng gatas tapos tinapay o biscuit, okay na siya doon. Tapos maglalaro na siya, kung anu-ano gagawin. Ayun nga, yung kotse-kotsehan niya, yung maliliit na blocks, yung mga tsinelas sinusuot niya, basta kahit na anong makita niya na gusto niyang paglaruan, lalaruin niya yun. Minsan nanonood din ng TV kasama ate niya, pero hindi pa siya masyado interesado sa mga ibang palabas. Hanggang tanghali yun, tapos isinasabay na namin siya sa mesa pag kakain na, pero pag minsan parang pinaglalaruan na yung pagkain, inaawat na namin.

Pinapaliguan namin siya pagkatapos mananghali, para presko din pag matutulog na, kaya nga lang hindi rin siya agad nakakatulog eh. Naglalaro lang ulit pero doon na sa kwarto namin kase nga gusto namin na makatulog din siya sa hapon. Yun naman yung oras na magsusulat siya o magdodrawing o kaya titingin dun sa pictures ng books. Doon ko siya sinasamahan sa paggawa, tinuturuan ko na rin ng ABC tsaka yung pictures kaya lang hindi pa niya makuha, hindi ko nga alam kung ano ba talaga problema, iniisip ko kase bata pa naman, kaya okay lang muna kung hindi pa niya masagot. Minsan gusto niya gamitin ulit yung kotse-kotsehan pero hindi ko na binibigay kse usapan namin yun na doon lang gagamitin yun sa sala, tsaka baka hindi ko na mapatulog pag pinagamit ko pa yun sa kanya sa kwarto. Minsan kukunin niya yung casing ng cellphone tapos yun kunyari nanonood siya doon ng YouTube o kaya daw naglalaro sya ng games doon. Halos mga 4:00 na ng hapon yan makakatulog, tapos ginigising din namin, kadalasan mga 6:00 o 6:30 pag dumating na papa niya.

Magkukulitan lang muna minsan silang mag-ama tapos maghahapunan na. Pagkakain, medyo nakapahinga na rin ulit, doon na sila manonood ng YouTube sa cellphone ng papa niya. Mga 10:00 na kami natutulog. Minsan parang ayaw pa matulog pero ayaw din naman naming mapuyat. Magulo yung oras ng tulog niya ngayon eh, dati okay naman tuloy-tuloy ang tulog pero ngayon minsan paputol-putol na.

Other considerations: *Are there other things that you like to share about your child?*

Wala na po siguro kaming maidagdag. Ang gusto lang namin sa ngayon ay kung paano ang gagawin namin dun sa pagsasalita niya. Okay lang ba yun? Hindi kase siya masalita, medyo bulol tsaka paisa-isang words lang. Hindi namin alam kung okay lang ba yun or ano ang gagawin namin.

Wala naman kaming problema sa ugali niya, yun lang minsan pag tinatawag mo hindi lumilingon, pag kinakausap mo minsan hindi agad sumasagot, tumitingin lang na hindi mo alam kung narinig o naintindihan, pero nakakagawa naman.

Accomplished by:

Date:

Ms. Janet D. Relosa

August 20, 2021

(Signature over printed name)

(Month/Day/Year)

GUIDE IN ACCOMPLISHING THE INDIVIDUAL LEARNING AND DEVELOPMENT PLAN (ILDLP)

What is an Individual Learning and Development Plan?

The Individual Learning and Development Plan (ILDLP) is an adaptation of an Individualized Education Plan and Individualized Family Service Plan specifically designed for children with or at-risk for developmental delays and disabilities. The ILDP contains goals and objectives for the child's learning and development as well as target skills and suggested intervention activities to be implemented for three or up to six months.

Who develops the Individual Learning and Development Plan?

The Child Development Worker/Teacher (CDW/T) prepares the ILDP in coordination with the child's parents and specialist if possible. Using the Child Intake Form (CIF) as a reference, the CDW/T should be able to fill in what is needed in each component of the plan.

Here are the components and important considerations on filling out the ILDP:

- **Child's Information**

- Basic information of the child's name, sex, birthdate and age can be obtained from the CIF

- **Inclusive Dates of Implementation**

- This is identified depending on the interpretation results of the assessment. This may run for at least three months and at the most for six months
- This is plotted after the conduct of assessment, parent interview and upon finalizing the ILDP for implementation of CDW/T and parents

- **Goal**

- This pertains to what we want the child to achieve totally in a specific time frame. Identify the developmental domains needed to be addressed immediately based on assessment results and interpretation and consider achievable expectations of parents based from the interview session
- Samples of written goal:
 - The child will be able to improve in the 4 deficit developmental areas (Receptive Language, Expressive Language, Cognitive and Socio – Emotional Domain) in 3 months under Infant-Toddler Early Development Program
 - To improve the child's gross and fine motor skills by managing body movement and coordination in 6 months under the Pre-K 2 program

● Objectives

- These refer to what we want the child to achieve in a particular developmental domain in a specific time frame. These should be specific, measurable, achievable, relevant and time-bound
 - Samples of written objectives:
 - For Gross-motor: To walk and run with direction and climb stairs with proper coordination movements
 - For Fine-motor: To hold writing instruments comfortably and write with control
 - For Self-help: To demonstrate simple daily living skills like washing of hands, wiping of mouth and face, brushing teeth and combing hair
 - For Receptive Language: To respond when being called, understand spoken word and follow simple commands
 - For Expressive Language: To speak in 2 to 3-word phrases, communicate her/his needs and participate in simple conversations
 - For Cognitive: To identify the name and use of familiar objects found at home or in the center
 - For Socio-emotional: To participate in play activities and conversations with peers and adults

● Target Skills

- These are the skills that are needed to be addressed immediately in reference to the delay in the expected milestones according to the child's age. These are the skills we want the child to achieve in consideration of the child's age and phase of development, and not to be written as the identified delays.
- Correct samples of written target skills: (skills we want the child to achieve)
 - Respond when called by name
 - Follow simple one-step command
- Incorrect samples of written target skills: (identified delays)
 - Does not respond when called by name
 - Does not follow simple one-step command
- You may also refer to: *Annex B: Core Developmental Milestones of Filipino Children* and *Annex K: US CDC Developmental Milestones Checklist* for red flags and/or expected skills of a child on a particular age

● Intervention Activities

- These are the intervention activities that are suggested to be used to address the target skills identified. These activities may not be the most effective for a child because these are always subject for evaluation after. Thus, activities can be replaced, modified or individualized depending on how the child responds to it.
- Think of play-based, sensorial, and experiential activities that will address the target skills indicated in the ILDP. Always consider the child's age, interests and present skills when identifying intervention strategies and activities.
- You may use [Annex H](#): Table Guide for Children with Delays in Developmental Milestones and Suggested Intervention Activities for children with identified delays in developmental domains based on results of the ECCD Checklist.
- You may use [Annex I](#): Table Guide for Children with Disabilities and Suggested Intervention Activities for children who had undergone 2nd and/or 3rd tier assessment or to those who have been diagnosed by a specialist.
- You may also use other reference materials such as the National Early Learning Curriculum - Learning Resource Packages (NELC-LRPs) and Portage Guide to Early Education (PGEE) but may need to modify activities to suit the unique characteristics, needs, age and present skills of the child.

How is the Individual Learning and Development Plan used?

The CDW/T will schedule a conference with the parents and/or other family members to discuss the ILDP prior to its implementation. The whole content of the ILDP - goal, objectives, time-frame, target skills and recommended intervention activities will be discussed for consistency of implementation by the CDW/T in the center and by the parents and family at home.

Activities in the Weekly Learning Plan prepared by the CDW/T should be modified to suit the child's needs, interests and characteristics while considering the intervention activities written in the ILDP. Center-based activities are implemented by the CDW/T in CDCs and NDCs, while Home-based activities are implemented by the parents and family at home. The Activity Evaluation Checklist can be used after each activity to record and monitor the child's progress.

The CDW/T and parents might need to regularly update each other on how the child is faring with the intervention activities given. This is part of the monitoring and evaluation process to ensure that the child's needs are addressed appropriately. The ILDP can be revised or modified during the inclusive dates of implementation if certain observations on the child affect the whole plan, target skills, or/and activities. After re-assessment of the child using the ECCD Checklist, a new ILDP will be prepared for the child.

Individual Learning and Development Plan	
Child's Name:	Sex:
Birthdate:	Age:
ILDP inclusive dates of implementation:	
Goal:	
Objectives:	
Domain: Gross Motor	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	

Domain: Fine Motor	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	
Domain: Self-Help	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	

Domain: Receptive Language	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	
Domain: Expressive Language	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	

Domain: Cognitive	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	
Domain: Socio-Emotional	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	

Accomplished by:

Date:

 (Name and Designation)

INDIVIDUAL LEARNING AND DEVELOPMENT PLAN (SAMPLE)

Child's Name: Juan L. dela Cruz

Sex: Male

Birthdate: February 10, 2019

Age: 2.6 years

ILDP inclusive dates of implementation: September to November 2021

Goal: To improve language, cognitive, and social skills in three months under the Infant-Toddler Early Development Program

Objectives:

- 1) To speak words more clearly;
- 2) To tell name and use of some familiar objects;
- 3) To express his needs verbally;
- 4) To respond when called for attention; and
- 5) To interact with other children more often.

Domain: Gross Motor

Target Skills

Intervention Activities

1.

2.

3.

4.

5.

Domain: Fine Motor

Target Skills

Intervention Activities

1.

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5.

Domain: Self-Help	
Target Skills	Intervention Activities
1.	
2.	
3.	
4.	
5.	
Domain: Receptive Language	
Target Skills	Intervention Activities
1. Respond when name is called	<ul style="list-style-type: none"> • Catch your child's attention when calling by using varied techniques (e.g., pat on shoulder, clap or snap while calling his name, vary the tone). • Establish eye contact when calling your child. Talk with him on his eye level. • Call your child using his proper name. • Teach your child to respond by looking back to caller and acknowledging with words (e.g., "yes", "po").
2. Follow simple instructions	<ul style="list-style-type: none"> • Play games with simple instructions (e.g., touch your nose, clap your hands, turn around). • Demonstrate to your child how to do simple tasks (e.g., pack away toys properly, getting and putting back slippers in the rack), and take turns in doing so. • Use simple words and gestures when giving commands to the child (e.g., pointing to the box where the child should put the toys). • Give simple instructions one at a time. • Provide step-by-step visual chart that the child can look and follow without assistance.
3.	
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Domain: Expressive Language	
Target Skills	Intervention Activities
1. Tell the name of familiar objects seen at home or center	<ul style="list-style-type: none"> • Play a game with your child by asking him to tell the name of the object you touch or point to: <ul style="list-style-type: none"> • for eating (spoon, fork, plate) • for sleeping (bed, pillow, blanket) • for personal care (comb, toothbrush) • for clothing (shirt, jacket, socks) • for playing (toy cars, ball, blocks) • Read a book to your child and let him name the pictures of objects seen in the book. • Guide your child in naming objects by giving cues, sounding the beginning letter while emphasizing lip/tongue movement. • Allow your child to repeat words said.
2. Tell the use of familiar objects even through word description or relation	<ul style="list-style-type: none"> • Encourage your child to say at least 2-word combination of name and use of objects (e.g., suklay-buhok; unan-tulog; tinidor-tusok. etc.). • Demonstrate 2-word combination if your child does not know the use of the object and let your child repeat it. • Use real objects and accompany with gestures in naming it and telling its use. You may ask your child to imitate it.
3. Verbalize wants even in two-word phrases or more	<ul style="list-style-type: none"> • Demonstrate 2-word phrases and allow the child to repeat verbally (e.g., inom tubig; kain tinapay; higa kama; akyat upuan; etc.). • Encourage your child to say something that he wants. You may guide him by starting up with the line “gusto ko ng...”. • Help your child say words clearly when he mispronounces it. Say the word correctly and let your child repeat it.

4. Recite simple rhymes and sing simple songs	<ul style="list-style-type: none"> • Read or/and sing carefully the rhymes in familiar books and encourage your child to repeat after you. • Recite the rhymes together with your child until he no longer needs assistance. • Recite a few lines and let your child try to finish it.
5.	
Domain: Cognitive	
Target Skills	Intervention Activities
1. Know the name of familiar objects seen at home or center	<ul style="list-style-type: none"> • Touch or point to the object or picture when naming it and allow your child to repeat the name verbally. • Hold your child's hand to touch or point to the object or picture when naming it and allow your child to repeat the name verbally. • Let your child point to or get the object or picture named and allow your child to say the name of the object or picture. • Play a game with your child by asking him to name the object you describe: <ul style="list-style-type: none"> ▪ Use verbal clues (e.g., "ginagamit panlinis ng ngipin"; "sinusuot sa paa pag maglalakad"). ▪ Use gestural clues (e.g., show action of brushing teeth; show action of putting socks/shoes on feet).
2. Know the use of some familiar objects seen at home or center	<ul style="list-style-type: none"> • Play a game with your child by asking him to complete 2-word combinations of name and use: <ul style="list-style-type: none"> ▪ Say the name of the object then let your child say its use. ▪ You may help your child with the beginning sound/syllable/helping words (e.g., toothbrush – "panlinis ng..."; sapatos – "sinusuot sa...").

3. Match objects and pictures	<ul style="list-style-type: none"> Allow your child to identify/name the picture or the objects. Demonstrate how to pair the picture with the object. Let him imitate you and then do it on his own. Play a game with your child by showing 2-3 sets of pictures and asking him to match them to the object seen at home or in the center.
4. Identify color of familiar objects seen at home or in the center	<ul style="list-style-type: none"> Always take the opportunity to tell the color of objects (e.g., food, toys, things) while at play. Ask your child to repeat it. Start with only a few things which your child is interested in. Ask your child from time-to-time the color of objects that you think he is getting familiar with before introducing color of other objects.
5.	
Domain: Socio-Emotional	
Target Skills	Intervention Activities
1. Interact with other children while playing	<ul style="list-style-type: none"> Set regular play dates with other children in the family, neighbors, classmates. Provide activities that involve interaction and cooperation with other children: <ul style="list-style-type: none"> Use toys/games of interest (e.g., toy cars, building blocks, playdough) Pretend play or role-playing Play simple games (e.g., hide-and-seek, habulan/takbuhan) Process your child's feelings regarding tasks and activities done: <ul style="list-style-type: none"> Talk with your child what/how they feel about the activity. Talk with your child how they feel being with a playmate.

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Accomplished by:

Date:

Ms. Janet D. Relosa

September 3, 2021

(Name and Designation)

* Please take note that not all developmental domains are filled out with target skills and suggested intervention activities. In this case, we used the sample CIF as reference in crafting this ILDP wherein the assessment results showed delays in receptive and expressive language, cognitive, and socio-emotional domains. The number of target skills and intervention activities may also vary depending on the assessment results of the child and/or the recommended interventions by the specialist.

WEEKLY LEARNING PLAN for
CENTER-BASED PROGRAM

THEME: _____ PROGRAM: _____

TOPIC: _____ DATE: _____

ROUTINE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival/Free Play Time					
Meeting Time					
Activity Time					
Outdoor Play					
Snack/Self-Help Time					

ROUTINE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Rest Time					
Story Time					
Circle Time					
Reminders/Goodbye Time					
Modifications to consider					

WEEKLY LEARNING PLAN for CENTER-BASED PROGRAM (SAMPLE)

THEME: More About Myself and My SchoolPROGRAM: Pre-K2 (4 y.o.)TOPIC: Who Am I?DATE: September 6 - 10, 2021

ROUTINE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival/Free Play Time	Free choice of play activity Name Tag - small group (LRP 6, p.7)	Free choice of play activity Name Tag - small group (LRP 6, p.7)	Free choice of play activity Name Tag - small group (LRP 6, p.7)	Free choice of play activity Continue/finish name tag activity	Free choice of play activity Continue/finish name tag activity
Meeting Time	Prayer, checking of attendance, identify day, date and weather Show Name Tag of small group of children	Prayer, checking of attendance, identify day, date and weather Show Name Tag of small group of children	Prayer, checking of attendance, identify day, date and weather Show Name Tag of small group of children	Prayer, checking of attendance, identify day, date and weather Show Name Tag of children of children	Prayer, checking of attendance, identify day, date and weather Show Name Tag of children
Activity Time	Playdough-molding Letters (molding playdough to the first letter of own name)	Beginning Letter Lacing (lacing first letter of own name)	Name Hunt (finding own name placed in different areas of the classroom or playground)	Name Chart (identifying who has long/short name, who has more/less and same number of letters in a name)	Guess Who? (identifying name card picked by the teacher or student)
Outdoor Play	Free outdoor play	Free outdoor play Pass the Ball (LRP 6, p.8 - telling name and describing self)	Free outdoor play	Free outdoor play	Free outdoor play Pass the Ball (LRP 6, p.8 - telling name and describing self)
Snack/Self-Help Time	Prayer before eating; calling children to wash hands and eat, brush teeth, and change clothes				

Rest Time	Play song: Ningning ng Munting Bituin	Play song: Ningning ng Munting Bituin	Play song: Ningning ng Munting Bituin	Play song: Ningning ng Munting Bituin
Story Time	Federiko	Chenelyn! Chenelyn!	Pilong Patago-tagao	Mahabang-mahaba
Circle Time	Introduce song: Kung ang Pangalan Mo	Sing the song: Kung ang Pangalan Mo	Introduce song: Bow Bow Belinda	Sing songs: Kung ang Pangalan Mo, Bow Bow Belinda, and children-initiated songs
Reminders/ Goodbye Time	Show children's works, reminders, Paalam song	Show children's works, reminders, Paalam song	Show children's works, reminders, Paalam song	Show children's works, reminders, Paalam song
Modifications to consider	<p><u>For the Molding:</u> Demonstrate to your child the step-by-step procedure of the activity. Provide a visual chart if needed. Encourage your child to sound the first letter of his name.</p> <p><u>For the songs throughout the week:</u> Provide a copy of the songs to the child's family so that they could play/sing them at home and get their child familiarized with.</p>	<p><u>For the Name Tag:</u> Break down tasks to simple instructions at a time. You may allot more time to finish or continue the next day.</p> <p><u>For the Lacing:</u> Demonstrate to your child the step-by-step procedure of the activity. Encourage your child to sound the first letter of his name.</p> <p><u>For Pass the Ball:</u> Guide your child in saying his name and something about himself (e.g., Juan - cute)</p>	<p><u>For the Name Tag:</u> Break down tasks to simple instructions at a time. You may allot more time to finish or continue the next day.</p> <p><u>For the Name Hunt:</u> Provide a name card that he can hold and look at to guide him in recognizing his own name. You may also provide clues on what particular area is his name placed.</p>	<p><u>For the Name Chart:</u> Provide a name card wherein each letter of his name is in the boxes. Guide your child to count with one-to-one correspondence by holding his point finger to each of the letters while counting. Use three to four name cards to compare with, then ask your child which has more/less/equal number of letters or which has the longer/longest and shorter/shortest name.</p> <p><u>For the Guess Who game:</u> Provide verbal cue by sounding the first letter/syllable of the name card picked.</p> <p><u>For Pass the Ball:</u> Guide your child in saying his name and his favorite toy (e.g., Juan - toy car)</p>

WEEKLY LEARNING PLAN for HOME-BASED PROGRAM

THEME: _____

PROGRAM: _____







TOPIC: _____

DATE: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Activity							
Materials							
Procedure							
What to Observe on the Child							
Modifications to Consider							

WEEKLY LEARNING PLAN for HOME-BASED PROGRAM

THEME: My Daily RoutinePROGRAM: ITED (1-2 y.o.)TOPIC: DressingDATE: October 17-23, 2021

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Activity	Taking off t-shirt and short pants		Putting on t-shirts and short pants		Taking off and putting on t-shirts and short pants		Dress-up game
Materials	t-shirt, short pants		t-shirt, short pants		t-shirt, short pants		box of different materials for dressing (hat, shirt, apron, shorts, pants, socks, shoes, sunglasses, etc.)
Procedure	1) Guide your child in pulling off shirt/ short pants; 2) Guide your child in zipping down short pants		1) Guide your child in pushing arms/legs through the shirt sleeves/ short pants; 2) Guide your child to zip up short pants		1) Let your child perform the tasks without or very little assistance		1) Play a game with the family by picking one item from the box and showing them how to put it on; 2) Your child gets to pick first then she/he chooses the next player; 3) Game ends after all materials were put on already

What to Observe on the Child	Was your child able to do the activity independently? What kind of assistance did you give, if there is any? How did your child feel about the activity?	Was your child able to do the activity independently? What kind of assistance did you give, if there is any? How did your child feel about the activity?	Was your child able to do the activity independently? What kind of assistance did you give, if there is any? How did your child feel about the activity?	Was your child able to do the activity independently? What kind of assistance did you give, if there is any? How did your child feel about the activity?	How did your child respond to the activity? How did the family members feel about the child and the activity?
Modifications to Consider	Provide simple step-by-step instructions to your child (e.g., pull shirt up, zip down, pull shorts down). Provide visual chart if needed.	Provide simple step-by-step instructions to your child (e.g., push head through, push arms through, pull shorts up, zip up). Provide visual chart if needed.			Encourage your child to identify every material picked by her/him and other family members before putting it on. Provide verbal cues if needed (e.g., sounding the first letter/syllable of the material picked).

TABLE GUIDE FOR DELAYS IN DEVELOPMENTAL MILESTONES AND SUGGESTED INTERVENTION ACTIVITIES

This table guide presents specific delays in developmental tasks per age level of a child in different domains, particularly on physical (gross motor, fine motor, and self-help), socio-emotional, cognitive, and language development. Some children may exhibit certain delays in developmental milestones in one or more particular domains which are reflected from the interpretation of assessment results through the administration of the ECCD Checklist. Early intervention can be implemented outright to address immediate needs of your child and also to prevent worsening of the delays. The identified delays should be consistently observed and monitored for at least three to six months. If assessment results showed consistent delays in two or more developmental domains, it is highly recommended to consult and seek assistance for referral and further assessment from specialists.

Zero- to four-year-old children, even without being diagnosed with developmental delays and disabilities can be given intervention activities presented in the table. However, it should be clearly understood that the intervention activities presented are only suggested. An intervention strategy may work effectively for one child but may not be effective for others. Thus, intervention activities can be modified according to the child's interests, needs, present skills, and to resources available in the center, at home and in the community.

Some delays in developmental tasks of a particular domain affect other tasks in another domain. Some delays in the language domain may affect the cognitive and socio-emotional domains. Some delays in the physical domain may affect self-help and socio-emotional domains. With this, many intervention activities presented, address interrelated concerns that encompass different developmental domains.

Delays in developmental tasks are grouped following the usual age bracket of children exhibiting expected developmental milestones. In some age brackets, "Delays in Developmental Tasks" are grouped together because there are tasks that are related to each other or refer to the same set of skills. The first column shows the age bracket, the second column displays the particular/set of delays, and the third column presents the suggested intervention activities to address the delays on a particular age bracket.

A. Physical Domain (Gross, Fine Motor and Self-help)

The physical domain pertains to the emerging ability of children to use their bodies to discover more about themselves and their environment. Each new skill builds on the child's physical ability to do things more independently.

This section is divided into three sub-domains: *Gross Motor*, *Fine Motor*, and *Self-help*.

I. Gross Motor Subdomain

Gross motor refers to the child's body, trunk and leg movements. Examples are sitting, walking, climbing and jumping.

Age	Delays in Developmental Tasks	Intervention Activities
0 - 6 months	<ul style="list-style-type: none"> Cannot support head well by 3 months 	<ul style="list-style-type: none"> Encourage your child to lift her/his head by holding toys at eye level in front of her/him.
	<ul style="list-style-type: none"> Does not push down with legs when feet are placed on a firm surface by 4 months 	<ul style="list-style-type: none"> Hold your child upright with her/his feet on the floor. Sing or talk to your child as she/he is upright.
	<ul style="list-style-type: none"> Does not roll over in either direction (front to back or back to front) by 5 months 	<ul style="list-style-type: none"> Put toys or rattles near your child; Encourage her/him to roll over to reach the toys. Provide more floor time for the infant, place them on their backs on a safe flat surface to encourage movement.
7 - 12 months	<ul style="list-style-type: none"> Does not actively reach for objects by 6-7 months 	<ul style="list-style-type: none"> Provide age-appropriate toys to play with, such as rattles or colorful pictures. Put toys near your child so that she/he can reach for them. Provide safe opportunities for your child to reach for toys and explore her/his surroundings.
	<ul style="list-style-type: none"> Does not sit with help by 9 months 	<ul style="list-style-type: none"> Hold your child up while she/he sits or supports herself/himself with pillows. Let her/him look around and give her/him toys to look at while she/he balances. Observe her/him while she/he performs these tasks. Allow more space and routine on a flat surface for your child to roll over, raise her/his torso, and balance to near sitting position to encourage building on pre-requisite skills to sitting.

7 - 12 months	<ul style="list-style-type: none"> • Drags one side of the body while crawling (observed for over a month) • Does not crawl by 12 months 	<ul style="list-style-type: none"> • Provide enough space for your child to move and explore in a safe area; only put necessary materials (e.g., 1-2 toys) in an area where your child could be crawling.
	<ul style="list-style-type: none"> • Does not put weight on legs by 9 months • Cannot stand when supported by 12 months 	<ul style="list-style-type: none"> • Hold your child upright with feet on the floor and sing or talk to your child as she/he “stands” with support. • Put your child close to things that she/he can pull up on safely.
1.1 - 1.11 years old	<ul style="list-style-type: none"> • Does not stand independently 	<ul style="list-style-type: none"> • Put a safety stand bar or sturdy furniture in areas where your child stays so she/he can hold on to them when she/he stands. • Provide safe opportunities for your child to reach hanging toys and explore her/his surroundings.
	<ul style="list-style-type: none"> • Not attempting to walk without support 	<ul style="list-style-type: none"> • Provide safe areas (e.g., areas with minimal blockings, sharp corners of furniture are covered, flooring is not slippery) for your child to walk and move around. • Provide objects (e.g., push walker, big boxes, small chairs) that she/he can push or pull safely.
	<ul style="list-style-type: none"> • Does not pull toy while walking 	<ul style="list-style-type: none"> • Provide toys/objects (e.g., wheeled toys with strings/rod, long sticks) that she/he can push/pull safely.
2 - 2.11 years old	<ul style="list-style-type: none"> • Fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes by 24 months 	<ul style="list-style-type: none"> • Do simple exercises at home that will help a child’s muscles to loosen up. Play action songs that you and your child can dance along to using specific actions such as walking on both feet. • Encourage your child to wear flat footwear or walk barefoot on clean, flat surfaces.
	<ul style="list-style-type: none"> • Does not walk independently 	<ul style="list-style-type: none"> • Provide safe areas for your child to walk and move around. • Provide toys that she/he can push or pull safely.

2 - 2.11 years old	<ul style="list-style-type: none"> Cannot push a wheeled toy (e.g., toy cars) by 24 months 	<ul style="list-style-type: none"> Provide opportunities for the toys and small items that your child can hold using all fingers.
	<ul style="list-style-type: none"> Does not climb onto and down from furniture without help 	<ul style="list-style-type: none"> Provide safe opportunities for your child to explore her/his surroundings (e.g., make sure that furniture at home is sturdy enough to support your child, furniture has no sharp edges or parts that pose hazard to your child).
	<ul style="list-style-type: none"> Does not throw ball overhand 	<ul style="list-style-type: none"> Provide balls for her/him to kick, roll and throw.
3 - 3.11 years old	<ul style="list-style-type: none"> Not able to walk up and down stairs independently 	<ul style="list-style-type: none"> Assist your child in walking up and down stairs by holding her/his hands; Gradually remove the assistance once your child becomes more confident in performing the task. Install child-level handrail to encourage your child to walk up and down the stairs independently. Take your child to the park/plaza to run and climb on equipment or walk on pavements.
	<ul style="list-style-type: none"> Not able to jump on two feet Not able to run 	<ul style="list-style-type: none"> Play simple games at home that will encourage her/him to move. Play games such as hiding your child's toys around the room and letting her/him find them. Sing and dance with your child while incorporating movements (e.g., jogging in place, jumping). Encourage and assist your child in performing such actions.
4 - 4.11 years old	<ul style="list-style-type: none"> Not able to walk, run, climb, jump and use stairs confidently 	<ul style="list-style-type: none"> Teach your child to play outdoor games like "tag"(habulan), "follow the leader", and "duck, duck, goose". Play your child's favorite music and dance with your child. Take turns copying each other's moves.
	<ul style="list-style-type: none"> Not able to catch, throw or kick a ball 	<ul style="list-style-type: none"> Play your child's favorite music and dance with your child. Incorporate actions that resemble catching, throwing or kicking a ball. Take turns copying each other's moves.

4 - 4.11 years old (cont.)		<ul style="list-style-type: none"> • Provide balls or other materials that may function like a ball for her/him to kick, roll and throw.
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II. Fine Motor Subdomain

Fine motor refers to abilities that involve movements of the hands and fingers. Examples are reaching, grasping and writing.

Age	Delays in Developmental Tasks	Intervention Activities
0 - 6 months	<ul style="list-style-type: none"> • Does not lift both hands to follow moving objects • Does not reach for and grasp toys by 3-4 months 	<ul style="list-style-type: none"> • Lay your child on her/his tummy when she/he is awake. Shake a rattle in front of her/him and slowly move it sideways. Observe if your child lifts both hands to follow moving objects. Encourage your child to reach for moving objects by calling her/his name while moving the rattle (or toy). • Provide safe opportunities for your child to reach hanging toys and explore her/his surroundings. • Put toys near your child so that she/he can reach for them or kick using her/his feet.
	<ul style="list-style-type: none"> • Does not bring or has difficulty getting things to mouth 	<ul style="list-style-type: none"> • Provide soft and safe materials (e.g., teether) that your child can explore getting to her/his mouth. • Guide your child to bring her/his hand to mouth.
7 - 12 months	<ul style="list-style-type: none"> • Does not transfer toys from one hand to another 	<ul style="list-style-type: none"> • Let your child play with blocks, shape sorter, and other toys that encourage them to use their hands. Demonstrate to her/him how to transfer toys from one hand to another. • Provide toys (e.g., rattles) that your child may play with. Encourage her/him to use it one hand at a time.
1.1 - 1.11 years old	<ul style="list-style-type: none"> • Does not point to show things to others 	<ul style="list-style-type: none"> • Blow bubbles and let your child pop them. • Perform finger play songs and games with your child that allows her/him to point to things in the surroundings (e.g., Ilong-Ilong-Mata game; simple games that require your child to point to things asked).

1.1 - 1.11 years old (cont)		<ul style="list-style-type: none"> Encourage your child to use her/his hand to point to objects/people around.
	<ul style="list-style-type: none"> Unable to pick up small items using index finger and thumb 	<ul style="list-style-type: none"> Put finger food (e.g., cookie, nuggets) on a plate in front of your child and encourage her/him to feed herself/himself. When playing with blocks, shape sorter, and other small toys, encourage your child to pick up these items from the floor or the container using her/his hands. Observe and encourage her/him to use the index finger and thumb to get these items. Be cautious of small toys that your child might put in her/his mouth, you may introduce and teach them to recognize food and non-food items.
2 - 2.11 years old	<ul style="list-style-type: none"> Does not make or copy straight lines and circles 	<ul style="list-style-type: none"> Give your child materials and activities that will help develop or improve grip such as playdough, squeeze balls and “activity box” with paper, crayons, or coloring books. Provide pre-writing activities to your child (e.g., paper crumpling, paper tearing, sand drawing).
		<ul style="list-style-type: none"> Hold your child’s hand/wrist to guide her/him on drawing straight lines on paper, on sand, or in the air. Demonstrate to your child how to draw lines and circles on plain paper (e.g., scratch paper, bond paper). Encourage your child to copy the lines and circles you drew.
3 - 3.11 years old	<ul style="list-style-type: none"> Not able to draw lines and circles 	<ul style="list-style-type: none"> Give your child materials and activities that will help develop or improve grip such as playdough, squeeze balls and “activity box” with paper, crayons, or coloring books. Let your child draw freely. Show your child how to draw lines up and down and across the page. Acknowledge your child when she/he tries to copy or to make her/his own markings with different lines.
	<ul style="list-style-type: none"> Cannot build a tower of more than 4 blocks 	<ul style="list-style-type: none"> Encourage your child to play with blocks. Take turns building towers and knocking them down. Get things from the house that are stackable. Encourage your child to stack, knock the objects and stack them back again. Make it a shared activity too.

3 - 3.11 years old (cont.)	<ul style="list-style-type: none"> • Difficulty manipulating small objects (such as peg boards, simple puzzles, turning handles) 	<ul style="list-style-type: none"> • Ask your child to help you open doors and drawers and turn pages in a book or magazine. • Help your child do puzzles with shapes, colors and objects. Name each piece when your child puts it in place.
	<ul style="list-style-type: none"> • Cannot screw and unscrew jar lids and cannot turn door handle 	<ul style="list-style-type: none"> • Demonstrate to your child the proper way to screw and unscrew jar lids and turning door handles; Provide opportunities for your child to independently do these tasks after demonstration. • Ask your child to help you open doors and drawers and turn pages in a book or magazine.
4 - 4.11 years old	<ul style="list-style-type: none"> • Not able to draw basic shapes and objects 	<ul style="list-style-type: none"> • Give your child materials and activities that will help develop or improve grip such as playdough, squeeze balls and “activity box” with paper, crayons, or coloring books. • Let your child draw freely. Show your child how to draw lines up and down and across the page and basic shapes. Acknowledge your child when she/he tries to copy them. • Provide a lot of opportunities for your child to draw different objects she/he sees in the environment. You may also draw together with your child. Acknowledge your child’s drawing by asking her/him to share about it.
	<ul style="list-style-type: none"> • Does not know how to cut using scissors even with supervision 	<ul style="list-style-type: none"> • Provide your child activities that will help improve grip such as playing playdough, paper crumpling, paper tearing, sand drawing. • Hold your child’s hand as she/he uses the scissors so that you are cutting paper together.

III. Self-help Subdomain

Self-help refers to the child's ability to do daily activities like feeding, dressing and toileting.

Age	Delays in Developmental Tasks	Intervention Activities
0 - 6 months	<ul style="list-style-type: none"> Does not suck and swallow milk from breast or bottle 	<ul style="list-style-type: none"> Observe the feeding pattern of your child, note the time she/he feeds the most and feeds less. Make a feeding schedule that serves this pattern best. Wake your child to breastfeed every 2 to 3 hours if she/he is sleepy and still has not mastered feeding cues.
		<ul style="list-style-type: none"> Consider using alternative feeding methods. These will make sure that your child gets enough food. These include cup-feeding, syringe-feeding, spoon-feeding, or medicine dropper-feeding.
7 - 12 months	<ul style="list-style-type: none"> Does not feed self with finger food 	<ul style="list-style-type: none"> Put finger food on a plate in front of your child and encourage her/him to feed her/himself.
	<ul style="list-style-type: none"> Does not help to hold own bottle/cup 	<ul style="list-style-type: none"> Provide opportunities for your child to hold empty cups, assisting her/him when necessary.
1.1 - 1.11 years old	<ul style="list-style-type: none"> Does not feed self with finger food 	<ul style="list-style-type: none"> Put finger food on a plate in front of your child and encourage her/him to feed her/himself. Be mindful of your reactions or responses when your child spills food as she/he feeds her/himself. Give leeway for this and show her/him how spills could be cleaned up. Encourage your child to participate in the clean up process as well to reduce anxieties.
	<ul style="list-style-type: none"> Does not hold own bottle/cup 	<ul style="list-style-type: none"> Provide opportunities for your child to hold empty cups, assisting her/him when necessary. Encourage your child to drink from her/his cup no matter how messy.

2 - 2.11 years old	<ul style="list-style-type: none"> Does not attempt to feed self using a spoon 	<ul style="list-style-type: none"> Let your child be as independent as possible during mealtime. Provide opportunities for your child to feed her/himself even though the eating area becomes messy. Give child-sized utensils. You may need to give a teaspoon instead of a spoon. Be mindful of your reactions or responses when your child spills food or drinks as she/he practices using utensils to feed her/himself. Give leeway for this and show her/him how spills could be cleaned up. Encourage your child to participate in the clean up process as well to reduce anxieties.
	<ul style="list-style-type: none"> Does not help with dressing 	<ul style="list-style-type: none"> Let your child wear loose and simple clothes (without buttons, without zippers); Encourage her/him to help change by providing step-by-step simple instructions or demonstrating actions when needed (e.g., inserting right hand to right sleeve of shirt).
3 - 3.11 years old	<ul style="list-style-type: none"> Does not attempt everyday self-care skills (such as feeding or dressing) 	<ul style="list-style-type: none"> Let your child be as independent as possible during mealtime. Provide opportunities for your child to feed her/himself even though the eating area becomes messy. Give child-sized utensils and cup. You may need to give a teaspoon instead of a spoon. Be mindful of your reactions or responses when your child spills food or drinks as she/he masters using utensils to feed her/himself. Give leeway for this and show her/him how spills could be cleaned up. Encourage your child to participate in the clean up process as well to reduce anxieties. Let your child wear loose and simple clothing. Encourage her/him to perform self-care tasks increasing in complexity (e.g., start with clothing without buttons and zippers then gradually providing opportunities for clothing with buttons and zippers). Encourage her/

3 - 3.11 years old (cont.)		him to help change by providing step-by-step simple instructions.
	<ul style="list-style-type: none"> Cannot remove simple shoes by self 	<ul style="list-style-type: none"> Let your child wear slip-on shoes (e.g., no shoelaces, no Velcro flaps). You may start by verbalizing instructions as you assist your child in wearing the footwear. Once improvements are observed, let your child perform the task as you provide a simple verbal guide.
4 - 4.11 years old	<ul style="list-style-type: none"> Does not attend to toilet needs (peeing and defecating) by her/himself during daytime 	<ul style="list-style-type: none"> Be sensitive to your child's readiness for toileting. Start by asking your child to perform simple tasks related to toileting such as pulling clothing up and down and washing hands independently. Have a schedule with your child to go to the toilet at least twice during the day to sit on the toilet seat. This is to provide time for your child to be more comfortable in using the toilet.
	<ul style="list-style-type: none"> Cannot pour water to cup 	<ul style="list-style-type: none"> Provide simple activities that involve pouring of small objects from one container to another (e.g., pouring of buttons/stones from one container to another). Give child-sized cup and a half-filled pitcher (or filled enough that she/he can still carry by her/himself) and provide encouragement as she/he tries to pour water to a cup.
	<ul style="list-style-type: none"> Cannot change to simple clothing 	<ul style="list-style-type: none"> Let your child wear loose and simple clothes (without buttons, without zippers); Encourage her/him to change by providing step-by-step simple instructions.
	<ul style="list-style-type: none"> Cannot wear simple shoes with or without assistance 	<ul style="list-style-type: none"> Let your child wear slip-on shoes (e.g., no shoelaces, no Velcro flaps). You may start by verbalizing instructions as you assist your child in wearing the footwear. Once improvements are observed, let child perform the task as you provide simple verbal guide.

B. Socio-emotional Domain

Socio-emotional domain refers to the child's abilities to know one's self, express and understand feelings, and respond to age- and culturally-appropriate behavior in social situations and interpersonal relations.

Age	Delays in Developmental Tasks	Intervention Activities
0 - 6 months	<ul style="list-style-type: none"> • Not familiar with parent's/guardian's face • Does not respond when picked up by parent/guardian and other adults • Does not show facial expressions (smiling, frowning, etc.) • Does not play or interact with parents/guardians 	<ul style="list-style-type: none"> • Always introduce name of parent/guardian when talking to your child. • Regularly talk to your child and establish eye contact while doing daily activities (e.g., feeding, changing clothes, etc.). • Acknowledge and positively respond to your child's attempts to communicate or interact. When your child makes a sound, wait for her/him to finish before responding. • Provide constant skin-to-skin contact when interacting with your child (e.g., carrying, hugging, laying your child on your chest). • Regularly play simple turn-taking games with child (peek-a-boo).
7 - 12 months	<ul style="list-style-type: none"> • Not sharing enjoyment with others • Still not very familiar with parents/guardians • Does not play early turn-taking games 	<ul style="list-style-type: none"> • Always introduce names of parents/guardians and other adults and children that your child meets or interacts with. • While doing daily activities, talk and establish eye contact with your child (e.g., feeding, changing clothes, etc.). • Acknowledge your child's attempts to communicate or interact and respond positively. When your child makes a sound, wait for her/him to finish before responding.

7 - 12 months (cont.)		<ul style="list-style-type: none"> Regularly play simple turn-taking games with your child (e.g., peek-a-boo). Provide constant skin-to-skin contact when interacting with child (e.g., carrying, hugging, laying your child on your chest).
1.1 - 1.11 years old	<ul style="list-style-type: none"> Lacks interest in playing with others Does not play simple pretend play (e.g., feeding a doll) 	<ul style="list-style-type: none"> Regularly play turn-taking games with your child (e.g., pass the ball). Introduce and establish simple routines at home that include play time with family members. Introduce and encourage simple pretend-play materials and games with child. Show her/him how pretend play materials are used so that she/he can imitate the behavior.
	<ul style="list-style-type: none"> Does not point to a person or an object that is interesting to her/him Does not distinguish familiar faces from strangers 	<ul style="list-style-type: none"> Demonstrate and encourage use of verbal (saying) and non-verbal (e.g., pointing, tapping, gesturing) cues when communicating or interacting with people/objects. Regularly introduce names of parents/guardians, other adults, and children that your child meets or interacts with. Show pictures of familiar faces (e.g., parents, guardians, family members, relatives) and ask your child to point to the picture of the person named. Perform finger play songs and games with your child that allows her/him to point to persons and things in the surroundings (e.g., “Nasaan si Nanay?”; “Ituro ang upuan/kama/mesa”).
2 - 2.11 years old	<ul style="list-style-type: none"> Does not display excitement when with other children 	<ul style="list-style-type: none"> Encourage activities that involve interaction and cooperation with other children.

2 - 2.11 years old (cont.)	<ul style="list-style-type: none"> Does not explore and do activities independently and confidently 	<ul style="list-style-type: none"> Encourage independence by letting your child do simple tasks alone (with supervision and gradual fading). Process the child's emotions and feelings regarding tasks and activities done by asking questions and recalling the activity.
	<ul style="list-style-type: none"> When playing with toys, tends to bang, drop or throw them rather than use them for their purpose (e.g., blocks, cuddle toys) 	<ul style="list-style-type: none"> Demonstrate how to appropriately use toys and other objects. Introduce and establish simple rules for taking care and using toys properly.
3 - 3.11 years old	<ul style="list-style-type: none"> No interest in pretend play or interacting with other children 	<ul style="list-style-type: none"> Encourage simple role-playing activity (e.g., housekeeping, feeding a doll). Encourage interaction with other children and adults through simple games, storytelling, singing and others.
	<ul style="list-style-type: none"> Difficulty understanding and acknowledging their feelings (e.g., happy, sad) 	<ul style="list-style-type: none"> Process your child's emotions and feelings regarding tasks and activities done by asking questions and recalling the activity. Help your child verbalize what she/he is feeling and why she/he is feeling that way. For a child who has difficulty verbalizing her/his feelings, provide her/him with illustrations of different feelings that may help her/him express her/himself. Allow room for big emotions, especially for situations that may be overwhelming for the child. Once your child has reached her/his calm state, talk about the alternative ways on how the situation could have been coped with through more productive ways.

4 - 4.11 years old	<ul style="list-style-type: none"> Unwilling or does not play cooperatively with others Unable to observe rules 	<ul style="list-style-type: none"> Encourage simple role-playing activity (e.g., housekeeping, feeding a doll). Encourage simple games with rules (e.g., duck-duck-goose, bring me). Encourage interaction with other children and adults through simple games, storytelling, singing and other activities. Involve your child in making the rules. Rules should be written using your child's language. Once the rules are done, let your child write her/his name to signify agreement with the rules. Instead of resulting in punishments when your child fails to observe the rules, it is better to process the situation and let your child understand why it is important to observe and follow the rules.
	<ul style="list-style-type: none"> Unable to distinguish what is real and what is make believe 	<ul style="list-style-type: none"> Constantly present real objects seen in pictures/books/stories. Process fictional shows, stories and books with your child.

C. Cognitive Domain

Cognitive domain refers to the child's abilities to think, understand concepts and their logical relations and to manipulate them to arrive at new ideas or conclusions. It also includes prerequisite early literacy and numeracy skills such as recognition of sounds, colors, shapes, letters, and numerals.

Age	Delays in Developmental Tasks	Intervention Activities
0 - 6 months	<ul style="list-style-type: none"> Does not pay attention to faces when engaging in a communication Does not recognize familiar faces 	<ul style="list-style-type: none"> Build positive connections by talking to your child all the time, holding eye contact, engaging or addressing their interests and needs. When talking with your child, keep

0 - 6 months (cont.)		<p>your face close (about 1 meter away) to your child's face.</p> <ul style="list-style-type: none"> Respond to your child's sounds and interests. Imitate the sounds produced by your child. Show pictures of familiar faces (e.g., parents, guardians, family members, relatives) and encourage adults to interact with your child. Observe your child's reaction during the interaction or when your child is shown pictures.
	<ul style="list-style-type: none"> Does not show interest or follow things with eyes Does not look around at things nearby 	<ul style="list-style-type: none"> Create an activity that encourages your child to look for an object that has been removed from her/his direct line of vision. Hang toys above your child's bed/crib that she/he can point at or touch. Interact with your child by introducing and pointing things nearby.
7 - 12 months	<ul style="list-style-type: none"> Does not show interest or look for things that she/he sees you hide 	<ul style="list-style-type: none"> Let your child observe you while hiding things where she/he could locate easily (e.g., under a towel or pillow). Motivate or encourage her/him to look.
	<ul style="list-style-type: none"> Has difficulty finding partly hidden things 	<p>for it and get the object. Use objects that you see your child is interested in.</p> <ul style="list-style-type: none"> Play peek-a-boo with your child.
	<ul style="list-style-type: none"> Does not explore things in different ways (e.g., shaking, banging or throwing the rattle) 	<ul style="list-style-type: none"> Encourage your child to explore things in a different way by demonstrating it properly (e.g., shaking moderately, banging/throwing on bed/pillow). Shake, bang or throw things (e.g., rattle shake, ball, dolls, rubber ducky) and let her/him imitate you.

7 - 12 months (cont.)	<ul style="list-style-type: none"> Does not look or point to objects or pictures when it is named (e.g., familiar objects at home, bottles, pillow, spoon, family members, colors, shapes, etc.) 	<ul style="list-style-type: none"> Always point to real objects when naming it until your child gets familiar with it. Use a large-sized picture or book of familiar objects/things. Guide your child in pointing at the object or picture named/described and continue with more pictures every time your child is able to point.
	<ul style="list-style-type: none"> Has difficulty putting things in a container and taking things out of the container 	<ul style="list-style-type: none"> Demonstrate putting in or taking out things in the container before asking your child to do it. Assist your child by helping her/him do the activity then slowly minimize the assistance.
	<ul style="list-style-type: none"> Has difficulty following simple 1-step verbal commands with accompanying gestures like “pick up the toy”, “come here” 	<ul style="list-style-type: none"> Demonstrate how to do the instruction. Guide by holding your child’s hand to pick up the toy. Gradually fade assistance until your child is able to do it. Physical assistance can also be applied initially in other tasks.
1.1 - 1.11 years old	<ul style="list-style-type: none"> Does not show familiarity with use of common objects (e.g., table, chair, spoon, fork, comb, etc.) 	<ul style="list-style-type: none"> Name objects routinely used at home. Demonstrate how the objects are used and allow opportunities for your child to also use these objects to increase their familiarity with them. Do simple tasks together (e.g., brushing teeth, combing hair) and gradually

1.1 - 1.11 years old (cont.)		<p>encourage her/him to do these tasks independently.</p> <ul style="list-style-type: none"> • Play simple games like showing the object and letting your child name it and tell its use. • Gradually introduce new objects once your child gets familiar with common objects around.
	<ul style="list-style-type: none"> • Has difficulty following 1-step verbal commands without gestural cues (e.g., “come here”, “drink water”) 	<ul style="list-style-type: none"> • Include 1-step verbal commands for typical routines that your child could participate in. Provide opportunities for repetition throughout the daily routine. • Initially provide verbal commands accompanied with gestures and demonstrate it to your child. • Gradually lessen gestures and assistance until your child can do it on her/his own.
	<ul style="list-style-type: none"> • Does not use gestures like waving goodbye or shaking head “no” 	<ul style="list-style-type: none"> • Repeat the process until your child is able to understand your verbal commands and can follow without any gestures or assistance. • Acknowledge your child whenever she/he does the task (e.g., “Thank you for coming here,” “Good job, I saw you drink water by yourself,” “It’s okay that you spilled your water, we can clean it up. You still did a good job by drinking water by yourself!”).
		<ul style="list-style-type: none"> • When communicating with your child, show how to say things with gestures like saying bye-bye or shaking head sideways while saying “No” or nodding up and down saying “Yes”. • Use toys or dolls in demonstrating gestures and encourage your child to do the same.

2 - 2.11 years old	<ul style="list-style-type: none"> Does not follow simple instructions (e.g., “pack away your toys”) 	<ul style="list-style-type: none"> Demonstrate to your child how to do the task (e.g., pack away toys properly), and take turns in doing so. Incorporate routines where instructions could be made more familiar to your child. Use simple words and gestures when giving instructions to your child (e.g., pointing to the box where your child should put the toys). Give simple instructions one at a time. Provide step-by-step visual chart that your child can follow without adult assistance. Acknowledge your child whenever she/he does the task (e.g., “Thank you for packing away your toys!”).
	<ul style="list-style-type: none"> Does not know the name of familiar objects or pictures 	<ul style="list-style-type: none"> Touch or point to the object or picture when naming it and allow your child to repeat the name verbally. Hold your child’s hand to touch or point to the object or picture when naming it and allow your child to repeat the name verbally. Let your child point to or get the object or picture named and allow your child to say the name of the object or picture.
	<ul style="list-style-type: none"> Has difficulty finding hidden things 	<ul style="list-style-type: none"> Let your child observe you while hiding things under one cover (pillow or cloth). Motivate or encourage her/him to look for it and get the object. Gradually increase the covers every time she/he is able to find/get it.

2 - 2.11 years old (cont.)	<ul style="list-style-type: none"> Unable to sort objects or things according to attributes (e.g., shapes, colors, size) 	<ul style="list-style-type: none"> Let your child observe while you sort objects or things according to one attribute at a time (e.g., color of clothes, kinds of toys) and encourage her/him to do the same.
3 - 3.11 years old	<ul style="list-style-type: none"> Does not understand simple instructions 	<ul style="list-style-type: none"> Demonstrate to your child how to do the task (e.g., pack away toys properly), and take turns in doing so. Use simple words, short sentences and gestures when giving commands to your child (e.g., pointing to the box where your child should put the toys). Use step-by-step visual chart/cue that your child can follow without assistance. Give instructions one at a time; repeat the instructions twice or thrice if necessary. Encourage your child to do the task and guide her/him until she/he is able to do it.
	<ul style="list-style-type: none"> Does not know name of familiar objects 	<ul style="list-style-type: none"> Touch or point to the object when naming it. You may also hold your child's hand to touch or point to the object when naming it and allow your child to repeat the name verbally.
	<ul style="list-style-type: none"> Does not engage in manipulatives (e.g., pegboards, puzzles, shape sorters, turning knobs and handles) 	<ul style="list-style-type: none"> Demonstrate to your child the concept of fitting or putting things together (e.g., use of 1 to 2 piece puzzle, shape sorter, inset puzzle). Start with one piece at a time and place it next to the right hole. Assist and guide your child until she/he no longer needs assistance. Gradually increase difficulty or piece every time she/he is able to fit or put in the right piece in the hole.

4 - 4.11 years old	<ul style="list-style-type: none"> Does not show interest in interactive games Does not show interest in make-believe or role playing games 	<ul style="list-style-type: none"> Read stories to your child. Engage your child in games that encourage active participation and turn-taking. Introduce or discuss the difference between real and make-believe stories. Encourage your child to tell you stories that are make-believe and engage by asking questions. Do turn-taking activities that can help your child better interact with other children. Engage in an imaginative or pretend play.
	<ul style="list-style-type: none"> Does not understand or follow three-step commands (e.g., pack away your bag, change your shoes, come here) 	<ul style="list-style-type: none"> Use words that your child can understand when giving instructions or simple phrases in giving commands with gestural cues to your child one at a time. Repeat the commands twice or thrice if needed. Teach commands by playing “Simon says” and other games. Get her/his attention first and demonstrate your commands. Give simple commands one at a time until your child can follow 3-step commands. Repeat your commands if necessary and assist/guide your child until she/he no longer needs your assistance.
	<ul style="list-style-type: none"> Unable to arrange things or objects according to size from smallest to biggest 	<ul style="list-style-type: none"> Demonstrate to your child how to arrange 3 similar things or objects according to size.
	<ul style="list-style-type: none"> Inability to tell or imagine what she/he thinks is going to happen next 	<ul style="list-style-type: none"> Read the story 2-3 times which your child is interested in. Read the story lines again and ask your child what may happen next before proceeding to the next page.

D. Language Domain

Language domain refers to the child's abilities to understand and use language to communicate ideas and learn to acquire language skills in preparation for reading, writing and counting. Receptive language is understanding words spoken to and heard, while expressive language is speaking words to communicate one's thoughts and feelings.

Age	Delays in Developmental Tasks	Intervention Activities
0 - 6 months	<ul style="list-style-type: none"> Does not respond to sounds 	<ul style="list-style-type: none"> Use toys and materials that produce sounds (e.g., rattle, bell, keys, clapper, maracas, sound shaker, etc.) and play with it near your child; show it to your child and look if she/he follows it with her/his eyes, does facial responses, or turns head to sides. Play peek-a-boo with your child. Emphasize saying "Boo!" / "Bulaga!" / "Bah!". Talk or sing to your child during feeding, dressing and bathing.
	<ul style="list-style-type: none"> Does not coo or make sounds Does not make vowel sounds (ah, eh, oh) 	<ul style="list-style-type: none"> Talk or sing to your child cheerfully. Use simple vowel sounds to be imitated by your child.
	<ul style="list-style-type: none"> Does not laugh or make squealing sounds 	<ul style="list-style-type: none"> Cuddle, talk and play with your child. Show a smile and laugh to express happiness. Allow time for your child to imitate. Tickle and massage your child until she/he positively responds. Respond to your child's attempt in communicating or interacting.
7 - 12 months	<ul style="list-style-type: none"> Does not babble (mama, baba, dada) 	<ul style="list-style-type: none"> Talk or sing to your child regularly. Use simple and meaningful words that you think your child can easily recognize and imitate.

7 - 12 months (cont.)	<ul style="list-style-type: none"> Does not respond to own name 	<ul style="list-style-type: none"> Always establish eye contact whenever you call your child by her/his name. Touch or point to your child when calling her/his name. Hold your child's hand and point it towards her/his chest, and then say her/his name. Play peek-a-boo and simple hide-and-seek. Emphasize sound/clearly pronounce when calling her/his name.
	<ul style="list-style-type: none"> Does not look where you point 	<ul style="list-style-type: none"> Name objects to your child that you are pointing at (e.g., say "ball" while pointing at the ball, say "milk" while holding/pointing to a bottle of milk, etc.). Hold your child's hands/fingers while pointing to the object. Talk about what your child wants when she/he points at something.
1.1 - 1.11 years old	<ul style="list-style-type: none"> Unable to say single words 	<ul style="list-style-type: none"> Talk or sing to your child what you are doing, (e.g., "mommy is washing your hands", "daddy is feeding you soup", etc.). Use simple words often used at home, (e.g., "milk"). Build on words that your child is trying to say. Introduce action words or concepts and make your child perform the action through meaningful activities while repeatedly saying the target action word (e.g., "eat", "walk"). Use animated voice or melodies while talking to your child. This will help your child imitate words easily. Make sure to pronounce words correctly and clearly.

1.1 - 1.11 years old (cont.)	<ul style="list-style-type: none"> Does not learn gestures like waving or shaking head 	<ul style="list-style-type: none"> Demonstrate how to wave hand or shake head then let your child imitate it. Hold your child's wrist or arm to wave while you are also waving. Use verbal cues to elicit gestures (e.g., say "bye" while waving, say "no" while shaking your head).
	<ul style="list-style-type: none"> Does not point to things when asked to point 	<ul style="list-style-type: none"> Touch or point to common body parts (e.g., nose, eyes, mouth, ears, hands, feet, tummy) while naming them. Hold your child's hand to touch or point to common body parts while naming it. Touch or point to food/drinks and objects that she/he likes while naming it. Hold your child's hand to touch or point to food/drinks and objects that she/he likes while naming it. Demonstrate and show the object by pointing and saying "Look" or "look at the (object)" to encourage your child to show and point to objects.
	<ul style="list-style-type: none"> Does not point to show things to others 	<ul style="list-style-type: none"> Acknowledge when your child attempts to point. Respond to gestures and ask questions about it.
	<ul style="list-style-type: none"> Does not imitate others 	<ul style="list-style-type: none"> Face your child in front of a mirror to see what her/his face and body can do. Perform actions that she/he can imitate (e.g., clapping hands, touching nose, etc.). Demonstrate simple gestures/actions like nodding, waving, pointing, clapping, smiling, laughing, frowning. Allow your child to imitate your actions and acknowledge this. Assist your child by guiding her/his body when she/he has difficulty coordinating her/his movements.

1.1 - 1.11 years old (cont.)		<ul style="list-style-type: none"> Sing songs, perform fingerplay, and/or tell stories with accompanying actions, and ask her/him to imitate after.
	<ul style="list-style-type: none"> Does not gain new words Does not have at least 6 words 	<ul style="list-style-type: none"> Sing to your child simple children's songs with actions. Introduce new but simple words that your child can easily relate; use real objects when introducing words. Read simple stories to your child everyday. Start with functional words and action words that your child commonly uses (e.g., eat, sit, give, etc.) and names of family members such as mommy/mama, daddy/papa. Use animated voice or melodies while teaching the concepts. Make sure to pronounce words correctly and clearly.
	<ul style="list-style-type: none"> Unable to express or show if she/he wants attention of others 	<ul style="list-style-type: none"> Pay attention and address your child's needs. Encourage your child to say something that she/he wants by asking questions such as "what do you like?" You may also ask questions that can be answered by yes/no, "Are you hungry?"
2 - 2.11 years old	<ul style="list-style-type: none"> Does not use 2-word phrases 	<ul style="list-style-type: none"> Talk or sing to your child regularly. Demonstrate 2-word phrases (e.g., "drink milk", "eat rice") and allow your child to repeat verbally. Use real objects whenever possible or in actual scenario. Start with functional words and action words that your child commonly uses (e.g., eat, sit, give, etc.) and names of family members such as mommy/mama, daddy/papa. Use animated voice or melodies while teaching concepts. Make sure to pronounce words correctly and clearly.

2 - 2.11 years old (cont.)		<ul style="list-style-type: none"> Introduce and combine new words to previously known action words to expand verbal outputs from word to phrases.
	<ul style="list-style-type: none"> Does not imitate actions and words 	<ul style="list-style-type: none"> Demonstrate actions while naming it (e.g., sit, stand, walk, eat, drink, sleep) and allow your child to verbally repeat words. Physically guide your child to do actions and allow your child to verbally repeat words.
	<ul style="list-style-type: none"> Has difficulty or inability to finish sentences and rhymes in familiar books 	<ul style="list-style-type: none"> Read or/and sing slowly the rhymes in familiar books and encourage your child to repeat after you. Recite the rhymes together with your child until she/he no longer needs assistance. Recite a few lines from books regularly read to your child and let your child finish it. Encourage your child to recite the other lines until she/he completes the whole rhyme.
3 - 3.11 years old	<ul style="list-style-type: none"> Drools saliva Has very unclear speech Speaking is not clear to listeners/Speaking is incomprehensible 	<ul style="list-style-type: none"> Talk or sing to your child all the time. Always pronounce words clearly so your child would hear the correct pronunciation of words. Clarify the words said then say the words clearly and allow your child to repeat the words verbally. Give constant reminders to your child to close her/his mouth when not talking.
		<ul style="list-style-type: none"> Teach your child to wipe her/his mouth often using hand towel, demonstrate when needed. Provide opportunities to try different textures of food available in the local market.

3 - 3.11 years old (cont.)	<ul style="list-style-type: none"> Does not speak in sentences 	<ul style="list-style-type: none"> Encourage your child to recite short sentences that are used daily (e.g., “I want to sleep,” “I am hungry”). Recite a few lines from books regularly read to your child and let your child finish it. Encourage your child to recite the other lines until she/he completes the whole rhyme. Model communication in sentences. Speak in full sentences and encourage your child to do the same.
4 - 4.11 years old	<ul style="list-style-type: none"> Does not use “me” and “you” correctly 	<ul style="list-style-type: none"> Always use correct grammar when talking with your child. Improve or correct your child’s grammar if needed (e.g., “this mine” to “this is mine”).
	<ul style="list-style-type: none"> Does not speak clearly for the listener to understand 	<ul style="list-style-type: none"> Always talk with your child with correct pronunciation of words. Encourage your child to talk slowly and clearly. Kindly request for your child to repeat what she/he said and explain that you did not understand it the first time. Say the words correctly and let your child repeat it.
	<ul style="list-style-type: none"> Unable to retell a favorite story 	<ul style="list-style-type: none"> Encourage your child to retell the story by giving her/him clues or questions. Guide your child to tell the story through a step-by-step process. Start with 2-3-step stories and progress later once your child is more confident and consistent in telling longer stories. If your child has a favorite book, go through it per page and ask your child what is happening in the picture. Use pictures, dolls, and interesting materials in telling stories.

4 - 4.11 years old (cont.)	<ul style="list-style-type: none">• Unable to ask simple questions	<ul style="list-style-type: none">• Model by asking simple questions and encourage your child to ask too.• Encourage to use gestures and actions for her/him to express her/himself when she/he can't find the right words.• Take time to answer your child's questions.
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TABLE GUIDE FOR CHILDREN WITH DISABILITIES AND SUGGESTED INTERVENTION ACTIVITIES

This table guide presents the different types of disabilities that are most prevalent and identified by professionals in the early childhood years. The terms used here are not intended to label children and seclude them, these are only used to categorize for easier understanding of the common signs, characteristics, and suggested intervention activities.

The intervention activities suggested are intended for immediate implementation in the early learning programs by child development workers and teachers and parents, be it in center-based, community-based or home-based programs. Children not enrolled in any early learning programs are highly encouraged to register to maximize assistance and support for early intervention as well as to promote early childhood inclusion. It should be noted that not all of the intervention activities presented will work well with all children, knowing that they are unique, one strategy may be effective for one child, but it may not be effective for another child. Thus, it is important to know the child very well, particularly their immediate needs, interests, present skills and behavior so that the activities can be carefully planned and implemented accordingly. Modification of activities and instructions are highly recommended to suit the child's needs and interests.

This table guide is to be used for children who have undergone 2nd and/or 3rd tier assessment or those who have been diagnosed by specialists. Common signs and general characteristics of children under a type of disability are presented in the first column of this table, while the suggested intervention activities to address the delays and/or characteristics of the child with disability are in the second column. If common signs and symptoms of the disability are observed from a child, it is best to seek recommendation from your direct supervisor for consultation/referral to professionals/specialists for further assessment. The discussion in *Part 3 - The Guide Process* gives precise details on how ECCD service providers can assist parents in the prevention, early identification, referral and intervention processes.

If a child with disability is enrolled in any early learning programs in the locality, consider giving a brief discussion about inclusive ECCD programs during the orientation to parents/families so that they may know and understand why children with disabilities are given equal opportunity to participate in such programs and be with their peers. Children in the classroom can also be given simple orientation on the characteristics and special needs of their classmates, without discrimination and prejudice. The suggested intervention activities in this table guide can be used to complement the recommendations from the specialists through the written assessment report. Coordination and collaboration among specialists, service providers, other parents/families, and children in the school and community are most needed and welcome to further our support to children/persons with disability and an inclusive society.

1. **Autism Spectrum Disorder** is a neurodevelopmental disorder with still unknown causes. It affects the child's verbal and non-verbal communication and social interaction. Other characteristics often associated are repetitive activities and stereotyped movements, resistance to change in routines, uncoordinated motor movements, and unusual responses to sensory experiences that affect the child's ability to function appropriately in social situations.

Children with autism are in a spectrum, meaning that they may share common characteristics but will display behaviors different from each other with varying degrees of difficulty in communication and social interaction. It is a lifelong condition and there is no cure for it. Their behavior though can be managed through different kinds of therapies and intervention techniques.

General Characteristics	Intervention Activities
<i>Deficits in Communication Skills</i>	
<ul style="list-style-type: none"> • Very little facial expressions and interactions at 9 months • No babbling or back-and-forth gestures at 1 year 	<ul style="list-style-type: none"> • Demonstrate how to wave hand or shake head then let your child imitate it. • Hold your child's hand and guide her/him to do certain gestures like waving and clapping. • Use verbal cues to elicit gestures (e.g., say "hello" while waving your hand; say "no" while shaking your head).
<ul style="list-style-type: none"> • No single words said at 1 and a half years • No two-word phrases at 2 years 	<ul style="list-style-type: none"> • Talk or sing to your child what you are doing (e.g., "mommy is washing your hands", "daddy is feeding you soup", etc.). • Use simple and meaningful words often used at home and what you think your child can easily recognize and imitate. • Build on words that your child is trying to say. • Sing to your child simple children's songs with actions. • Introduce new but simple words that your child can easily relate to. Use real objects when introducing words. • Demonstrate 2-word phrases (e.g., "drink milk", "eat rice") and allow your child to repeat verbally. Use real objects whenever possible or in actual scenario. • Introduce simple greetings (e.g., "hi", "hello", "bye") and eventually routinely greetings (e.g., "good morning", "good night").

	<ul style="list-style-type: none"> • Create picture cards of common objects, activities, or places that your child uses, does, or frequents. As an alternative means of communication, your child can be asked to point to the picture card that she/he wants to express.
<ul style="list-style-type: none"> • Inability to express wants and needs 	<ul style="list-style-type: none"> • Encourage your child to express her/his needs. <ul style="list-style-type: none"> • Ask what your child needs. • Provide two choices of what you think your child wants. • Encourage your child to speak even using one word or two-word phrase and eventually in sentences. • Arrange the objects in your home/learning environment in a certain way that can be maintained consistently. It would also be helpful to do certain routines in specific areas. Consistency of objects'/activities' locations can help children point to what they need/want or to know what they need/want. This can be an alternative means of communicating with them.
<ul style="list-style-type: none"> • Does not respond when name is called 	<ul style="list-style-type: none"> • Always use your child's name when having a conversation with her/him. • Direct your child's gaze or attention when calling her/his name. • Use sound-producing objects first then call your child's name until your child responds, then eventually fade the use of sound to catch attention.
<ul style="list-style-type: none"> • Has difficulty communicating their thoughts and feelings 	<ul style="list-style-type: none"> • Let your child recognize different emotions through use of pictures and real-life scenarios. • Encourage your child to speak out her/his feelings or show your child how it feels to be happy, sad, angry, hungry, etc. (e.g., smile and say "I'm happy"; frown and say "I'm sad"). This can be done near a mirror so that your child can look at her/his face after examining her/his parents' face reactions. • Express or tell your child what you feel and ask for her/his opinion (e.g., say "I felt good after eating ice cream. I'm so happy. How about you?"). With children who have difficulty verbalizing, picture cards of different emotions can be used to help them identify what they are feeling. Follow-ups to her/his answer can be stated in yes/no questions, (e.g., "Are you mad because I said you have to pack away?").

<ul style="list-style-type: none"> Does not make facial expressions 	<ul style="list-style-type: none"> Introduce different facial expressions and show feelings of love, anger, sadness, happiness, and fear through play or activities. Make different facial expressions while playing with your child. Read a book to your child, show a person crying or laughing in the story and discuss the situation. Imitate facial expressions while facing the mirror.
<ul style="list-style-type: none"> Has poor vocabulary development 	<ul style="list-style-type: none"> Introduce real objects commonly found at home. <ul style="list-style-type: none"> Focus on few items first, its name and use (e.g., spoon for eating, cup for drinking, chair for sitting). Gradually introduce other objects when your child is able to master a number of items. Use different pictures of familiar objects with labels to reinforce knowledge on previously known objects. Let your child match pictures of objects to real life objects. Play show and tell with your child (e.g., show an object or picture and let your child tell its name and its use). Read books of different varieties to your child. Emphasize familiar words and let her/him repeat those if capable. Explain words that may be unfamiliar to her/him.
<ul style="list-style-type: none"> Has difficulty following instructions 	<ul style="list-style-type: none"> Use a visual chart to show the steps to follow. Demonstrate to your child what she/he needs to do. Break down instructions into simpler tasks. Use simple words and short sentences for instructions. Give instructions one at a time. Repeat the instruction twice or thrice if needed. If your child is verbal, let your child repeat the instructions to the adult.

<ul style="list-style-type: none"> • Echolalic - repeats another person's spoken word • Has different intonations 	<ul style="list-style-type: none"> • Use the opportunity to identify objects and pictures by showing and naming it as your child repeats the words said (e.g., familiar items at home for daily living, foods, personal care, school items, action words, shapes, colors, alphabet and numerals). • Introduce simple scripted conversations. <ul style="list-style-type: none"> • Adult: "Good morning" Child: "Good morning" Adult: "How are you?" Child: "I'm fine" • Adult: "Let's eat" Child: "Let's eat" Adult: "I want chicken, what do you want?" Child: "I want chicken" Adult: "What do you want?" Child: "I want chicken" • Always speak and pronounce words clearly. • Encourage your child to speak properly by letting her/him repeat how words are ought to be spoken.
<i>Deficits in Social Skills</i>	
<ul style="list-style-type: none"> • Has difficulty making friends with peers • Has difficulty initiating or sustaining conversation with others • Has poor "play skills" - solitary and parallel only and often does not initiate to play 	<ul style="list-style-type: none"> • Play and talk with your child often. • Introduce different toys and play activities to your child (e.g., blocks, toy animals, play dough) together with other children. • Encourage participation in dramatic play or role-playing activities (e.g., kitchen set, doctor set). • Encourage your child to play and interact with other children even for a few minutes only. Duration of play time may be increased as observed. • Extend more time and opportunities for playing alongside other children. • Encourage other children and ask them to invite your child to play and interact.

<ul style="list-style-type: none"> • Has poor social and emotional response - rarely smiles and often has no social response • Withdraws self from others 	<ul style="list-style-type: none"> • Encourage your child to rejoin the group if she/he leaves without purpose. • Encourage your child to participate in group activities like dancing and singing. You may start by encouraging her/him to partner with another child, then gradually participating in a bigger group. • Participate in a play group, and talk to the other parents about your child's needs. Helping other parents understand your child's needs and cues will allow them to talk to their children about these. With this knowledge, both parents and children in the play group will be able to adjust to your child's needs and engage in a healthy relationship with her/him.
<ul style="list-style-type: none"> • Has poor eye contact 	<ul style="list-style-type: none"> • Talk with your child at her/his eye level. She/He does not need to hold eye contact for long periods of time. She/He can be asked to maintain eye contact for 1-2 seconds at a time before looking away from familiar persons during a conversation. • Direct your child's gaze or attention to your face by pointing to your eyes/eyebrows. • Use sound-producing object to exercise gazing and eye contact even for a few minutes every day (e.g., shake keys in front of your child until she/he establishes eye contact then move the keys slowly to the left and on to the right). • Help your child to practice looking at people's foreheads/eyebrows while talking to them. Your child can do this when interacting with unfamiliar people.
<p><i>Unusual and repetitive behaviors</i></p>	
<ul style="list-style-type: none"> • Exhibits uncoordinated body movements 	<ul style="list-style-type: none"> • Demonstrate proper body movements (e.g., walking, jumping jacks) and let your child imitate. • Use cue words for your child to easily remember (e.g., "open hands - closed feet and closed hands - open feet" while doing jumping jacks). • Keep common areas free of sharp/fragile objects to decrease risks of accidents and injury.

<ul style="list-style-type: none"> • Follows specific and rigid routines • Having difficulty adjusting to changes in routines 	<ul style="list-style-type: none"> • Prepare a daily schedule and routine to be followed that changes from time to time so that your child is also given the opportunity to adjust/transition to changes. • Prepare your child at least a week ahead if there will be changes in schedule or if there are special occasions, celebrations and other events. Tell your child every day of what is going to happen on the day of the event until it reaches the date. Visual cues such as marking the days on a calendar may be helpful. • Provide visual cues or chart for the established routine, including the changes introduced.
<ul style="list-style-type: none"> • Has unusually intense interest or attachment to particular objects, interests and activities • Exhibit repetitive and stereotyped behaviors. Below are examples but not limited to: <ul style="list-style-type: none"> o hand-flapping o rocking back and forth or side to side when in sitting position o making grunting noises (e.g., rrrmmm, shivvahr, oomph) o teeth grinding o lining up or arranging toys or objects in a specific way 	<ul style="list-style-type: none"> • Observe your child's interests and engage your child in play activities and conversations using these interests. Provide materials around the learning environment (school/home) about the child's interests. • Keep your child's hands and body busy through play activities. • Provide a balance of active and quiet activities; easy and challenging activities. • Lessen if not eliminate repetitive stereotyped behaviors. <ul style="list-style-type: none"> • Remind your child to stop doing stereotyped behaviors. • Reward or praise your child every time she/he stops the behavior. • Give alternative activities to keep your child's hands/body busy. • Replace repetitive stereotyped behaviors that will offer a child the same sensory input but may be more pleasing. <ul style="list-style-type: none"> • Provide activities related to organizing, sorting, number sense, and/or patterns for those children with limited play style because they obsessively or repeatedly line up or arrange toys/objects in a specific way. • Determine early warning signs or triggers of physical aggression or temper tantrums. Tone down your voice and interact with your child in a non-threatening manner for your child to calm down.

<ul style="list-style-type: none"> o spinning wheels on toy cars/trucks o running in circles o head banging • Some may display common undesirable behavior o pinching, kicking, biting o throwing, breaking things 	<ul style="list-style-type: none"> • Massage your child's arms, palm, feet or back to calm her/him down. • Keep your child in positive mood by providing varied therapeutic activities (e.g., listening to music, engaging in art activities, water play, outdoor play). • Redirect undesirable behavior to more appropriate behavior. Talk to your child and process their behavior (e.g., "kick the ball, not the person"). <ul style="list-style-type: none"> • Provide playdough, bubble wrap or soft cushions for pinching • Provide a ball for throwing or kicking and play outdoors • Provide punching bag for punching
<ul style="list-style-type: none"> • Has very sensitive eating habits 	<ul style="list-style-type: none"> • Eat together with your child on the table. • Encourage your child to at least taste the food that she/he doesn't want but do not insist on finishing it. • Introduce different kinds of food. Take note of which food is undesirable for your child, and which ones she/he likes. • Provide two or three choices of food for your child to eat. When attempting to introduce new food, study the list of foods she/he likes and look for similarities among those foods to understand her/his preferences. • If accessible, consult with a nutritionist how to keep a balanced diet while maintaining your child's food preferences.
<ul style="list-style-type: none"> • Dislikes physical touch 	<ul style="list-style-type: none"> • Avoid touching your child unexpectedly. Ask permission first or tell your child if you are going to touch her/him. • Introduce simple contact activities (e.g., handshake, high fives, fist bump, hand bless). • Introduce appropriate contact only for parents and significant family members and caregivers (e.g., hug, kiss). • Introduce safe touch, unsafe touch, and unwanted touch if possible. <ul style="list-style-type: none"> • safe touch - hug, pat on back, cleaning wounds • unsafe touch - pinching, kicking • unwanted touch - touching private body part

<ul style="list-style-type: none">• Under/ Oversensitivity to sensory inputs• Sensory information is confusing, upsetting and not meaningful• Poor organization of sensory input to produce an appropriate behavior• Difficulty reacting to everyday sensation in the environment	<ul style="list-style-type: none">• Modify the learning environment in such a way that there are not too many details that may distract your child’s focus.• Identify the triggers which may cause your child to be upset (e.g., bell ringing, lightning, children singing).• Avoid these triggers first to manage your child’s behavior.• Explain to your child certain things that are not in our control.• Gradually expose your child to such triggers in limited time but keeping her/him safe and relaxed.• Check which textures of fabrics agree with your child to be able to choose appropriate clothing for her/him.
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2. **Deafness & Hard of Hearing**

Hardship in hearing and deafness are impairments in hearing where the functions or structure in the auditory system (outer, middle, and inner ear) primarily affects the child’s ability to develop speech, language, and social skills. It can be caused by genetics, maternal infection, complications at birth, or acquired through injuries (e.g., trauma to the ear/head, extreme exposure to loud sounds) and other diseases. Hearing impairment covers a spectrum of severity:

- Mild- hears some speech sounds but soft sounds are hard to hear
- Moderate - may hear almost no speech when another person is talking at a normal level
- Severe - A person with severe hearing loss will hear no speech when a person is talking at a normal level and only some loud sounds
- Profound - does not hear any speech and only very loud sounds, more commonly known as deafness

General Characteristics	Intervention Activities
<p>Below are the common characteristics that children aged 0 to 4 y/o with hearing impairment may exhibit:</p> <p>Receptive Language:</p> <ul style="list-style-type: none"> • Is not startled by loud noises • Does not turn to the source of a sound after 6 months of age • Seems to hear some sounds but not others • Turns head when she/he sees you but not if you only call out her/his name. This sometimes is mistaken for not paying attention or just ignoring. • Shows inconsistencies in hearing (may hear better when lying down, etc.) • Unable to notice when being called from afar • Significant difference in hearing on one side of the ear than the other (e.g., hears better from left ear) • Under and oversensitivity to auditory stimulation (e.g., chatter noise, music, animal sounds) 	<p>Most interventions for children with hearing impairment depend on the use of hearing assistive devices, environmental modifications, and educational modifications. Here are general intervention activities that are not, in any way, particular to common signs and characteristics of children at a particular age.</p> <p>Learning environment modifications at home/school:</p> <ul style="list-style-type: none"> • Ensure that noise levels in the designated learning area are appropriate for your child by closing doors or windows to reduce ambient or background noise that may affect your child's hearing. • Introduce common safety visual cues to your child (e.g., lights and signs for evacuation, street signs). • Get your child's attention before talking to her/him. • Establish eye contact and show lip movement while talking with your child. • Avoid speaking too fast and enunciate words clearly emphasizing lip movement to assist your child to lip read. • Avoid covering the lips with hands and other objects when talking to your child. • Make sure that learning materials are accessible to your child (books, toys, manipulatives, etc.). • Ensure that your child is using/wearing assistive hearing device(s) as prescribed by the specialist. • Establish and maintain routines so that your child can predict the sequence of activities. • Present information in simple structured, sequential manner. • Allow extra time for processing information and frequently check for understanding. • Provide clear instructions and correction in speech usage, reading, writing and vocabulary development.

- Difficulty in following verbal directions
- Can become easily frustrated if their needs are not met - which may lead to some behavioral problems
- Shows marked imitateness at play
- Pays more attention to vibration and vibrating objects

Expressive Language:

- Does not say single words, such as “dada” or “mama” by 1 year of age
- Speaks too loudly, softly, quickly, slowly, or in a high pitch
- Delays in the development of speech and language because they cannot understand or imitate spoken language
- Difficulties in engaging in conversation with others
- Shows strained expression during conversation

- Provide print-rich environment by putting labels on objects.
- Provide favorable seating and lighting in the classroom.
- Provide additional individual supervision and support.
- Provide speech reading instruction and correction.
- Use of other oral methods:
 - Oral Aural method - emphasize your speech/ language sound and rely on your child’s speechreading/lipreading skills and use of their residual hearing. Hearing aids and other assistive amplification devices may be used in the teaching process. Encourage your child to use her/his voice when speaking.
 - Auditory training - provide activities that focuses on listening and basic sound detection (awareness of sounds). Discrimination between sounds and identifying sounds are critical in comprehending messages through the use of residual hearing.
 - Speechreading/lipreading - let your child observe your facial and lip/mouth movements while speaking. This involves careful observation of the entire face that helps the speech reader decipher a message as visual cues are more helpful in discriminating sounds. Speechreading is a difficult skill to acquire and is often tiring to the user.
 - Cued speech - Use a specific set of hand signals to supplement oral speech. These signals are different from sign language, the signals do not stand alone and must be used with oral speech.
- Use of Manual methods:
 - Filipino Sign Language (FSL) - gestures that represent words, ideas, and concepts, hand signals for objects
 - Finger spelling - consists of special hand and finger positions that represent Filipino alphabet
 - Simultaneous - both speech and sign language
- Other adults and children should be informed of your child’s condition and ability for appropriate interaction.

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| | <ul style="list-style-type: none"> • Use of Assistive Devices: <ul style="list-style-type: none"> • Training in use of hearing assistive devices (e.g., Hearing aids, implants, frequency modulation, teletypewriters, telephone systems, etc.) • Regular maintenance of assistive devices for optimal functioning (batteries, parts, fit) • Use of visual materials such as communication books, flash cards, labels for objects, videos with captions, charts, story books, etc. |
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3. Visual Impairment and Blindness

Visual impairment, including blindness, is any kind of vision loss or an impairment in vision that even with correction adversely affects the child's educational performance. Children with visual impairment show a wide range of visual abilities.

- Children with low vision use vision as the primary source of learning but supplements information with tactile and auditory inputs.
- Children with functional blindness have so little vision that their primary source for learning are through tactile and auditory inputs. However, they may use limited vision to supplement the information received from other senses to assist with other tasks.
- Children with total blindness receive no information through sense of vision and use tactile and auditory inputs for learning.

Some children are born with visual impairment while some acquire it due to disease, injury or medical condition. Some impairments can be corrected through medications or surgery, while others with the help of visual aids. The intervention activities presented here generally apply to the range of visual abilities. It is up to the service providers and parents which would best apply to their child.

General Characteristics	Intervention Activities
<ul style="list-style-type: none"> At three months <ul style="list-style-type: none"> Does not notice hands Does not follow moving objects with eyes Does not seem to make eye contact with parents Has trouble moving one or both eyes in all directions Pupil seem white or cloudy Crosses eyes most of the time At six months <ul style="list-style-type: none"> Has one or both eyes turning in or out all the time Experiences constant tearing or eye drainage Does not follow near objects Eyes move quickly from side to side, repetitive, or uncontrolled eye movements At one year and above <ul style="list-style-type: none"> Doesn't react to bright light or extremely sensitive to light Blinks frequently or squints eyes when reading or watching from a distance 	<p>Most interventions for children with visual impairment depend on the use of assistive devices, environmental modifications, and educational modifications. Here are general intervention activities that are not in any way particular to common signs and characteristics of children with visual impairment at a particular age.</p> <ul style="list-style-type: none"> Modification of the learning environment (in the center or at home): <ul style="list-style-type: none"> Provide sufficient lighting in the learning area. Designate a place for your child nearest to learning area. Make sure that all materials are accessible to your child. <ul style="list-style-type: none"> Child knows where to get and put back the materials. Child can easily get and use the materials. Make sure that all materials are appropriate for your child. <ul style="list-style-type: none"> Provide large print books for ease of reading. Provide at least a magnifying lens. Provide real objects and embossed materials. Educational adaptations: <ul style="list-style-type: none"> Use combination of tactile, visual, auditory and kinesthetic learning approach. <ul style="list-style-type: none"> Allow your child to touch and feel objects and materials. Clearly describe the objects being touched by your child. Use large print books and other reading materials. Allow your child to experience doing things on her/his own. Teach to manage daily living skills. <ul style="list-style-type: none"> assist in doing basic life skills such as

- Seem clumsy or has trouble walking and moving around
- Holds things up close to face
- Gets tired after looking things up close
- Poor eye-hand coordination

Your child's learning and development can be affected because of vision problems.

Below are some examples:

- Difficulty in playing and socializing with other children
- Difficulty communicating through simple and natural gestures
- Difficulty in telling time and difference of day and night
- Delayed pre-writing and pre-reading skills
- Slower physical movement

brushing teeth, combing hair, washing hands, peeing, taking off shoes, putting on short pants and shirt.

- Gradually fade assistance but ensure your child of your presence.
- Use of assistive devices and technological aids:
 - For orientation and mobility:
 - Teach your child how to use the cane by sweeping side to side to track hazards and obstructions.
 - Assist your child in walking by letting her/him hold your arm and follow as you walk.
 - When walking on narrow track, move your guiding arm behind your back so your child can step behind you and follow a single file.
 - Pause when turning and/or at the beginning of stairs.
 - Describe to your child the directions where you are going (left or right, up or down).
 - For reading and writing:
 - Provide reading glasses or contact lens if recommended by medical professional.
 - Provide magnifiers (magnifying lens or handheld telescope) and teach your child how to use and care for it.
 - Provide a screen reader and use it along with your child.
 - Teach your child how to use mobile phone with embossed keypads.
 - Introduce to your child basic Braille reading (start with letters of your child's name and eventually with other letters).

4. Attention-Deficit/Hyperactivity Disorder

Attention Deficit/Hyperactivity Disorder is a disorder marked by a continuous pattern of behaviors that shows either inattention and/or hyperactivity/impulsivity of a child which interferes with her/his functioning and development. ADHD can be diagnosed when prolonged observation of 6 or more characteristics, either of inattention, hyperactivity and impulsivity or combined characteristics of both are continuously observed in a child over 6 months in varying environments. ADHD is accurately diagnosed when a child reaches 7 years old but may show signs and characteristics in early childhood years. Many of the characteristics of ADHD are common to children in the preschool years because of their nature.

General Characteristics	Intervention Activities
<i>Inattention</i>	
<ul style="list-style-type: none"> Inability to stay in one task, they tend to shift from one task to another without bringing any to completion 	<ul style="list-style-type: none"> Break tasks into simpler and more manageable one (e.g., “change your clothes and pack away” to “change your clothes” then after completing such task, instruct to “pack away”). Ask your child what she/he plans to do in a certain period of time. List these plans. After completing a certain task, ask your child to verbalize what she/he plans to do next. Use a pictorial routine chart with your child . Provide specific time limit for a child to do certain tasks; If possible, provide visual timers such as an hourglass. Provide your child with one object (e.g., fidget spinner)/ one other task that she/he can shift her/his focus on during an activity. This way, your child will be able to shift from the task and the provided object/task only, and may avoid additional distractions.
<ul style="list-style-type: none"> Difficulty engaging in quiet activities 	<ul style="list-style-type: none"> Play different levels and tempos of music to help your child adjust to different activity levels appropriate for a particular activity (e.g., using calm instrumental music helps create a calm classroom environment). Engage your child in “game-like” quiet activities, increasing length of the activity once she/he has developed better focus.

- Short attention span, they are easily distracted with their environment or avoid tasks that require prolonged focus and thought

- Start by giving simple activities to your child, gradually increase complexity of task once attention span of your child improves.
- When giving instructions, give a minimal number of directions or steps at a time. If applicable, have your child repeat the instructions given.
- Provide written directions or steps (preferably with visual cues).
- When doing sit down tasks, place your child away from distractions such as windows, loose things or toys, the door, and other busy areas of the house/center.
- When distracted by an unanticipated event, help your child to acknowledge the event and then guide her/him back to return to her/his task.
- Provide your child with one object (e.g., fidget spinner)/ one other task that she/he can shift her/his focus on during an activity. This way, your child will be able to shift from the task and the provided object/task only, and may avoid additional distractions.

Hyperactivity and Impulsivity

- Inability to remain seated (e.g., restlessness, fidgeting)

- Provide sit-down activities that are related to your child's interests.
- Plan a well-balanced schedule for your child; Take into consideration the balance between active and quiet routines or activities.
- Provide a good balance of easy and challenging activities throughout the day.
- Engage your child in singing songs and fingerplays in between activities, this may also serve as transition from one activity/routine to another.
- Improve sitting skills through waiting time. Sit only and be quiet without doing anything and count until a certain time (e.g., Count 1 to 10), then gradually increase the duration of time.
- Come up with stationed activities that require going to different areas in the home/classroom for a limited time to accomplish certain tasks (e.g., cutting paper

	<p>in the living room, pasting at the kitchen, drying the artwork in the backyard).</p> <ul style="list-style-type: none"> • Break down activity into smaller tasks. Give your child other tasks to do in between the smaller tasks. This gives your child cues on when to go back to her/his activity.
<ul style="list-style-type: none"> • Talks excessively, they have difficulty engaging in activities without creating excessive noise 	<ul style="list-style-type: none"> • Set rules with your child. You can set a routine in her/his schedule for “sharing time” where she/he can share anything that she/he wants to. • Incorporate activities such as creative storytelling or a “story train” to provide alternative ways for your child to be able to express her/his thoughts. • Use nonverbal signal (e.g., tap on the shoulder) to get your child’s attention.
<ul style="list-style-type: none"> • Difficulty waiting for her/his turn (e.g., fall in line, interrupting or difficulty waiting for their turn in a conversation) 	<ul style="list-style-type: none"> • When appropriate, encourage your child to play games with other children that require rules and taking turns. Facilitate game and constantly encourage your child to wait for her/his turn. • Guide child to use time for waiting to do productive things (e.g., planning next task, engaging in appropriate conversations, find an activity of interest).
<ul style="list-style-type: none"> • Inappropriate running or climbing, often without a sense of danger 	<ul style="list-style-type: none"> • Incorporate physical exercises and activities in her/his class/home routine. • Engage her/him in motor activities such as dancing, simple obstacle courses and age-appropriate sports. • Integrate health and safety precautions in classroom and home activities (e.g., wearing of helmet and knee/elbow pads, slow down running/jogging pace when changing direction).
	<p>General intervention considerations for children diagnosed with ADHD:</p> <ul style="list-style-type: none"> • Modification in the Learning Environment (Home or Center): <ul style="list-style-type: none"> • Make sure the room is less decorated and avoid using bright-colored decorations so there will be less distraction for your child.

	<ul style="list-style-type: none"> • Instruct your child to sit/stay near the adult in big group activities. • Educational Adaptations: <ul style="list-style-type: none"> • Engage her/him in movement activities at regular intervals. • Give just-right challenging activities or your child's favorite activities; use pictures when needed. • Encourage your child to ask for help after trying on her/his own. • Process behavior one-on-one with your child. • Communicate with your child's family/teacher so activities at home and in the center are consistent.
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5. **Cerebral Palsy**

Cerebral Palsy is a group of permanent movement disorders that appear early in early childhood. It is caused by an impairment or damage in the brain that affects their cognition if the condition is severe, affecting mobility development in muscle tone, movement and posture and difficulties with communication skills in areas such as speech, gesture and facial expression, receptive and expressive language.

The severity and combination of signs and symptoms may vary from one child to another. There are different types of Cerebral Palsy and most children have a combination of two or more of these types but consultation and working with professional healthcare is needed for accurate diagnosis and proper intervention. It is advised to coordinate with the specialist and complement the recommendations in the assessment report with the most appropriate intervention activities.

Here are the different types of Cerebral Palsy:

- Hypertonia - increased in muscle tone (e.g., stiffness of the limbs)
- Hypotonia - decreased in muscle tone (e.g., loose, floppy limbs)
- Athetosis - slow, repetitive and rhythmic movement
- Ataxia - coordinated movement is affected (e.g., unable to control balance, eye movement)
- Spastic - high muscle tone (e.g., stiff, jerky movements)

General Characteristics	Intervention Activities
<p><i>Before six months</i></p> <ul style="list-style-type: none"> • Head lags when picked up lying on back • Feels stiff and floppy • Overextends back and neck when cradled, as if pushing away • Legs get stiff and they cross or scissor when picked up 	<p>Most interventions for children with cerebral palsy focus on physical, speech and language intervention, environmental modification and availability of special services. Here are general intervention activities that are not in any way particular to common signs and characteristics of children at a particular age.</p> <p>Physical Intervention:</p> <ul style="list-style-type: none"> • Provide positioning aids that help your child sit, lie, or stand. • Provide orthotics like braces and splints that help prevent deformity and give support or protection to areas of the body. • Provide wheelchair if your child is unable to walk or use her/his lower extremities. • To improve your child motor skills, use a variety of motion-based activities (e.g., walking, rolling over, sitting up). • Keep your child active by conducting regular or daily exercise for muscle strengthening and reduce muscle spasms. <ul style="list-style-type: none"> • Toddlers with CP should involve light stretching exercises (e.g., sitting, kneeling, standing). • A child with CP may need physiotherapy equipment or mobility devices (e.g., walker with pelvic support, stool scooters, adaptive vehicles) to help stimulate the muscles and movement. • Provide activities (e.g., picking up an object, holding a pencil, painting, drawing, playdough, building blocks) for the development of your child's fine motor skills. • Regularly coordinate with your child's physical therapist and/or occupational therapist for home/classroom intervention activities.
<p><i>At 6 to 10 months</i></p> <ul style="list-style-type: none"> • Does not roll over in either direction • Cannot bring hands together • Has difficulty bringing hands to mouth • Reaches out with one hand only while keeping the other fist 	
<p><i>Over 10 months</i></p> <ul style="list-style-type: none"> • Crawls in a lopsided manner, pushing off with one hand and leg while dragging the opposite hand and leg • Scoots around on buttocks or hops on knees, but does not crawl on all fours 	

<p><i>Hypertonia</i></p> <ul style="list-style-type: none"> • Unable to grasp objects with fingers • Walk - scissors gait (standing on toes with knees bent and pointed inward) • Movement - jerky, exaggerated, poorly coordinated 	<p>Speech and Language Intervention:</p> <ul style="list-style-type: none"> • Help strengthen and improve your child's oral motor muscles with oral motor exercises (e.g., tongue curling, blowing, cheek puffing). • Conduct oral-stimulation and speech-stimulation: <ul style="list-style-type: none"> • Provide activities to practice lip/tongue movement. • Use slow, clear and simple words. • Respond quickly to your child's speech attempts and verbal requests through gestures and verbal responses. • For appropriate intervention consult to speech therapist to support and address development in communication skills such as: <ul style="list-style-type: none"> • sound production, words and syllables • pitch sound • regulating the volume of the voice • listening skills and perception • articulation and pronunciation • chewing and swallowing • Follow recommended techniques given by the speech therapist according to the needs of your child (e.g., swallowing exercises, jaw, lip and tongue exercise, articulation therapy, blowing and breathing exercises). • Speech therapy for toddlers may include games or toys (play-based) or repetition of sounds, words, singing a song (e.g., saying mama or dada repeatedly). • Regularly coordinate with your child's speech therapist for home/classroom intervention activities.
<p><i>Hypotonia</i></p> <ul style="list-style-type: none"> • Weak, floppy muscles particularly in the neck and trunk • Slow to make balancing responses • Low levels of motor activity 	
<p><i>Athetosis</i></p> <ul style="list-style-type: none"> • May not be able to control muscles of the lips, tongue, throat and may drool • May experience difficulty in expressive language, mobility and activities for daily living • Difficulty controlling their breathing and vocal cords 	
<p><i>Ataxia</i></p> <ul style="list-style-type: none"> • Poor sense of balance and hand use • May fall easily when not supported • Movement - jumpy and unsteady 	
	<p>Environmental Modifications:</p> <ul style="list-style-type: none"> • Provide adequate space if a child is using a wheelchair, walker or crutches to make it easier for your child to move freely. • Provide handrails or grab bars in various areas of the house or classroom.

<i>Spastic</i>	<ul style="list-style-type: none"> • Use of non-skid flooring to prevent accidents or falling.
<ul style="list-style-type: none"> • Struggle with slow, imprecise oral movements • Speech sounds are often slurred • Tight voice sounds or hoarse 	<ul style="list-style-type: none"> • Coordinate with your child's teacher/parents/family to familiarize with your child's characteristics and needs. This will promote healthy interactions with concerned adults. <p>Special Services:</p> <ul style="list-style-type: none"> • Consult and work with professional healthcare workers, therapists or other professional to help address the needs of your child (e.g., physiotherapists, occupational therapists, speech therapists). • Consult and work with professional healthcare workers to prevent or manage primary or secondary complications (e.g., scoliosis, hip displacement, speech impairments). • Consider going to physiotherapists or occupational therapists to improve or help your child's movement skills (e.g., walking, sitting, crawling, or basic self-help skills). • Physiotherapists or occupational therapists will help prevent impairments that affect your child's movement by using assisted devices (e.g., casts, orthotics, wheelchair, braces). • Neurosurgical procedures may be done to permanently reduce spasticity in your child's legs. Seek advice to the surgeon or doctor regarding this matter. • For the improvement of child's communication skills intervention from a speech pathologist often involves the use of augmentative or alternative communication systems (e.g., singing, speech generating devices, electronic reader devices).

6. Orthopedic and Mobility Impairment

Orthopedic and Mobility Impairment is an impairment caused by congenital anomalies that adversely affect the child's educational performance and can be divided into three main categories: (1) Neuromotor impairments, (2) Degenerative diseases, and (3) Musculoskeletal disorders.

Neuromotor impairment is an abnormality or damage to the brain, spinal cord, or nervous system such as cerebral palsy and spina bifida. Degenerative disease affects mostly motor development and the most common disease is muscular dystrophy. Musculoskeletal disorder is a result of various levels of physical limitations such as limb deficiency.

General Characteristics	Intervention Activities
<i>Spina Bifida</i>	
<ul style="list-style-type: none"> • Muscle weakness or paralysis below the area of the spine where the incomplete closure (or cleft) occurs • Loss of sensation below the cleft • Loss of bowel and bladder control • Skin breakdown like red spots, bruises, scratches, cuts, blisters or burns • Trouble eating, swallowing or acid reflux 	<ul style="list-style-type: none"> • Consult and work with professional healthcare workers for appropriate intervention based on the uniqueness of your child's needs. • Provide positioning aids that help your child sit, lie, or stand. • Provide orthotics like braces and splints that help prevent deformity and give support or protection to areas of the body. • Provide a catheter to help with your child's bladder issues. Parents or guardians can ask assistance from health workers on how to perform this procedure. • Provide enough fiber in your child's diet or suppositories to help with her/his bowel movements. • your child may need a wheelchair if she/he is not able to use her/his lower extremities. • Regularly inspect your child's skin for signs of pressure or irritation, help her/him to move or change positions from time to time to prevent breakout or sores on her/his skin. • Teach your child how to exercise to help improve strength, movement, and balance on her/his spine and joints. • Teach your child basic self-help skills or to care for herself/himself (e.g., feeding, dress himself/herself, catheterize himself/herself and manage his bowel movements). • Encourage your child to move or be active.

Muscular Dystrophy	
<ul style="list-style-type: none">• Does not meet the physical development milestones on time (e.g., take longer to sit, crawl, and walk)• Have an abnormal muscle growth (e.g., muscle is two to three times larger)• Gradual loss of muscle tone (e.g., have trouble performing movements with muscle)• Your child may walk on her/his toes rather than put the entire sole on the ground• Trouble performing simple tasks or activities (e.g., climbing stairs, jumping, hopping, skipping)• Frequent muscle cramping or pain after performing an activity (e.g., climbing stairs, jumping, hopping, skipping, or running)• Unable to maintain right body posture or stability (e.g., repeated falling when standing on one foot, skipping, or walking)• Your child may appear to have weakness on her/his facial muscles (e.g., closing eyelids, inability to whistle, inability to make simple expressions such as smiling or frowning)• Poor muscle tone such as problems curving the spine (scoliosis) or toes pointing inwards• Difficulty breathing or swallowing	<ul style="list-style-type: none">• Consult and work with professional healthcare workers for appropriate intervention based on the uniqueness of your child’s needs.• Engage your child with range of daily motion or low-impact exercise (e.g., swimming/water exercise, stretching) to your child that include body movement and breathing exercises.• Support and teach your child on how to perform daily tasks or activities such as standing, sitting, walking, crawling, or climbing stairs by providing support or orthopedic aids (e.g., braces, splints, wheelchair).• Provide positioning aids that help your child sit, lie, or stand (e.g., walkers, wheelchairs, braces or splints).• Surgical intervention may be considered to address conditions such as scoliosis associated with muscle dystrophy to maintain your child’s ability to sit or stand.• Gently massage your child’s muscles to help alleviate pain and muscle stiffness.• Provide sleeping mask if your child is unable to fully close her/his eyes to help your child get more restful sleep.

7. Down syndrome

Down syndrome is a birth condition wherein a child is born with an extra chromosome. Down syndrome is also referred to as “Trisomy 21” in medical terms. The extra chromosome changes the child’s body and brain development. This usually causes physical and cognitive challenges for the child. Some common physical features of children with Down syndrome are short stature; flat, broad face with small ears and nose; upward slanting eyes; small mouth with short roof; protruding tongue; small hands and feet; and poor muscle tone or loose joints.

General Characteristics	Intervention Activities
<ul style="list-style-type: none"> Low muscle tone or the amount of resistance to movement in a muscle 	<ul style="list-style-type: none"> Allow more time for your child to complete the tasks. Provide increased opportunities for your child to perform tasks. To support fine motor development, use wrist and finger strengthening activities (e.g., lacing); multisensory activities and materials work well too (e.g., puzzles with large knobs) Provide opportunities to practice self-help skills such as using buttons and zippers. Discourage ‘W’ sitting of your child.
<ul style="list-style-type: none"> Self-talking to process their daily events or acquired information 	<ul style="list-style-type: none"> Provide group exercises where your child will be able to express her/his thoughts as she/he works together with others to fill out charts or activities. Give your child more time to complete a task. Accompany her/him whenever possible.
<ul style="list-style-type: none"> Trouble expressing things through speaking or writing 	<ul style="list-style-type: none"> For a verbal child, use simple questions (What, When, Where, Who, Why, and How), and allot more time for your child to respond; if your child uses Filipino Sign Language, learn basic signs. Provide alternative ways for your child to express her/his thoughts (e.g., scribbling, drawing or use of other sensory materials such as sand and playdough). When teaching new words, you may have your child trace the letter in the air with their hands as they say the word out loud and see an image of its meaning. Provide multi-sensorial activities (e.g., auditory, visual, tactile and kinesthetic).

<ul style="list-style-type: none"> Exhibits short-term memory or working memory difficulties 	<ul style="list-style-type: none"> Present information in a clear and ordered manner to your child. Allow more time for your child to do certain activities. Break down instructions into smaller steps and repeat the instructions often. Read and tell stories to your child and ask simple questions in between. Provide opportunities for your child to recall what happened within the day and ask her/him to verbalize these. Provide visual cues/charts of instructions (step by step images if necessary). Perform routine activities in a consistent step-by-step manner. Speak directly to your child and supplement with signs, gestures or expressions. Rephrase or repeat questions or instructions often.
<ul style="list-style-type: none"> Increased sensitivity to loud sounds or vibrations 	<ul style="list-style-type: none"> Play different levels and tempos of music to help your child adjust to different sound levels appropriate for a particular activity (e.g., using calm instrumental music helps create a calm learning environment), just be aware of the activity noise levels in the room. Teach your child to cover her/his ears if the sound seems too loud for her/him. This will lessen the volume of the sounds for her/him and serve as a cue for her/his caregivers that she/he is uncomfortable.
<ul style="list-style-type: none"> Seldom vocalize during the first 5 months 	<ul style="list-style-type: none"> Talk with your child and read books together on a daily basis. Babble syllables such as “da-da-da” or “ma-ma-ma” and observe for reaction from your child.
<ul style="list-style-type: none"> Do not begin to babble or talk to themselves until around 10 months 	<ul style="list-style-type: none"> Oral-stimulation and speech-stimulation to assist your child in developing the needed movements for later speech productions. Provide activities to exercise lip/tongue movement, demonstrate clear and correct pronunciation of simple words, and acknowledge simple milestones.
<ul style="list-style-type: none"> Articulation problems that may be caused by protruding tongue 	<ul style="list-style-type: none"> Provide opportunities for your child to engage in activities that will encourage her/him to verbalize her thoughts (e.g., storytelling, pretend play, singing songs and rhymes).

	<ul style="list-style-type: none"> • Properly articulate simple words and let your child repeat these words; increase complexity of words once developments are observed.
	<p>General intervention considerations for children with Down syndrome:</p> <ul style="list-style-type: none"> • Family members should communicate previous health conditions and ongoing medications with medical specialists and therapists as this can affect some of the skills of your child. It would also be helpful to let the CDT/CDW understand this information. • Coordinate with specialists (e.g., physiotherapist, occupational therapist, speech therapists) to identify and improve specific skills development needs. • Modification in the Learning Environment (Center): <ul style="list-style-type: none"> • Place your child in front of the class to easily assist in activities and instructions. • Establish rules and routines with your child and stick to them. • Use environmental cues (e.g., write instructions down/ give instructions with pictures, put signs on floors and walls). • Make sure all materials are appropriate for your child: <ul style="list-style-type: none"> • Provide picture books. Consider the number of pictures on every page. Start with 1-2 pictures per page and eventually increase the number of pictures as to how your child manages and responds to it. • Use books with large fonts. Consider the progression starting with simple words then simple phrases and simple sentences. • Provide materials that are safe and readily available. • Speak directly to your child and supplement with signs, gestures or expressions. • Rephrase or repeat questions or instructions often. You may also ask your child to repeat the instructions to you.

ACTIVITY EVALUATION CHECKLIST

Name of Child: _____

Title of the Activity: _____

Date of Implementation: _____

Instruction: Put a check [/] in the appropriate box that corresponds to your observation.

A. Child's response to the activity	Yes	No
Was the child interested in the activity?		
Was the activity too difficult for the child?		
Was the child able to finish the task on her/his own?		
Did the child understand the activity that she/he did?		
B. Appropriateness of the activity for the child		
Were the objectives of the activity met?		
Were the materials appropriate and safe?		
Were the materials also available at home?		
C. Role of CDW/T or parents in the implementation of the activity		
Were the instructions communicated well?		
Was the child observed clearly while doing the activity?		
Were the activities processed after?		

Reflections on the implementation of the activity:

Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 2 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

Language/Communication

- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- ☐ Can hold head up and begins to push up when lying on tummy
- ☐ Makes smoother movements with arms and legs

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Download CDC's
Milestone Tracker App



Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.



What You Can Do for Your 2-Month-Old:

- ☐ Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- ☐ Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- ☐ Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- ☐ Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Copy your baby's sounds sometimes, but also use clear language.
- ☐ Pay attention to your baby's different cries so that you learn to know what he wants.
- ☐ Talk, read, and sing to your baby.
- ☐ Play peek-a-boo. Help your baby play peek-a-boo, too.
- ☐ Place a baby-safe mirror in your baby's crib so she can look at herself.
- ☐ Look at pictures with your baby and talk about them.
- ☐ Lay your baby on his tummy when he is awake and put toys near him.
- ☐ Encourage your baby to lift his head by holding toys at eye level in front of him.
- ☐ Hold a toy or rattle above your baby's head and encourage her to reach for it.
- ☐ Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.

Milestones adapted from *CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5*, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and *BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS*, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 4 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- ☐ Smiles spontaneously, especially at people
- ☐ Likes to play with people and might cry when playing stops
- ☐ Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- ☐ Begins to babble
- ☐ Babbles with expression and copies sounds he hears
- ☐ Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- ☐ Lets you know if she is happy or sad
- ☐ Responds to affection
- ☐ Reaches for toy with one hand
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Follows moving things with eyes from side to side
- ☐ Watches faces closely
- ☐ Recognizes familiar people and things at a distance

Movement/Physical Development

- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from tummy to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Can't hold head steady
- ☐ Doesn't coo or make sounds
- ☐ Doesn't bring things to mouth
- ☐ Doesn't push down with legs when feet are placed on a hard surface
- ☐ Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

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Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.



What You Can Do for Your 4-Month-Old:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Hold and talk to your baby; smile and be cheerful while you do. <input type="checkbox"/> Set steady routines for sleeping and feeding. <input type="checkbox"/> Pay close attention to what your baby likes and doesn't like; you will know how best to meet his needs and what you can do to make your baby happy. <input type="checkbox"/> Copy your baby's sounds. <input type="checkbox"/> Act excited and smile when your baby makes sounds. <input type="checkbox"/> Have quiet play times when you read or sing to your baby. <input type="checkbox"/> Give age-appropriate toys to play with, such as rattles or colorful pictures. <input type="checkbox"/> Play games such as peek-a-boo. <input type="checkbox"/> Provide safe opportunities for your baby to reach for toys and explore his surroundings. | <ul style="list-style-type: none"> <input type="checkbox"/> Put toys near your baby so that she can reach for them or kick her feet. <input type="checkbox"/> Put toys or rattles in your baby's hand and help him to hold them. <input type="checkbox"/> Hold your baby upright with feet on the floor, and sing or talk to your baby as she "stands" with support. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 6 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror

Language/Communication

- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other

Movement/Physical Development

- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce
- ☐ Rocks back and forth, sometimes crawling backward before moving forward

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't try to get things that are in reach
- ☐ Shows no affection for caregivers
- ☐ Doesn't respond to sounds around him
- ☐ Has difficulty getting things to mouth
- ☐ Doesn't make vowel sounds ("ah", "eh", "oh")
- ☐ Doesn't roll over in either direction
- ☐ Doesn't laugh or make squealing sounds
- ☐ Seems very stiff, with tight muscles
- ☐ Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
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www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



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Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.



What You Can Do for Your 6-Month-Old:

- ☐ Play on the floor with your baby every day.
- ☐ Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.
- ☐ Show your baby how to comfort herself when she's upset. She may suck on her fingers to self soothe.
- ☐ Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.
- ☐ Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."
- ☐ Read books to your child every day. Praise her when she babbles and "reads" too.
- ☐ When your baby looks at something, point to it and talk about it.
- ☐ When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- ☐ Read colorful picture books to your baby.
- ☐ Point out new things to your baby and name them.
- ☐ Show your baby bright pictures in a magazine and name them.
- ☐ Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- ☐ Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

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Learn the Signs. Act Early.

Your Baby at 9 Months★



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 9 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- ☐ May be afraid of strangers
- ☐ May be clingy with familiar adults
- ☐ Has favorite toys

Language/Communication

- ☐ Understands "no"
- ☐ Makes a lot of different sounds like "mamamama" and "babababab"
- ☐ Copies sounds and gestures of others
- ☐ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ☐ Watches the path of something as it falls
- ☐ Looks for things he sees you hide
- ☐ Plays peek-a-boo
- ☐ Puts things in her mouth
- ☐ Moves things smoothly from one hand to the other
- ☐ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- ☐ Stands, holding on
- ☐ Can get into sitting position
- ☐ Sits without support
- ☐ Pulls to stand
- ☐ Crawls

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't bear weight on legs with support
- ☐ Doesn't sit with help
- ☐ Doesn't babble ("mama", "baba", "dada")
- ☐ Doesn't play any games involving back-and-forth play
- ☐ Doesn't respond to own name
- ☐ Doesn't seem to recognize familiar people
- ☐ Doesn't look where you point
- ☐ Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!

★ It's time for developmental screening!

At 9 months, your child is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Download CDC's
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Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.



What You Can Do for Your 9-Month-Old:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable. <input type="checkbox"/> As she moves around more, stay close so she knows that you are near. <input type="checkbox"/> Continue with routines; they are especially important now. <input type="checkbox"/> Play games with “my turn, your turn.” <input type="checkbox"/> Say what you think your baby is feeling. For example, say, “You are so sad, let’s see if we can make you feel better.” <input type="checkbox"/> Describe what your baby is looking at; for example, “red, round ball.” <input type="checkbox"/> Talk about what your baby wants when he points at something. <input type="checkbox"/> Copy your baby’s sounds and words. <input type="checkbox"/> Ask for behaviors that you want. For example, instead of saying “don’t stand,” say “time to sit.” | <ul style="list-style-type: none"> <input type="checkbox"/> Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container. <input type="checkbox"/> Play peek-a-boo and hide-and-seek. <input type="checkbox"/> Read and talk to your baby. <input type="checkbox"/> Provide lots of room for your baby to move and explore in a safe area. <input type="checkbox"/> Put your baby close to things that she can pull up on safely. |
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Learn the Signs. Act Early.

Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 1. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when he wants to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ☐ Bangs two things together
- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"

Movement/Physical Development

- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture ("cruising")
- ☐ May take a few steps without holding on
- ☐ May stand alone

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't crawl
- ☐ Can't stand when supported
- ☐ Doesn't search for things that she sees you hide.
- ☐ Doesn't say single words like "mama" or "dada"
- ☐ Doesn't learn gestures like waving or shaking head
- ☐ Doesn't point to things
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

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Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 1-year-old child today.



What You Can Do for Your 1-Year-Old:

- ☐ Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- ☐ In response to unwanted behaviors, say “no” firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- ☐ Give your child lots of hugs, kisses, and praise for good behavior.
- ☐ Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- ☐ Talk to your child about what you’re doing. For example, “Mommy is washing your hands with a washcloth.”
- ☐ Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- ☐ Build on what your child says or tries to say, or what he points to. If he points to a truck and says “t” or “truck,” say, “Yes, that’s a big, blue truck.”
- ☐ Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when she tries to copy them.
- ☐ Play with blocks, shape sorters, and other toys that encourage your child to use his hands.
- ☐ Hide small toys and other things and have your child find them.
- ☐ Ask your child to label body parts or things you see while driving in the car.
- ☐ Sing songs with actions, like “The Itsy Bitsy Spider” and “Wheels on the Bus.” Help your child do the actions with you.
- ☐ Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- ☐ Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- ☐ Give your child push toys like a wagon or “kiddie push car.”

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Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs) ★



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums
- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by

Language/Communication

- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ☐ Knows what ordinary things are for; for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on his own
- ☐ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking
- ☐ Can help undress herself
- ☐ Drinks from a cup
- ☐ Eats with a spoon

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't point to show things to others
- ☐ Can't walk
- ☐ Doesn't know what familiar things are for
- ☐ Doesn't copy others
- ☐ Doesn't gain new words
- ☐ Doesn't have at least 6 words
- ☐ Doesn't notice or mind when a caregiver leaves or returns
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!

★ It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18-month-old child today.



What You Can Do for Your 18-Month-Old:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Provide a safe, loving environment. It's important to be consistent and predictable. <input type="checkbox"/> Praise good behaviors more than you punish bad behaviors (use only very brief time outs). <input type="checkbox"/> Describe her emotions. For example, say, "You are happy when we read this book." <input type="checkbox"/> Encourage pretend play. <input type="checkbox"/> Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child. <input type="checkbox"/> Read books and talk about the pictures using simple words. <input type="checkbox"/> Copy your child's words. <input type="checkbox"/> Use words that describe feelings and emotions. <input type="checkbox"/> Use simple, clear phrases. <input type="checkbox"/> Ask simple questions. | <ul style="list-style-type: none"> <input type="checkbox"/> Hide things under blankets and pillows and encourage him to find them. <input type="checkbox"/> Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving. <input type="checkbox"/> Name pictures in books and body parts. <input type="checkbox"/> Provide toys that encourage pretend play; for example, dolls, play telephones. <input type="checkbox"/> Provide safe areas for your child to walk and move around in. <input type="checkbox"/> Provide toys that she can push or pull safely. <input type="checkbox"/> Provide balls for her to kick, roll, and throw. <input type="checkbox"/> Encourage him to drink from his cup and use a spoon, no matter how messy. <input type="checkbox"/> Blow bubbles and let your child pop them. |
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Learn the Signs. Act Early.

Your Child at 2 Years★



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 2. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☐ Shows defiant behavior (doing what he has been told not to)
- ☐ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- ☐ Points to things or pictures when they are named
- ☐ Knows names of familiar people and body parts
- ☐ Says sentences with 2 to 4 words
- ☐ Follows simple instructions
- ☐ Repeats words overheard in conversation
- ☐ Points to things in a book

Cognitive (learning, thinking, problem-solving)

- ☐ Finds things even when hidden under two or three covers
- ☐ Begins to sort shapes and colors
- ☐ Completes sentences and rhymes in familiar books
- ☐ Plays simple make-believe games
- ☐ Builds towers of 4 or more blocks
- ☐ Might use one hand more than the other
- ☐ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ☐ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- ☐ Stands on tiptoe
- ☐ Kicks a ball
- ☐ Begins to run
- ☐ Climbs onto and down from furniture without help
- ☐ Walks up and down stairs holding on

- ☐ Throws ball overhand
- ☐ Makes or copies straight lines and circles

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't use 2-word phrases (for example, "drink milk")
- ☐ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ☐ Doesn't copy actions and words
- ☐ Doesn't follow simple instructions
- ☐ Doesn't walk steadily
- ☐ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!

★ It's time for developmental screening!

At 2 years, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-year-old child today.



What You Can Do for Your 2-Year-Old:

- ☐ Encourage your child to help with simple chores at home, like sweeping and making dinner. Praise your child for being a good helper.
- ☐ At this age, children still play next to (not with) each other and don't share well. For play dates, give the children lots of toys to play with. Watch the children closely and step in if they fight or argue.
- ☐ Give your child attention and praise when he follows instructions. Limit attention for defiant behavior. Spend a lot more time praising good behaviors than punishing bad ones.
- ☐ Teach your child to identify and say body parts, animals, and other common things.
- ☐ Do not correct your child when he says words incorrectly. Rather, say it correctly. For example, "That is a ball."
- ☐ Encourage your child to say a word instead of pointing. If your child can't say the whole word ("milk"), give her the first sound ("m") to help. Over time, you can prompt your child to say the whole sentence — "I want milk."
- ☐ Hide your child's toys around the room and let him find them.
- ☐ Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.
- ☐ Encourage your child to play with blocks. Take turns building towers and knocking them down.
- ☐ Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.
- ☐ Ask your child to help you open doors and drawers and turn pages in a book or magazine.
- ☐ Once your child walks well, ask her to carry small things for you.
- ☐ Kick a ball back and forth with your child. When your child is good at that, encourage him to run and kick.
- ☐ Take your child to the park to run and climb on equipment or walk on nature trails. Watch your child closely.

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Learn the Signs. Act Early.

Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Copies adults and friends
- ☐ Shows affection for friends without prompting
- ☐ Takes turns in games
- ☐ Shows concern for a crying friend
- ☐ Understands the idea of "mine" and "his" or "hers"
- ☐ Shows a wide range of emotions
- ☐ Separates easily from mom and dad
- ☐ May get upset with major changes in routine
- ☐ Dresses and undresses self

Language/Communication

- ☐ Follows instructions with 2 or 3 steps
- ☐ Can name most familiar things
- ☐ Understands words like "in," "on," and "under"
- ☐ Says first name, age, and sex
- ☐ Names a friend
- ☐ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ☐ Talks well enough for strangers to understand most of the time
- ☐ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- ☐ Can work toys with buttons, levers, and moving parts
- ☐ Plays make-believe with dolls, animals, and people
- ☐ Does puzzles with 3 or 4 pieces
- ☐ Understands what "two" means
- ☐ Copies a circle with pencil or crayon
- ☐ Turns book pages one at a time
- ☐ Builds towers of more than 6 blocks
- ☐ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- ☐ Climbs well
- ☐ Runs easily
- ☐ Pedals a tricycle (3-wheel bike)
- ☐ Walks up and down stairs, one foot on each step

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Falls down a lot or has trouble with stairs
- ☐ Drools or has very unclear speech
- ☐ Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- ☐ Doesn't speak in sentences
- ☐ Doesn't understand simple instructions
- ☐ Doesn't play pretend or make-believe
- ☐ Doesn't want to play with other children or with toys
- ☐ Doesn't make eye contact
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more information, go to cdc.gov/Concerned.

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Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 3-year-old child today.



What You Can Do for Your 3-Year-Old:

- ☐ Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- ☐ Work with your child to solve the problem when he is upset.
- ☐ Talk about your child's emotions. For example, say, "I can tell you feel mad because you threw the puzzle piece." Encourage your child to identify feelings in books.
- ☐ Set rules and limits for your child, and stick to them. If your child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise your child for following the rules.
- ☐ Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- ☐ Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- ☐ Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- ☐ Play matching games. Ask your child to find objects in books or around the house that are the same.
- ☐ Play counting games. Count body parts, stairs, and other things you use or see every day.
- ☐ Hold your child's hand going up and down stairs. When she can go up and down easily, encourage her to use the railing.
- ☐ Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

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Learn the Signs. Act Early.

Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Enjoys doing new things
- ☐ Plays "Mom" and "Dad"
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by himself
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe
- ☐ Talks about what she likes and what she is interested in

Language/Communication

- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ☐ Tells stories
- ☐ Can say first and last name

Cognitive (learning, thinking, problem-solving)

- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- ☐ Hops and stands on one foot up to 2 seconds

- ☐ Catches a bounced ball most of the time
- ☐ Pours, cuts with supervision, and mashes own food

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Can't jump in place
- ☐ Has trouble scribbling
- ☐ Shows no interest in interactive games or make-believe
- ☐ Ignores other children or doesn't respond to people outside the family
- ☐ Resists dressing, sleeping, and using the toilet
- ☐ Can't retell a favorite story
- ☐ Doesn't follow 3-part commands
- ☐ Doesn't understand "same" and "different"
- ☐ Doesn't use "me" and "you" correctly
- ☐ Speaks unclearly
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!



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Download CDC's
Milestone Tracker App



Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-year-old child today.



What You Can Do for Your 4-Year-Old:

- ☐ Play make-believe with your child. Let her be the leader and copy what she is doing.
- ☐ Suggest your child pretend play an upcoming event that might make him nervous, like going to preschool or staying overnight at a grandparent's house.
- ☐ Give your child simple choices whenever you can. Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- ☐ During play dates, let your child solve her own problems with friends, but be nearby to help out if needed.
- ☐ Encourage your child to use words, share toys, and take turns playing games of one another's choice.
- ☐ Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.
- ☐ Use good grammar when speaking to your child. Instead of "Mommy wants you to come here," say, "I want you to come here."
- ☐ Use words like "first," "second," and "finally" when talking about everyday activities. This will help your child learn about sequence of events.
- ☐ Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.
- ☐ When you read with your child, ask him to tell you what happened in the story as you go.
- ☐ Say colors in books, pictures, and things at home. Count common items, like the number of snack crackers, stairs, or toy trains.
- ☐ Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.
- ☐ Play your child's favorite music and dance with your child. Take turns copying each other's moves.

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Learn the Signs. Act Early.

Your Child at 5 Years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Wants to please friends
- ☐ Wants to be like friends
- ☐ More likely to agree with rules
- ☐ Likes to sing, dance, and act
- ☐ Is aware of gender
- ☐ Can tell what's real and what's make-believe
- ☐ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ☐ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ☐ Speaks very clearly
- ☐ Tells a simple story using full sentences
- ☐ Uses future tense; for example, "Grandma will be here."
- ☐ Says name and address

Cognitive (learning, thinking, problem-solving)

- ☐ Counts 10 or more things
- ☐ Can draw a person with at least 6 body parts
- ☐ Can print some letters or numbers
- ☐ Copies a triangle and other geometric shapes
- ☐ Knows about things used every day, like money and food

Movement/Physical Development

- ☐ Stands on one foot for 10 seconds or longer
- ☐ Hops; may be able to skip
- ☐ Can do a somersault
- ☐ Uses a fork and spoon and sometimes a table knife
- ☐ Can use the toilet on her own
- ☐ Swings and climbs

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't show a wide range of emotions
- ☐ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ☐ Unusually withdrawn and not active
- ☐ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ☐ Doesn't respond to people, or responds only superficially
- ☐ Can't tell what's real and what's make-believe
- ☐ Doesn't play a variety of games and activities
- ☐ Can't give first and last name
- ☐ Doesn't use plurals or past tense properly
- ☐ Doesn't talk about daily activities or experiences
- ☐ Doesn't draw pictures
- ☐ Can't brush teeth, wash and dry hands, or get undressed without help
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
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Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 5-year-old child today.



What You Can Do for Your 5-Year-Old:

- ☐ Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on her own.
- ☐ Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he asks for things nicely and calmly takes “no” for an answer.
- ☐ This is a good time to talk to your child about safe touch. No one should touch “private parts” except doctors or nurses during an exam or parents when they are trying to keep the child clean.
- ☐ Teach your child her address and phone number.
- ☐ When reading to your child, ask him to predict what will happen next in the story.
- ☐ Encourage your child to “read” by looking at the pictures and telling the story.
- ☐ Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.
- ☐ Explore your child’s interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.
- ☐ Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage your child to draw and make art projects with different supplies.
- ☐ Play with toys that encourage your child to put things together.
- ☐ Teach your child how to pump her legs back and forth on a swing.
- ☐ Help your child climb on the monkey bars.
- ☐ Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him ride a bike with training wheels (wearing a helmet).

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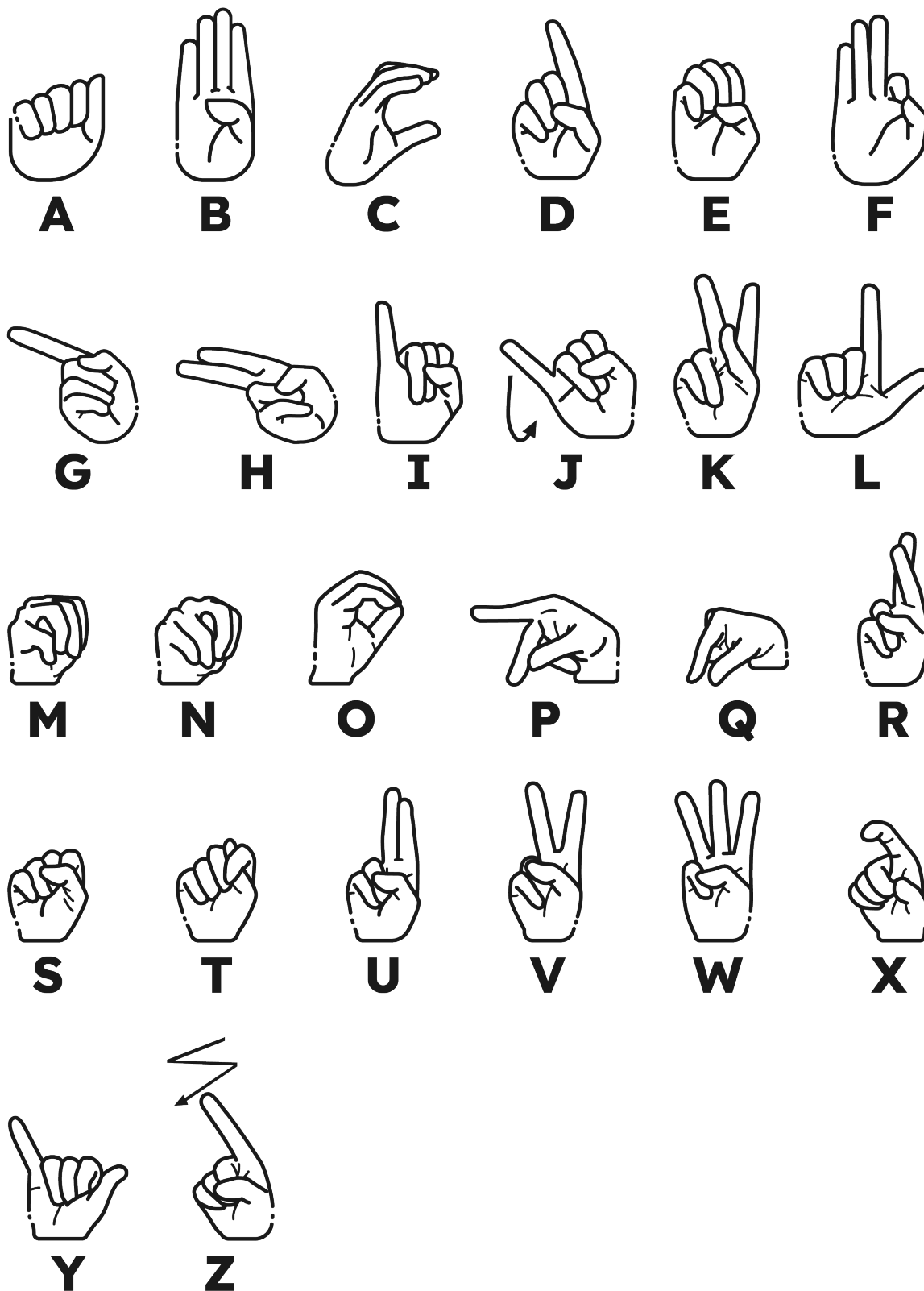
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Learn the Signs. Act Early.

FSL Alphabet



FSL Basic Numbers



1



2



3



4



5



6



7



8



9



0



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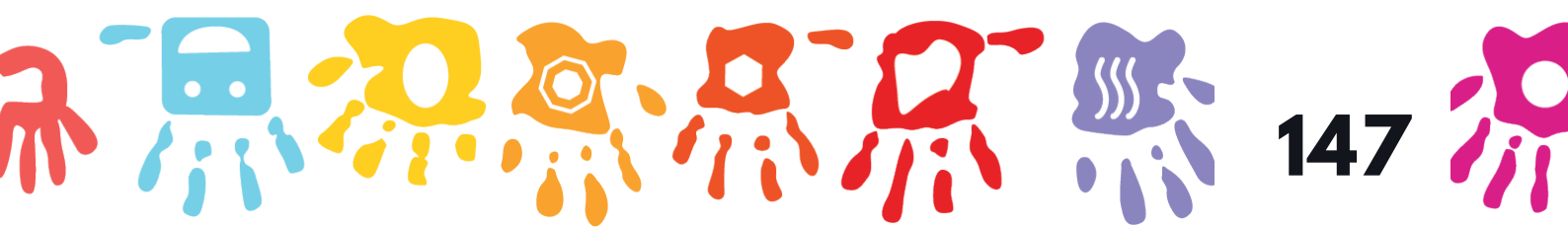
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