



LEARNING DREAMS LLC
Educational and Therapeutic Center

Gross Motor Developmental Checklist

Please check yes or no for each of the following:

YES NO

Birth – 3 Months:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Rolls from side to back |
| <input type="checkbox"/> | <input type="checkbox"/> | Raises head slightly from floor/bed when on stomach |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternates kicking legs when on back |
| <input type="checkbox"/> | <input type="checkbox"/> | Arms thrusts in play |
| <input type="checkbox"/> | <input type="checkbox"/> | Pushes up onto elbows when laying on stomach |
| <input type="checkbox"/> | <input type="checkbox"/> | Rotates head to both sides when lying on stomach |

4 - 6 Months:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Head control improving |
| <input type="checkbox"/> | <input type="checkbox"/> | Rolls from back to side |
| <input type="checkbox"/> | <input type="checkbox"/> | Rolls from stomach to back |
| <input type="checkbox"/> | <input type="checkbox"/> | Hold head up off chest when sitting with support |
| <input type="checkbox"/> | <input type="checkbox"/> | Pushes up on elbows and reaches toys |
| <input type="checkbox"/> | <input type="checkbox"/> | Makes crawling movements |

6 – 8 Months:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Sits briefly with arm support |
| <input type="checkbox"/> | <input type="checkbox"/> | Rolls from back to stomach |
| <input type="checkbox"/> | <input type="checkbox"/> | Transitions from sitting to all fours, & rocks |
| <input type="checkbox"/> | <input type="checkbox"/> | Stands with support |
| <input type="checkbox"/> | <input type="checkbox"/> | Pivots on stomach |

9 - 11 Months:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pulls up to stand |
| <input type="checkbox"/> | <input type="checkbox"/> | Pivots on bottom when sitting |
| <input type="checkbox"/> | <input type="checkbox"/> | Cruises along furniture |
| <input type="checkbox"/> | <input type="checkbox"/> | Climbs up steps or climbs up onto chair |
| <input type="checkbox"/> | <input type="checkbox"/> | Crawls backwards down steps |

12 - 15 Months:

- | | | |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Kneels without support |
| <input type="checkbox"/> | <input type="checkbox"/> | Stands unsupported |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks independently |
| <input type="checkbox"/> | <input type="checkbox"/> | Creeps up stairs |
| <input type="checkbox"/> | <input type="checkbox"/> | Runs |

16 – 18 Months:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Throws a ball forward |
| <input type="checkbox"/> | <input type="checkbox"/> | Creeps down stairs |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks with heel-toe pattern, seldom falls |
| <input type="checkbox"/> | <input type="checkbox"/> | Stands on one foot with assistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks up one stair at a time holding onto rail |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks sideways and backwards |

YES NO

19 – 24 Months:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Kicks a ball forward |
| <input type="checkbox"/> | <input type="checkbox"/> | Runs fairly well |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks down 1 step at a time holding onto a rail |
| <input type="checkbox"/> | <input type="checkbox"/> | Jumps in place |
| <input type="checkbox"/> | <input type="checkbox"/> | Throws a ball 3' forward towards a target |
| <input type="checkbox"/> | <input type="checkbox"/> | Squats to pick up toys & returns to standing position |

24 – 29 Months:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Briefly stands on one foot |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks on balance beam with 1 hand held out |
| <input type="checkbox"/> | <input type="checkbox"/> | Jumps from 1 step with feet together |
| <input type="checkbox"/> | <input type="checkbox"/> | Runs well |
| <input type="checkbox"/> | <input type="checkbox"/> | Climbs on playground toys |
| <input type="checkbox"/> | <input type="checkbox"/> | Throws ball overhead |

2 – 3 Years:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Walks up stairs with alternating feet |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks backwards |
| <input type="checkbox"/> | <input type="checkbox"/> | Hops on foot, with both legs |
| <input type="checkbox"/> | <input type="checkbox"/> | Briefly able to stand on tip toes when asked |

3 – 4 Years:

- | | | |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Rides a tricycle |
| <input type="checkbox"/> | <input type="checkbox"/> | Consecutive jumping |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks sideways on a balance beam |
| <input type="checkbox"/> | <input type="checkbox"/> | Hops on one foot for 2 – 5 seconds |

4 – 5 Years:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Kicks a rolling ball |
| <input type="checkbox"/> | <input type="checkbox"/> | Can gallop up to 10' |
| <input type="checkbox"/> | <input type="checkbox"/> | Balances on one foot for 4 – 8 seconds |
| <input type="checkbox"/> | <input type="checkbox"/> | Can skip up to 10' |
| <input type="checkbox"/> | <input type="checkbox"/> | Catches large and small balls with arms outstretched |

5 - 6 Years:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Catches bounced or thrown ball with hands |
| <input type="checkbox"/> | <input type="checkbox"/> | Begins to jump rope |
| <input type="checkbox"/> | <input type="checkbox"/> | Rides a bike with or without training wheels |
| <input type="checkbox"/> | <input type="checkbox"/> | Swings on swing by pumping legs |
| <input type="checkbox"/> | <input type="checkbox"/> | Skips |
| <input type="checkbox"/> | <input type="checkbox"/> | Balances on one foot for 10 seconds |

If you checked "No" to a majority of the items in an age range, you may want to seek the advice of a licensed physical therapist. Please contact our office with any questions or to set up an evaluation.

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