

# By Six Months Your

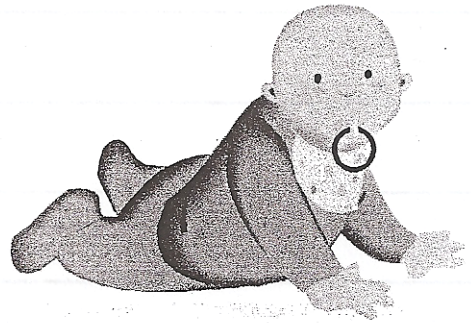
## Baby Does...

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Date: \_\_\_\_\_

- Follow a moving object with his/her eyes?
- Look in the direction of a new sound?
- Respond to own name?
- Smile and babble when given adult attention?
- Vocalize pleasure and displeasure (e.g. squeal with excitement or grunt in anger)?
- Seem to understand some words (e.g. daddy, bye-bye)?
- Have a "conversation" by babbling with you?
- Eat soft food from a spoon or your fingers?
- Roll from back to stomach or stomach to back?
- Push up on hands when on tummy?
- Sit with support?
- Use hands to reach, grasp, bang and splash?
- Bring hands or toy to mouth?
- Pat and pull at your hair, glasses and face?
- Sleep and feed at regular times?



**Staff's Overall Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_