

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.



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 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.

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.



BRIGHT FUTURES HANDOUT ► PARENT

2 YEAR VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



HOW YOUR FAMILY IS DOING

- Take time for yourself and your partner.
- Stay in touch with friends.
- Make time for family activities. Spend time with each child.
- Teach your child not to hit, bite, or hurt other people. Be a role model.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community resources can also provide confidential help.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Accept help from family and friends.
- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.



TALKING AND YOUR CHILD

- Use clear, simple language with your child. Don't use baby talk.
- Talk slowly and remember that it may take a while for your child to respond. Your child should be able to follow simple instructions.
- Read to your child every day. Your child may love hearing the same story over and over.
- Talk about and describe pictures in books.
- Talk about the things you see and hear when you are together.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.



YOUR CHILD'S BEHAVIOR

- Praise your child when he does what you ask him to do.
- Listen to and respect your child. Expect others to do as well.
- Help your child talk about his feelings.
- Watch how he responds to new people or situations.
- Read, talk, sing, and explore together. These activities are the best ways to help toddlers learn.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
 - It is better for toddlers to play than to watch TV.
 - Encourage your child to play for up to 60 minutes a day.
- Avoid TV during meals. Talk together instead.



TOILET TRAINING

- Begin toilet training when your child is ready. Signs of being ready for toilet training include
 - Staying dry for 2 hours
 - Knowing if she is wet or dry
 - Can pull pants down and up
 - Wanting to learn
 - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Teach your child to wash her hands after using the toilet.
- Clean potty-chairs after every use.
- Take the child to choose underwear when she feels ready to do so.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669
 Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2 YEAR VISIT—PARENT

✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. Once your child reaches these limits, it is time to switch the seat to the forward-facing position.
- Make sure the car safety seat is installed correctly in the back seat. The harness straps should be snug against your child's chest.
- Children watch what you do. Everyone should wear a lap and shoulder seat belt in the car.
- Never leave your child alone in your home or yard, especially near cars or machinery, without a responsible adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not in the path of your car.
- Have your child wear a helmet that fits properly when riding bikes and trikes.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

WHAT TO EXPECT AT YOUR CHILD'S 2½ YEAR VISIT

We will talk about

- Creating family routines
- Supporting your talking child
- Getting along with other children
- Getting ready for preschool
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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Ages & Stages Questionnaires®

36 Month Questionnaire

34 months 16 days through 38 months 30 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's gender:
 Male Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child:

- Parent Guardian Teacher Child care provider
- Grandparent or other relative Foster parent Other: _____

Street address: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____



36 Month Questionnaire

34 months 16 days
through 38 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:







Notes:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

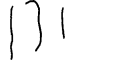
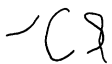
COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper <i>down</i> . Return the zipper to the middle and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. When you ask, "What is your name?" does your child say both her first and last names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
COMMUNICATION TOTAL				___

GROSS MOTOR

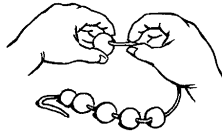
		YES	SOMETIMES	NOT YET	
1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child jump with both feet leaving the floor at the same time?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child stand on one foot for about 1 second without holding onto anything?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
					GROSS MOTOR TOTAL _____

FINE MOTOR

		YES	SOMETIMES	NOT YET	
1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	Count as "yes"  Count as "not yet" 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

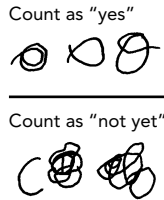
FINE MOTOR (continued)

2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?

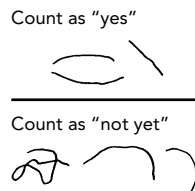


YES SOMETIMES NOT YET

3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?



5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)

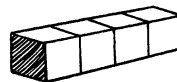


6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

FINE MOTOR TOTAL _____

PROBLEM SOLVING

1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES SOMETIMES NOT YET

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

PROBLEM SOLVING (continued)

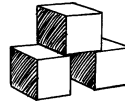
YES SOMETIMES NOT YET

3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



4. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



6. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

1. Does your child use a spoon to feed herself with little spilling?
2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?
3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
4. Does your child put on a coat, jacket, or shirt by himself?
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
6. Does your child take turns by waiting while another child or adult takes a turn?

PERSONAL-SOCIAL TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

YES

NO

2. Do you think your child talks like other children her age? If no, explain:

YES

NO

3. Can you understand most of what your child says? If no, explain:

YES

NO

4. Can other people understand most of what your child says? If no, explain:

YES

NO

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

YES

NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

YES

NO

OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

YES

NO

8. Has your child had any medical problems in the last several months? If yes, explain:

YES

NO

9. Do you have any concerns about your child's behavior? If yes, explain:

YES

NO

10. Does anything about your child worry you? If yes, explain:

YES

NO



36 Month ASQ-3 Information Summary

34 months 16 days through
38 months 30 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.99		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	18.07		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|---|-----|-----------|---|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Family history of hearing impairment?
Comments: | YES | No |
| 2. Talks like other children his age?
Comments: | Yes | NO | 7. Concerns about vision?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Any medical problems?
Comments: | YES | No |
| 4. Others understand most of what your child says?
Comments: | Yes | NO | 9. Concerns about behavior?
Comments: | YES | No |
| 5. Walks, runs, and climbs like other children?
Comments: | Yes | NO | 10. Other concerns?
Comments: | YES | No |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



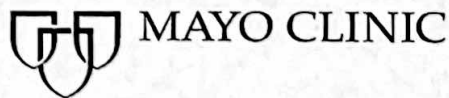
Acetaminophen (Tylenol™, Feverall™) Dosage for Fever and Pain

Dosage						
	Infant drops 80 mg per dropperful (0.8 mL)	Infant or children's oral suspension 160 mg per 5 mL	Children's chewable or meltaway tablet 80 mg	Junior strength chewable or meltaway tablet 160 mg	Adult tablet 325 mg	Adult extra strength tablet 500 mg
6 to 11 lbs.	½ dropper (40 mg) (0.4 mL)	1.25 mL (40 mg)	–	–	–	–
12 to 17 lbs.	1 dropper (80 mg) (0.8 mL)	2.5 mL (80 mg)	–	–	–	–
18 to 23 lbs.	1½ dropper (120 mg) (1.2 mL)	3.75 mL (120 mg)	–	–	–	–
24 to 35 lbs.	–	5 mL (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)	–	–
36 to 47 lbs.	–	7.5 mL (240 mg)	3 tablets (240 mg)	1½ tablets (240 mg)	–	–
48 to 59 lbs.	–	10 mL (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	1 tablet (325 mg)	–
60 to 71 lbs.	–	12.5 mL (400 mg)	5 tablets (400 mg)	2½ tablets (400 mg)	1 tablet (325 mg)	–
72 to 95 lbs.	–	15 mL (480 mg)	6 tablets (480 mg)	3 tablets (480 mg)	1½ tablets (487.5 mg)	1 tablet (500 mg)
95 to 146 lbs.	–	–	–	4 tablets (640 mg)	2 tablets (650 mg)	1 tablet (500 mg)

- Use **only** the enclosed medication dispenser that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)
- Dose may be given every 4 hours. Do not use more than 5 times in 24 hours.

The following abbreviations are used on this dosage chart:

- Milligram (mg)
- Milliliter (mL)
- Pounds (lbs.)
- Not applicable: This form of medication should not be given to a child of this weight.



Ibuprofen (Advil™, Motrin™)

Dosage for Fever and Pain

	Dosage				
	Infant drops 50 mg* per dropperful (1.25 mL*)	Children's oral suspension 100 mg* per 1 tsp.* (5 mL*)	Children's chewable tablet 50 mg*	Junior strength caplet or chewable tablet 100 mg*	Adult tablet 200 mg*
12 to 17 lbs.	1 dropper (50 mg) (1.25 mL)	-	-	-	-
18 to 23 lbs.	1½ dropper (75 mg) (1.875 mL)	-	-	-	-
24 to 35 lbs.	-	1 tsp. (5 mL) (100 mg)	2 tablets (100 mg)	1 tablet (100 mg)	-
36 to 47 lbs.	-	1½ tsp. (7.5 mL) (150 mg)	3 tablets (150 mg)	1½ tablets (150 mg)	-
48 to 59 lbs.	-	2 tsp. (10 mL) (200 mg)	4 tablets (200 mg)	2 tablets (200 mg)	1 tablet (200 mg)
60 to 71 lbs.	-	2½ tsp. (12.5 mL) (250 mg)	5 tablets (250 mg)	2½ tablets (250 mg)	1 tablet (200 mg)
72 to 95 lbs.	-	3 tsp. (15 mL) (300 mg)	6 tablets (300 mg)	3 tablets (300 mg)	1½ tablets (300 mg)
Greater than 95 lbs.	-	4 tsp. (20 mL) (400 mg)	8 tablets (400 mg)	4 tablets (400 mg)	2 tablets (400 mg)

- For a child younger than 6 months old, ask your health care provider before giving ibuprofen.
- If giving less than 100 mg, use infant drops.
- Dose may be given every 6 to 8 hours. Do not use more than 4 times in 24 hours.
- Use **only** the enclosed dropper or medication cup that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)

* The following abbreviations are used on this dosage chart:

• Teaspoon (tsp.) • Milligram (mg) • Milliliter (mL) • Pounds (lbs.)

- Not applicable: This form of medication should not be given to a child of this weight.