2016

# CYAF 382: Parenting—A Peer Review of Teaching Project Benchmark Portfolio

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# COURSE PORTFOLIO
## CYAF 382 PARENTING
## Spring 2016

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# ABSTRACT

This benchmark portfolio summarizes the process and results of a reflective inquiry into the teaching of CYAF 382 Parenting. The primary goals of this portfolio were to: (1) refine the course to enhance participants' experience by connecting course goals/objectives and course activities, (2) document the impact of the course of student learning outcomes, and (3) identify specific changes that can be made to enhance the learning of future students.


**KEYWORDS:** Parenting, Human Development and Family Studies, Undergraduate, Service learning

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# OBJECTIVES OF THIS PEER REVIEW OF TEACHING COURSE PORTFOLIO

My overarching goal for this course portfolio was to apply the backwards design approach to restructure CYAF 382 Parenting. I taught this course for the first time in Spring 2015, using the same text, syllabus and basic approach that had been used in previous semesters. With an enrollment of about 80 students and in classroom with auditorium seating, I relied on lecture as my primary instructional delivery method. In part due to the diversity in student majors represented in the audience, I struggled throughout the semester to provide instruction that engaged both students who had prior coursework in family science and those with virtually no background who took the course as an "easy" elective. I required weekly quizzes in Blackboard as a way of enforcing required reading assignments, but found the many students stopped coming to class because attendance was not required to take the quizzes and receive credit on those assessments. Consequently, students who didn't attend regularly were not exposed to course material cover in class, which was intended to extend and build on, as opposed to simply review, material covered in the text. Additionally, problems with attendance caused great difficulty later in the semester for a group project assignment. Many groups had members they couldn't connect with and didn't contribute to the final group project. My student course evaluations were average, and reflected my own belief about the course, which was that it was mediocre class that had limited potential to impact student learning in its current format.

In developing this course portfolio, my main objective was to redesign this course so that it is more engaging for students and consequently, has improved potential to increase students' knowledge and skills that can carry forward into their future professional and personal lives. The backwards design approach provided as useful tool for clarifying my course goals and objectives, to develop new assignments that are aligned with my goals for the course, and to link these assignments to specific strategies to assess students' learning in appropriate and meaningful ways.

# DESCRIPTION OF THE COURSE

## *Content and Audience*

CYAF 382 (see **Appendix A** for syllabus) provides an introduction to principles of parenting within multiple contexts and incorporates developmental, structural, and cultural perspectives. Course content is used to help students evaluate common parenting concerns and relationships as they apply to working with families. Links between theory, research, and application are emphasized throughout the semester.

CYAF 382 can be conceptualized as a professional development course that provides content knowledge as well as applied skills. This class enrolls about 80 undergraduate students per semester. Approximately one-third of the students are majoring in Child, Youth and Family Studies (including Early Childhood Education), one-third are Psychology majors (most with minors in CYAF), and the remaining students are dispersed across other majors (some with CYAF minors). Most students who take this course have achieved junior or senior standing, although sophomores have also enrolled.

The majority of my students intend to pursue careers that entail working with families. Regardless of whether they are working directly (e.g., case worker for family services) or indirectly (e.g., developing programs and policies for social service agencies serving families) with parents, students need to be prepared to be effective in their jobs and possess key competencies to help families to thrive when facing both normative and non-normative events that may occur in their family life cycle.

## *Goals and Objectives*

**Goals.** I would like to:

o   Increase student attendance and satisfaction with the course
o   Provide an applied experience that facilitates students' interest in the course material by linking information from current behavioral science research to relevant practical contexts
o   Help students to develop their professional competencies, skills, confidence, and passion

**Learning objectives.** By the end of my course, students should:

o   Demonstrate knowledge of basic parenting principles, the diversity (e.g., structural, economic, cultural) of family life in American society, and implications for parent education
o   Express understanding of the complexity of parenting and working with families, including at-risk parents and their children
o   Integrate course content and their applied experience to clarify their career goals and develop connections for future internship/job opportunities

# TEACHING METHODS/COURSE MATERIALS/COURSE ACTIVITIES

## *Course Structure and Teaching Methods*

CYAF 382 (see **Appendix A** for syllabus) is a 3-credit course, originally scheduled to meet Mondays and Wednesdays for 75 minutes per class meeting. However, to accommodate students participation in the semester-long Community Project assignment (described below), in-class meetings occurred only once per week, usually on Mondays. The majority of in-class time was devoted to lectures that covered and expanded on assigned readings. Class discussion and other learning activities were incorporated whenever possible. One class session was devoted to watching and discussing a documentary film that provided a real-world illustration of concepts from the text.

The required text used for this course was Walsh, M., Turner, P.H., & Welch, K.J. (2012). *Parenting in Contemporary Society (5th ed.).* Upper Saddle River, NJ: Pearson. Students were assigned one chapter per class meetings and were expected to have read the chapter prior to attending class. Attendance was not mandatory but was strong encouraged given the format of the course. Because an objective for refining the course was to improve student attendance and engagement, I opted to incentivize class attendance by giving students the opportunity to earn "participation points" at each class (described below). These participation points could not be made up.

## *Assignments*

**Pre- and post-assessments.** On the first and last class meetings students completed a short assessment to gauge their current opinions and beliefs related to parenting topics and their views on their skill level in working with various families and family concerns. Completion of the assessments earned students full credit. The goal of these assessments was to provide a measure of impact for the class (i.e., Does taking this course result in a change in how students think about parenting and their competence/skills in working with families?). In addition, the post-assessment questionnaire included several open-ended items asking students to share their feedback on the course. See **Appendix B** for Post-Assessment Questionnaire.

**Participation.** During each class meeting students had the opportunity to earn 5 participation points. Points were earned by participating in in-class group activities, submitting "one-sentence take-aways" at the end of class, and by responding to iClicker polls. These participation activities were designed to 1) encourage student attendance, 2) make class more interactive and engaging, and 3) help me to gauge student understanding of course content presented that day.

**Exams.** Student mastery of core course content was assessed through student performance on three exams. All exams included 50 multiple choice and true/false questions. The exams covered material from the readings, in-class materials, and class discussion. Students were provided with study guides (see **Appendix C)** for each exam to help facilitate their learning process.

**Community project.** The major assignment for this course was the community project. The primary goal of this project is to provide an opportunity for each student to connect with the material in a meaningful, in-depth way, and apply what they have learned to make a positive difference for families in the community. Students selected a specific family/parenting-related topic of interest to them, and then partnered with a community organization that addresses this topic in some way.

The specific activities each student engaged in with their community partner throughout the semester was determined by the individual student and his/her community contact, but was aligned with learning objectives identified by the student. Students earned points for this assignment in two ways. First, they completed and submitting six smaller "planning" assignments, as summarized in the table below.

### *Community Project Overview*

| Step # | Goal(s) | Activities/Assignments |
|---|---|---|
| 1 | Identify general topic and target population | • Complete and submit Parenting Topic Reflection form (see **Appendix D**) |
| 2 | Finalize the selection of general topic and target population; and Develop a preliminary list of community partners and the contact(s) for each site | • Conduct internet searches, talk to people you know, draw on your personal experiences<br>• Submit Preliminary Project Planning form (see **Appendix E**) |
| 3 | Finalize site selection, setup and possibly attend meeting at the site | • Email with community partner, have phone call, and meet in person<br>• Submit Community Partner Documentation form (see **Appendix F**) |
| 4 | Complete a face-to-face meeting with community partner | • Submit Needs Assessment Summary form (see **Appendix G**) |
| 5 | Identify a specific topic and the format for project | • Submit Project Proposal form for instructor feedback (see **Appendix H**) |
| 6 | Revise project proposal based on instructor feedback | • Submit a revised Project Proposal if required by instructor |
| 7 | Gather current behavioral science research on your topic as well as existing evidence-based resources | • Conduct a literature search and find recent review articles, locate sources for evidence-based information<br>• Submit Become an Expert form (see **Appendix I**) |
| 8 | Finalize project and reflect | • Submit Reflective Essay and supporting materials (e.g., anything that was created, such as a brochure or website) |

At the end of the semester, each student submitted a typed (approximately 5 pages, double-spaced) reflective essay on his/her community project. Students were instructed follow the outline below in preparing their essays:

*Paragraph One:* Describe your community partner by identifying the organization's by name, describing their social service mission or goals, the individuals they serve, and the specific person you worked with, if applicable.

*Paragraph Two:* What was your learning goal(s) for this project?

*Paragraph Three:* What was your role? In other words, what kinds of tasks did you complete, or what activities did you do? How did your activities help to advance the mission of your community partner?

*Paragraph Four:* What are the primary outcomes of your activities? Consider things like what you learned (e.g., new knowledge, new understanding, new perspectives, new skills), what you gained (e.g., professional connections, future opportunities for internships or jobs), and what the organization gained from your involvement (e.g., new website, brochures, volunteer hours to help their achieve their mission).

*Paragraph Five:* What would you recommend to the next student who might follow you in the same or similar assignment?

*Paragraph Six:* Why is it important to be involved in a project like this?

*Paragraph Seven:* Who was the most memorable person OR what was the most memorable event or aspect of your community project?

*Appendix:* Attach or provide links to any materials/products you created for this project.

## Grading

Completion of pre- and post-assessments (10 points each) as well as the in-class participation activities (5 points each) earned full credit for these assignments. Exams were worth 100 points apiece for a total of 300 exam points. Each of the planning assignments for the community project was worth 10 points for a total of 60 points. The community project reflective essay was worth 40 points and was evaluated using a grading rubric (see **Appendix J**)The points earned for these course assignments were weighted for calculation of final grades, as follows:

Pre- and post-assessments = **5%**
Participation = **10%**
Exams = **50%**
Community project planning assignments = **10%**
Community project reflective essay = **25%**

Students' final letter grades were assigned based on the following point distribution:

| Grade | Percent | Grade | Percent | |
|---|---|---|---|---|
| A+ | 97 – 100% | C+ | 77 – 79.99% | F (59.99 or below) |
| A | 93 – 96.99% | C | 73 – 76.99% | |
| A- | 90 – 92.99% | C- | 70 – 72.99% | |
| B+ | 87 – 89.99% | D+ | 67 – 69.99% | |
| B | 83 – 86.99% | D | 63-66.99% | |
| B- | 80 – 82.99% | D- | 60-62.99% | |

# THE COURSE AND THE BROADER CURRICLUM

CYAF 382 Parenting is a required core course for the Human Development and Family Studies undergraduate major in the Department of Child, Youth and Family Studies, and is also a required course for students in the Family & Consumer Science major in our department. Historically, this course only required sophomore standing with no specific prerequisite course requirements. Consequently, there has been a diversity of majors and minors represented among the students who enroll in the class. While some students have approached the course with a strong foundation in family science, others have had limited or no prior exposure to theory and research on family relationships. To address this concern, CYAF 280 Family Science was recently added as a required prerequisite for 382. The anticipated outcome of this change is that primarily CYAF majors and minors will populate the class in the future, enabling the instructor to more effectively build on what students have learned about family processes in their prior coursework.

At the university-level, CYAF 382 is also well aligned with UNL's commitment improving the trajectory of all young Nebraskans, especially those who face challenges in achieving school and life success. By providing high quality teaching that incorporates a community engagement focusing on young children, I aim to prepare students who take CYAF 382 will be enabled to work effectively with families in a variety of professional settings.

# ANALYSIS OF COURSE GOALS AND STUDENT LEARNING

## Assessment of <u>Course Goals</u>: Did the course activities achieve my goals?

### *(Goal 1)* *Increase student attendance, engagement, and satisfaction with the course.*

To determine whether this course goal was achieved, I considered two different sources of data. First, students' participation points were examined as a proxy indicator of attendance. Over the course of the semester, there were nine opportunities to earn points by attending class and participating in class activities/discussions. Students earned 5 points per each of these class sessions, for a total of 45 possible participation points. Higher scores indicate more frequent attendance; low scores indicate more class

| Participation Score | Number of Students | Percent of Students |
|---|---|---|
| 15 | 1 | 1.41 |
| 20 | 2 | 2.82 |
| 25 | 3 | 4.23 |
| 30 | 5 | 7.04 |
| 35 | 9 | 12.68 |
| 40 | 20 | 28.17 |
| 45 | 31 | 43.66 |

absences. The average participation score for the class was 39.30 (SD = 7.14). Nearly half of students (43.66% of students received all possible participation points, indicating that they were present for all class sessions when attendance was captured, and another 38.17% missed only one of the nine class sessions.

Second, I examined student responses on the end of semester course evaluations and compared this semester to student responses from the Spring 2015 semester, when I taught this course for the first time. Relevant information comparing student feedback form the two semesters I have taught this course is summarized below.

| Survey Item | Spring 2015 (54.9% response rate) | | Spring 2016 (56.9% response rate) | |
|---|---|---|---|---|
| | Mean | Mode | Mean | Mode |
| I was an active participant in class[a] | 3.18 | 3 | 3.63 | 5 |
| The course was intellectually challenging[a] | 3.62 | 4 | 4.27 | 5 |
| The course content was meaningful to my personal or professional goals[a] | 4.13 | 4 | 4.71 | 5 |
| The instructor motivated me to think for myself and work in this class[a] | 4.21 | 4 | 4.73 | 5 |
| I learned something worthwhile in this class[a] | 4.15 | 4 | 4.73 | 5 |
| This course made me think[a] | 3.79 | 4 | 4.54 | 5 |
| My overall rating of this course is…[b] | 3.72 | 4 | 4.37 | 4 |

[a]Scale used for item responses was 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Usually, 5 = Always
[b]Scale used for item responses was 1 = Poor, 2 = Fair, 3 =Good, 4 = Very Good, 5 = Excellent

Comparing students' narrative responses on the course evaluations also indicated that students who took this class in the Spring 2016 semester found the class more engaging. Selected responses that illustrate this contrast are provided below.

## Spring 2015

- I liked the material  of the course, but there was no reason to go to class.
- Lectures were very boring.
- The class was presented boring, even though the content shouldn't have to be boring.
- Lecture were rather uninteresting...which made it hard to attend class.
- The lectures sometimes dragged on when all we did was go over a powerpoint
- I never had a real reason to go to class other than I'm paying for it. The slides go along perfectly with the book so I could either just read the slides or read the book.

## Spring 2016

- Dr. Williams was an awesome teacher. I liked how each slide was full of information. I liked her interactive clicker questions. I like the relevant videos she played.
- This course was very interactive during class. The instructor made it a welcoming environment and always allowed and encouraged discussion.
- (I liked) The individual lectures and how the information was insightful to me on an individual level and also help me down the road during my career.
- The lecures can get very long, but the information was very important in the course. Your powerpoints were very good!

Overall, these data are consistent with my observations of student attendance and engagement over the course of this semester, and suggest that Goal 1 was achieved.

**(Goal 2)** *Provide an applied experience that facilitates students' interest in the course material by helping them to link information from current behavioral science research to relevant practical contexts.*

Of the 71 students in class, 69 completed the Community Project assignment. The two students who did not complete the project fell behind in the class due to personal difficulties they experienced and were permitted to complete a substitute assignment (traditional research-based term paper). To facilitate students' interest and investment in their projects, they were encouraged to develop a unique project that was aligned with their own unique interests and/or future career plans. Although I made it clear that I was available for consultation and would provide feedback on their choices, I did not direct them to specific agencies or topics. This ambiguity appeared to be challenging for many students initially; however, the final list of community partners revealed that the majority of students were creative, persistent, and embraced the goal of this experiential assignment.  **Students worked with 61 different community partners to explore a wide range of topics resenting their individual interests related to parenting and families**. A complete list of students' community partners and topics is provided below.

| Summary of Students' Community Project Partners and Topics of Interest | |
|---|---|
| **Community Partner** | **Topic** |
| **Autism Family Network (3 students)** | Families of children with Autism |
| **Early Head Start, Kearney, NE** | Family needs of children in head start |
| **Madonna Rehabilitation Hospital (2 students)** | Family coping in pediatric rehabilitation |
| **Christian Heritage (2 students)** | Foster care, promoting responsible fatherhood in incarcerated fathers |
| **The Child Saving Institute** | Adolescent parenthood |
| **Grandparents Raising Great Kids** | Support for grandparents raising their grandchildren |
| **Girls Inc., of Omaha** | Mentoring at-risk girls |
| **The Friendship Home** | Domestic violence |
| **Lincoln Public Schools, English Language Learner Program** | Helping students and families to learn English |
| **Pediatric Cancer Action Network** | Families coping with childhood cancer |
| **Gigi's Playhouse, Sioux City, IA** | Programing for children with Down Syndrome and their families |
| **The Miss Amazing Organization** | Building self-esteem for young girls and women with disabilities |
| **Omaha Doulas Association** | Meeting the needs of mothers and babies though birth and postpartum birth/doula services |
| **Region 4 Professional Partner Program** | Families of children with severe emotional disturbance |
| **CEDARS (6 students across various programs)** | Child maltreatment; early childhood education for at-risk children |
| **Clyde Malone Community Center** | Community support for African American children and families |
| **Omaha Children's Museum** | Inclusion events for children with complex medical needs (Carefree Kids Night) |
| **KVC Nebraska** | Foster care |
| **Children's Rights Council of Nebraska and Iowa** | Father involvement in child custody arrangements |
| **St. Monica's Behavioral Health Services for Women** | Parenting and treatment of maternal substance abuse |
| **Nebraska Children's Home and Society** | Vulnerable children in early childhood education |
| **Lincoln Parks and Recreation, Agar Play Center Developmental Play Group** | Social interaction/developmental support for toddlers and preschoolers with special needs and their families |
| **Smart Girl Style, Omaha NE** | Mentoring for at-risk girls |
| **Iowa Veterans Home** | Military families |
| **Saint Gianna's Women's Home (2 students)** | Domestic violence |

| | |
|---|---|
| **The Good Neighbor Community Center of Lincoln** | Immigrant and refugee families |
| **MilkWorks, Inc.** | Breastfeeding/infant care support services |
| **Catholic Social Services (2 students)** | Immigrant and refugee families |
| **Matt Talbot Kitchen and Outreach** | Homeless families |
| **City Impact** | Children in poverty |
| **Happy Hearts Daycare** | Improving nutrition in childcare |
| **Educational Service Unit 7, Columbus NE** | Learning about and teaching low-SES children |
| **UNL Children's Center** | Parent education about children's use of technology |
| **Hands and Voices Nebraska** | Parenting children who are deaf or hard of hearing |
| **Boys Town National Research Hospital** | Supporting speech and language development in children with cochlear implants |
| **Educare of Lincoln (3 students)** | Needs of families in poverty and early education |
| **Ivy League Childcare** | Helping families and childcare providers prevent illness |
| **Cornerstone Families** | Child abuse/neglect |
| **Heartland Family Services, Papillion, NE (2 students)** | Families who are struggling with challenges |
| **ReACH (Rethinking Autistic Children's Health)** | Support for families with children who have Autism |
| **Behaven Kids** | Children with behavioral issues |
| **Lincoln Children's Museum** | Parent-child interaction |
| **Nebraska Foster and Adoptive Parent Association** | Training programs for foster and adoptive parents |
| **Fit4Lincoln** | Promoting health and nutrition in children |
| **The People's City Mission** | Homelessness and children |
| **Northeast Family Center** | Youth development, needs of infants and toddlers |
| **Body by Steele, Kearney, NE** | Promoting health through family gym programming |
| **Lincoln Wellness Group** | Addiction in families |
| **Methodist Hospital Foundation, Omaha** | Community mental health services |
| **Carol Yoakum Family Resource Center** | Parent-child interactions in families who experienced child abuse/neglect |
| **First Step Recovery** | Mental health treatment |
| **Children's Hospital, Omaha** | Child life/ hospitalized children and their families |
| **Tobacco Free Lancaster County, No Limits** | Youth tobacco prevention programming |
| **UNL Student Parent Association** | Needs and concerns of college student parents |
| **Lutheran Family Services of Nebraska** | Immigrant and refugees families |

Evidence that the project assignment helped students to link the material presented in class lectures and assigned readings with practical, real world contexts is provided by student comments within the reflective essays. A theme that emerged across numerous essays was that the community project supplemented readings and in-class instruction in a very meaningful way that resulted in greater learning and was recognized as valuable by the students. A selection of responses illustrating this is provided below.

**Nathanael S**. reflected on his experience completing a community project focused on families with incarcerated parents in partnership with Christian Heritage. He wrote, *"When I first signed up for CYAF 382, I had no idea what I would be getting in to. What a learning experience! Through this class, I had the chance to be involved in something much larger than just the classroom. Through the Community Engagement Project, I have taken a hold of opportunities and acquired insight that I would otherwise have missed."*

**Brianna B**. pursued her interest in working with families who have experienced domestic violence by working at The Friendship Home shelter for women and children. She wrote, *" It is important to be involved in a project like this because it offers students the opportunity to reach out into the community. Without projects like this students are often limited to the confines of a classroom. Through lecture and the textbook students can benefit and learn, but only to a certain extent. By reaching out into the community you can gain rewarding connections and also gain a further learning of the material you're learning in class. It's the connection that you make between the two that can often lead to the most benefit."*

**Emily B**. partnered with the Ager Developmental Playgroup through Lincoln Parks and Recreation to design and implement structured activities for children and their parents during a session. She reflected, *"The community partner project taught me a lot about parenting, aspects of my future career, building relationships, and a lot about myself. It's important to engage in projects like this to be able to apply classroom material to real world situations. I got to see various parent-child relationships first-hand, as well as reference and apply the material I was learning about in class."*

**Audrey S.** worked with Cornerstone Families and identified a user friendly "Developmental Checklist Quiz" that can be used by the staff to better understand the developmental needs of the children they serve. She stated, *"One of the best ways to create long-lasting knowledge on a subject is not through simply lecture or exams but through application and this project allows students to do that."* Audrey assessed the needs of her community partner and provided them with an appropriate and useful resource (see **Appendix K**) from the Centers for Disease Control and Prevention.

**Lindsey S.** reached out to Gigi's Playhouse to become involved in their mission of supporting children with Down Syndrome and their families. Through her experience, she was able to deepen her knowledge of the course material. She wrote, *"Going to lectures and learning about them out of a textbook is great, but being able to learn about real world examples and real life situations will expand our knowledge and understanding so much more."* Lindsey created a brochure (see **Appendix L)** for her community partner to help spread the word about their programs.

Based on the information summarized above, it appears that Goal 2 was met.

**(Goal 3)** *Help students to develop their professional competencies/skills, confidence and passion.*

This goal was addressed by guiding students through the planning and organizational steps of their community project as well as by the activities students' completed through their involvement with their community partner over the course of 2-3 months. Illustratively, early in the semester, students completed a Preliminary Project Planning form, which required them to investigate potential community partners that would be a good fit with their interests, and locate and consolidate the names and contact information for key individuals representation at least 5 different organizations.

Students were guided in how to establish initial contact with a possible partner. This included discussions of how personal emails are stylistically different from professional emails, and providing students with samples of professional emails and phone scripts they could use. I felt that this was a critical skill for students to learn that can help them to be successful as they transition from their undergraduate academic role to professional contexts. Students were also required to set-up and attend a face-to-face meeting with their community partner for the purpose of conducting an informal needs assessment. Feedback from students suggests that these early steps were challenging but had numerous benefits (e.g., *"This project was an amazing experience that forced me out of my comfort zone"* – **Kelli M**). Comments from students on their reflective essays provide useful insight into students' perceptions of the benefits of the community project for them, which included teaching them key skills such as organization, initiative and persistence, professional communication, and leadership. A selection of these comments is provided below.

**Anna R.** partnered with the Autism Family Network and played an instrumental role in organizing the Light it Up Blue 5K for Autism. She wrote, *"I learned so much about leadership from my experience with AFN. The women leading this organization are wonderful- they started this organization from the ground up because they wanted to help those affected by autism in the community. Observing their management, communication, commitment, creativity, delegation, and dedication inspired me and showed me truly what it means to be a caring and amazing leader."*

**Sarah R.** partnered with Madonna Rehabilitation Hospital and developed an information brochure to help parents better understand what to expect behaviorally from their child after a traumatic brain injury. She offers this advice for future students based on her experience with the community project: *"Working with community members will give you valuable experience working with people in a professional setting. Some students come to college never having had a job before or never working with professionals in their community. This gives them the outlet to do so and practice their speaking skills and their professional skills."*

**Bradyn B.** whose career goal is to become an elementary school teacher, worked with Peggy Newquist from Lincoln Public Schools to learn more about how to help children learning English as a second language and their families. She noted that through her project she gained both relevant career experience and as well as confidence in herself. She wrote, *"Without the opportunity of doing this project, I wouldn't have gained the knowledge and experience I did by working with an ELL coach and families. Most of us taking CYAF 382, take it because it is a course requirement for our major. We could sit in class and just learn through lecture but that isn't going to give us the real life experience we need for our future."* Brayden went on to say that after she completed her project she received an email from

Peggy thanking her and telling her how much of an impact she had on these families, which *"instilled a new found confidence in myself that I can make a difference, even if it's a small one."*

**Katelyn P.** aspired to learn more about community participation in young women with disabilities and became involved with The Miss Amazing organization. She wrote, *"The importance of this project is astounding. I was a little hesitant when I first heard the requirements, but sometimes it is through these opportunities that we find a passion that we never knew was possible. To become involved with an organization and discover their mission and the incredible work that they do, allows for an experience that is much more intimate and worthwhile. It is one thing to write a paper about an organization, and it is completely another to stand beside them and learn about what makes them work. This project opened up new opportunities and allowed for me to learn more about myself."* Katelyn documented her experience by creating a website: http://katiepankonin.wix.com/cyaf382kp

**Rachel K**., a future Child Life Specialist, worked with the Omaha Children's Museum to help to organize Carefree Kids Night, a special event for children with autoimmune diseases and their families. She reported that her experience gave her a new perceptive on what sick children look like and how they act, as well as their relationships with their families. She wrote about her experience interacting with one child in particular, which left her feeling *"more inspired and proud to be pursuing a career that helps sick children and their families."*

In general, it appears that students experienced their involved in the Community Project assignment as a positive and unique experience that forced them to try new things and take risks that led to unanticipated rewards.

# Analysis of Student Learning: Did students achieve the desired learning objectives for the course?

### *(Learning Objective 1)* Demonstrate knowledge of basic parenting principles, the diversity of family life in American society, and implications for parent education.

Exams were used as the primary assessment of students' knowledge acquisition and mastery of core course material. Student performance on these three exams is summarized below. Examination of the scores suggests that the majority of students reviewed the lecture and text material to prepare for the exams and demonstrated a moderate to high level of knowledge of key concepts.

**Students' Exam Performance**

| Statistics | Exam 1 % | Exam 2 % | Exam 3 % | Average % |
|---|---|---|---|---|
| Mean | 83.07 | 82.99 | 79.41 | 81.82 |
| Median | 84.00 | 84.00 | 80.00 | 83.33 |
| Standard Deviation | 8.17 | 7.35 | 9.07 | 6.25 |
| High Score | 96.00 | 94.00 | 100.00 | 92.67 |
| Low Score | 64.00 | 58.00 | 58.00 | 68.00 |

Examination of the relations between students' exam scores and indicators of engagement in the class allowed me to explore whether students who attended class more often did better on exams, indicating whether or not class lectures facilitated their acquisition of key concepts. To explore this question I examined the associations between students' exam grades and their participation score. Contrary to my expectations, students' scores were <u>not</u> significantly correlated with their participation grades.

**Correlations between Participation and Exam Grades**

|                          | Exam 1 % | | Exam 2 % | | Exam 3 % | | Average % | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|                          | *r* | *p* | *r* | *p* | *r* | *p* | *r* | *p* |
| **Participation Grade**  | .20 | .09 | .17 | .37 | .16 | .17 | .20 | .10 |

Thus, although class lectures seemed to be received positively by students (as determined in relation to Goal 1) and may have had other positive impacts on students, lecture does not appear to be the primary source through which students gained mastery over key concepts from the assigned readings. Anecdotally, the sentiment that exams were not valuable of a tool for learning compared with the Community Project assignment was expressed by several students, as illustrated this email I received from a student at the end of the semester:

> *Hello Professor.*
>
> *I just took the final exam 3 and did not as well as i had hoped... I actually studied the most for this one and did one of the worst scores out of all of them. I don't know if other people experienced the same difficulties as I did but I thought it was way harder than the other exam. So hopefully there are a few questions that everyone missed that you will throw out to help us...*
>
> *I also think the community project should be worth more points or weighted more heavily as it took up a lot of our own time than the tests did. Maybe if the steps were each weighed more? I know you posted the grading criteria and percentages with the exams worth 50% and the project worth 35% but let me know if there is anything you can do because I really enjoyed this class and thought I got a lot out of it and thought I did good in the class...*
>
> *Thank you so much for this semester!*
> *Sarah R.*

**(Learning Objective 2)** *Express understanding of the complexity of parenting and working with families, including at-risk parents and their children.*

To determine whether the course resulted in a significant change in students' thinking related to parenting and the issues that affect parenting behaviors and parent-child interactions, I compared their responses on relevant items from the pre- and post-assessment questionnaires. Among the 15 questions included on the pre- and post-questionnaire, students' responses significantly changed on four items, and the pre/post difference on three other items approached significance. These data are summarized below.

| Question | Pre-Assessment M (SD) | Post-Assessment M (SD) | *t* | *p* |
|---|---|---|---|---|
| I feel competent in working with children and parents who are experiencing challenges [a] | 3.57 (.86) | 4.22 (.78) | -5.67 | <.0001 |
| Most parenting problems are a result of lack of education about how to raise kids properly [b] | 3.13 (.89) | 3.31 (.96) | -1.96 | .0541 |
| When I see a child and his/her parent in a store and the child is having a temper tantrum, I feel sympathy for the parent [b] | 3.31 (.81) | 3.67 (.72) | -3.75 | .0004 |
| Parenting is a challenge for all parents [b] | 4.06 (.75) | 4.22 (.80) | -1.89 | .0625 |
| I know a lot about parenting and how to raise kids [b] | 2.58 (.90) | 3.32 (.81) | -7.58 | <.0001 |
| There isn't just one way to be a good parent, it depends on the child and the family situation [b] | 4.37 (.62) | 4.51 (.58) | -1.91 | .0600 |
| I believe I have the skills I need to find evidence-based research on parenting and translate it into something that anyone could understand and use [b] | 3.50 (.86) | 4.28 (.59) | -7.56 | <.0001 |

[a] Response options ranged from 1=Not at all to 5=Definitely
[b] Response options ranged from 1=Strongly disagree to 5=Strongly agree

Student reflections from their final essay also provide insight on the attainment of Learning Objective 2.

**Aniesa C**. worked at the Clyde Malone Community Center to learn more about how to strength and address the needs of low-income school-aged African American children. She wrote, *"It is important to be involved with a project like this because in reality, many people do not realize the many different*

*types of families there are, let alone how many different approaches to parenting there is. It is valuable that we learn to be aware of the different situations people are in and know that everyone does not have the same experiences and how to approach those who were brought up differently. Throughout this entire experience, I have become more knowledge about many things and learned more than I actually thought I would. This was a really powerful experience and I really enjoyed having the chance to learn things I probably would never have realized or understood."*

**Tessa C**. volunteered her time at the St. Gianna's Women's Home working with their child care program. Through this experience, she gained a new perspective on vulnerable children by extending what she learned in class to a real world context. She wrote, *"This community project put into reality a lot of what I have been learning in class throughout the semester. I gained valuable time working with "high-risk" children and a greater gratitude given the new and wider perspective I received on life a people. One of the things that stuck out to me was that you can't look at someone and just know that they are in a given population. This first time I went to volunteer, I encountered children in private school uniforms who looked 'normal' who I wouldn't have labeled as 'fleeing domestic abuse' or 'high-risk'. I also gained insight and a lot more awareness into the many needs and issues of both the poor population and the people trying to help them."*

**Kathryn B**. explored her interest in the transition to motherhood through her partnership with MilkWorks, a non-profit dedicated to creating a healthier community by helping new mothers breastfeed their babies.  She wrote, *"The most memorable event from my project was attending a support group for mothers who are breastfeeding. Honestly, I was very uncomfortable and out of my comfort zone. I was in an environment that was completely unfamiliar and without an experience with this period of life; I was overwhelmed by new information and experiences. I learned about pregnancy and breastfeeding, and learned about struggles, joys, and challenges I never even realized would exist for a new mother. The meeting continues to stick out in my mind, and was probably one of the most memorable educational experiences that I have had in the last fours years of college!"*

**Sydnee B**. worked at Catholic Social Services (CSS) to learn more about the experiences of refugee families in Lincoln. This was her first experience with refugees and affected her greatly. She wrote, *"This overall experience has widened my knowledge of refugee families and really given mea new perspective on the challenges they work through every day. In one of my journals I talk about how the family was really struggling adapting to the busy roads and commotion outside their house. This is something I have been around my whole life and never thought about how different their society is in comparison to America where everyone typically has cars, jobs, and homes bigger than a bedroom. Also I never grasped how little many refugees come to American with and that CSS does a great deal of work to make them comfortable when they get here."*

**Kristi L**., a Speech-Language Pathology major, volunteered her time with Hands and Voices Nebraska and attended their Mom's Day Inn event. There, she had the opportunity to talk at length with mothers of children who are deaf or hard of hearing. She wrote, *"I feel I made an impact of the parents and they helped open my eyes to the concerns, fears, and feelings of parents with a child who has a disability."*

Together, these data provide evidence that Learning Objective 2 was achieved for many students.

**(Learning Objective 3)** *Integrate course content and their applied experience to clarify their career goals and develop connections for future internship/job opportunities.*

Approximately half of the students who completed a community project reported that they intended to continue working with their community partner beyond the semester end, either in a volunteer role or through formal paid employment. For these students, the project was viewed as a stepping-stone towards achieving their goals beyond graduation. For other students, their project provided an opportunity to clarify their career/professional goals. Student feedback that exemplifies the achievement of Learning Objective 3 is highlighted below.

**Alyssa W.** worked with Girls Inc. of Omaha. She writes, *"This assignment really gave me some knowledge of what I want to do after graduation. If I was to give advice to someone else doing this assignment I would recommend that they find something they are passionate about. It may just be an assignment for this course but you never know if you can find something you really like doing and it's a great opportunity to get your foot in the door."*

**Caitlin M**. began her project at St. Monica's Behavioral Health Services for Women with the simple goal of *"wanting to do something meaningful for myself and others, while respecting the guidelines of this assignment by incorporating the topic of parenting."* However, while completing her project she developed a strong desire to help women recovering from substance abuse so that they can be better parents. The executive director of St. Monica's recognized this passion and offered her a paid job as a Therapeutic Mentor. Caitlin wrote, *"I am so incredible grateful for this assignment because within it, I'd still be working in food service. The outcome of my activities is a new job that I love. I've learned a significant amount of information since starting my job as a Therapeutic Mentor at St. Monica's Behavioral health. I feel like I got my foot in the door, and gained much experience already. I've gained professional connections through this job and hope to continue working her after graduation. The organization has gained a loyal and involved employee."*

**Joel L**. partnered with the Nebraska Children's Home and Society. Joel aspires to become a teacher after he graduates, but wasn't sure if his passion was for teaching young children or older children. Consequently, a goal for his in completing this project was to gain experience working with younger children, a group he had not previously worked with. For Joel, the community project experience helped him to clarify his future goals: *"I don't think there is any better way of knowing what you want to do then to go out and actually try it and see if it is for you. Again, for me, I found that I want to teach secondary education rather than elementary. I always had a feeling that I wanted to teach secondary but I didn't know for sure until I actually experienced it with this project."*

**Kim W**. also highlighted the value of the project for helping students to refine and focus their career plans. She reflected, *"It is very important to be involved with a project like this because it not only gives us real world experience, but also a better sense of the actual area we want to work in. For example, some students know they want to work with kids, but what kids of kids? Sick kids? One gender only? Specific age bracket? For me this was helpful because I could really assess my own desire to work with adolescent girls in particular. For me it turned out exactly as I hoped it world, but for others this project could help them to define their goals for the future more."*

# PLANNED CHANGES

Overall, I believe that the changes made to this course through my involvement in the Peer Review of Teaching Project resulted in a significantly improved experience for students taking the course, as well as a much more enjoyable and rewarding teaching experience for me. Nonetheless, this portfolio also highlighted a few specific changes that could be made to further improve the course. These changes are described briefly below.

1.  **List class as a once per week meeting for 3 hours, rather than a twice per week meeting for 75 minutes.**

    Students responded positively to meeting once per week for lecture; however, it was a challenge to cover all material in as much depth as I would have liked. I hypothesize that this may have contributed to the lack of a strong relationship between students' exam grades and their attendance in class.  By scheduling the class more a longer meeting time, I will be better able to ensure that I cover all relevant material to sufficient depth, so that students are not only exposed to some content through their reading of the text.

2.  **Eliminate iClicker requirement and use other brief assessment strategies to document participation points and facilitate student engagement.**

    When asked what they would change about the course, numerous students identified the requirement to purchase and iClicker, which was not used in every class session. In my experience, the other strategies for accruing participation points helped students to think more deeply about the material and better promoted class discussion. I would not want to use the iClicker in every class session simply to help students feel like it was a worthwhile use of their money.  Consequently, I plan to drop the iClicker requirement.

3.  **Advocate for reduced class size.**

    Student response to the Community Project assignment was overwhelmingly positive. As such, I see this as a central component of this course. However, this is also a very highly demanding assignment in terms of instructor time. I gave detailed, individual feedback week for the first 8 weeks of the semester, and was very involved in helping to troubleshoot issues that arose later in the semester. At the end of the semester, I evaluated 70 reflective essays and projects, which was rewarding but incredibly time consuming.

    In addition, due to the large class size, there was not a good opportunity for students to share their individual projects with the class, which would have been a valuable learning experience for the presenting students and all of his/her classmates.

4.  **Space due dates for Community Project Planning Steps further apart to allow students sufficient time to complete the assignments.**

This semester, students had to complete an assignment for the Community Project each week for 6 weeks. For a variety of reasons (e.g., students waiting until the last minute to start the assignment, community partners not responding to emails quickly, difficulty coordinating student availability with community partner availability for meetings), many students feel behind and turned in assignments late. Although expectations were allowed, this made grading and keeping track of student projects very challenging for me. It also created significant anxiety in students. In the future, I intent to do a better job of stressing the importance of getting started when the assignment is made but also allowing more time for students to establish a relationship with their community partner.

5. **Devote time at the start of the semester to helping students to see the value of the community project using the words and recommendations provided by students who took the class this semester.**

Finally, I feel it is important to do a better job of helping students to understand what they can gain from the projects to help them be more excited about the project initially and also to reduce ambiguity and the resulting anxiety about the assignment. One way I might do this is to share details about exemplary student projects from this semester, along with students' specific recommendations for other students that they included in their reflective essays.

# SUMMARY AND OVERALL ASSESSMENT OF PORTFOLIO PROCESS

This reflective inquiry into my teaching of CYAF 382 resulted in significant changes to the course structure and assignments compared with the previous version of the course. These changes included restructuring in-class assignments and lectures to promote better student attendance and engagement, and implementing a new assignment, the Community Project, to help students link what they are learning in class to real life contexts and also gain critical professional competencies. Student feedback, grades, and attendance patterns indicate that these changes all had a positive impact on students' learning and the overall quality of the course.

Through the portfolio process, I experienced the benefits of the backwards design approach to course development and acquired useful strategies to help me documenting whether my course goals and specific objectives for student learning have been achieved. Creating this portfolio led me to reconceptualize my teaching as a scholarly endeavor that can be investigated using the same methodologies that I use in my research. Documenting the positive impact of this course on students inspires me to take a closer look at my other courses and evaluate them to identify ways they can be revised to enhance students' learning.

# APPENDICES

## *Appendix A: Syllabus for CYAF 382 Parenting*

**Course Description:** Introduction to principles of parenting within multiple contexts including developmental, structural, and cultural perspectives. Evaluation of parenting concerns and relationships as they apply to working with families. Content will cover parenting philosophies as well as a central focus on programs and practices related to parent education. There will be a strong emphasis on the links between theory, research, and application.

**Prerequisites:** CYAF 160 or equivalent and CYAF 280 OR 380

**Relationship to Other CYAF Courses**: Parenting skills are involved as a critical part of working with children, youth and families. This class identifies and applies those skills.

**Course Objectives**
**Students will:**
- Understand parenting perspectives and practices within the conceptual framework of family development theory.
- Apply information from current behavioral science research to practical contexts.
- Demonstrate understanding regarding vulnerable children and families.
- Survey and analyze contemporary parent education strategies, materials, and resources.
- Demonstrate an understanding of the diversity (e.g., structural, economic, cultural) of family life in American society and identify implications of such for parent education.
    - Exhibit a shift in perspective from parenting as a good/bad dichotomy to understanding the importance of context in evaluating parenting behaviors.
    - Demonstrate an understanding of the importance of appreciating the goals of parents' practice.
    - Develop empathy towards families facing parenting challenges.
    - Develop skills to successfully engage families in an effort to provide education that leads to desired changes in parenting practices.

**Required Text:**
> Walsh, M., Turner, P.H., & Welch, K.J. (2012). *Parenting in Contemporary Society (5th ed.).* Upper Saddle River, NJ: Pearson.

**Additional requirement:**
> iClicker2

**Teaching/Learning Methods:**
This course is organized to use a variety of teaching methods throughout the course, to include (may not be inclusive) readings, lectures/presentations, discussions, assignments, exams, guest speakers, and videos/documentaries. Class presentations will be interactive and conversational. The intent of the course is not to spoon-feed you information so you can regurgitate it at test time. You are expected to give critical thought to the information presented and use your resources (e.g. personal experience, observations of others, friends, library, etc.). Students are to always be respectful of peers. While viewpoints and concepts will be challenged throughout the course, care should always be taken to respect the beliefs and ideals of others. There is a great difference between disagreeing with someone's

perception and attacking him or her.

Blackboard is used in this class for assignments, announcements, any additional readings and grades. You should familiarize yourself with the program and use it frequently (checking it between every class). Failure to check blackboard will not be considered an adequate excuse for failure to complete an assignment. If you have any difficulties accessing blackboard contact the helpdesk at 472-3970, or by email at helpdesk@unl.edu.

**Course Policies/Expectations:**
   ***Class Attendance/Participation*:** In order to create a class that is inclusive and a positive learning experience, class attendance is expected.  In-class content will be used on tests. If a student misses class, it is his/her responsibility to acquire any missed information from fellow students who were present.  Students are expected to read course material prior to class and are expected to participate during class. Further, although I do not require class attendance, points earned through in-class assignments and participation ***cannot be made up*** if you miss class- regardless of the reason for student absenteeism.
   ***Late Assignments***: No assignments or exams can be re-written/retaken to raise a grade.  Acceptance of late assignments will only be considered if you speak with me and must be due to an emergency (serious illness/hospitalization, funeral, University excused event).  Late assignments may be subjected to a 10% per day grade reduction as determined by the instructor.
   ***Technology:*** Technology is a great tool and asset to our current educational environment. However, there are facets of our highly connected world that can distract from not only your educational experience but that of those around you. All cell phones should be turned off during class. You must police yourselves. The ability to focus and critically evaluate material is important during class. Laptops are welcome but please be careful that the sound is turned off and that you are not viewing objectionable material during class. If electronic devices become a problem in class there use will be prohibited.
   ***Project Expectation:*** All assignments should be completed individually. It is not acceptable to collaborate or work with classmates in any manner on assignments, unless otherwise specified in the assignment instructions. Assignments submitted with more than five (5) major spelling and/or grammatical errors may be returned to the student with a zero (0). If the student chooses to edit the assignment and resubmit, the assignment will be considered late and will be reduced one letter grade. Assignments must be re-submitted within two (days).

**Statement of Academic Integrity:**
"Academic honesty is essential to the existence and integrity of an academic institution. The responsibility for maintaining that integrity is shared by all members of the academic community. To further serve this end, the University supports a Student Code of Conduct which addresses the issue of academic dishonesty."  Academic dishonesty includes: cheating, fabrication and falsification, plagiarism, abuse of academic materials, complicity in academic dishonesty, falsifying grade reports, and misrepresentation to avoid academic work.  Details are provided at http://stuafs.unl.edu/ja/code/three.shtml

**ADA Statement:**
Students with disabilities are encouraged to contact the instructor for a confidential discussion of their individual needs for academic accommodation.  It is the policy of the University of Nebraska, Lincoln to provide flexible and individualized accommodation to students with documented disabilities that may affect their ability to fully participate in course activities or to meet course requirements.  To receive

accommodation services, students must be registered with the Services for Students with Disabilities (SSD) office, 132 Canfield Administration, 472-3787 voice or TTY.

**Diversity Statement:**
The University of Nebraska-Lincoln is committed to a pluralistic campus community through Affirmative Action and Equal Opportunity. We assure reasonable accommodation under the Americans with Disabilities Act. Students with disabilities are encouraged to contact me for a confidential discussion of their individual needs for academic accommodation. It is the policy of the University of Nebraska-Lincoln to provide flexible and individualized accommodation to students with documented disabilities that may affect their ability to fully participate in course activities or to meet course requirements. To receive accommodation services, student must be registered with the Services for Students with Disabilities (SSD) office, 132 Canfield Administration, 472-3787 voice or TTY.

## COURSE EVALUATION

**Pre- and Post-Assessments (5% of final grade)**
On the first and last class meetings you will complete a short assessment to help the instructor get to know you and gauge your opinions and beliefs related to parenting topics and your views on your skill level in working with various families and family concerns. <u>Completion of the assessments will earn you full credit</u>. The goal of these assessments is to provide a measure of impact for the class, essentially, dis taking this course result in a change in how you think about parenting and your competence/skills in working with families?

**Participation (10% of final grade)**
During class meetings you will have numerous opportunities to earn participation points. These will include in-class activities and responding to iClicker polls. These polls will be used to help me evaluate where the class is in terms of your understanding of important concepts, and hopefully make the class more engaging and interactive. Participation points cannot be made up.

**Exams (50% of final grade)**
There will be three exams. The exams will cover material from the readings, in-class materials, and class discussion.

**Community Project (35% of final grade)**
A major assignment for this course is the community project. The primary goal of this project is to provide an opportunity for each student to connect with the material in a meaningful, in-depth way, and apply what they have learned to make a positive difference for families in the community. Students will select a specific family/parenting-related topic of interest to them, and then partner with a community organization that addresses this topic in some way. The specific activities each student will engage in with their community partner throughout the semester will be determined by the student and his/her community contact, but should be aligned with learning objectives identified by the student. Students will earn points for this assignment by completing a submitting six smaller assignments and a Community Project Reflective Essay due at the end of the semester.

Final letter grades will be based on the following point distribution:

| Grade | Percent | Grade | Percent | |
|-------|---------|-------|---------|---|
| A+ | 97 – 100% | C+ | 77 – 79.99% | F (59.99 or below) |
| A | 93 – 96.99% | C | 73 – 76.99% | |
| A- | 90 – 92.99% | C- | 70 – 72.99% | |
| B+ | 87 – 89.99% | D+ | 67 – 69.99% | |
| B | 83 – 86.99% | D | 63-66.99% | |
| B- | 80 – 82.99% | D- | 60-62.99% | |

| COURSE SCHEDULE | | | | |
|---|---|---|---|---|
| Week | Class Meeting | Topic/Activity | Readings | Assignment(s) |
| 1 | Monday 1/11/16 | Class Overview | n/a | Pre-assessment Project Step 1 |
| **Part 1 (January 20 – February 21)** | | | | |
| 2 | *Wednesday* 1/20/16 | Parenting In Perspective | Chapter 1 | Project Step 2 |
| 3 | Monday 1/25/16 | Infancy & Early Childhood | Chapter 2 | Project Step 3 |
| 4 | Monday 2/1/16 | Middle Childhood & Adolescence | Chapter 3 | Project Step 4 |
| 5 | Monday 2/8/16 | Later Life | Chapter 4 | |
| 6 | Monday 2/15/16 | Exam 1 | n/a | |
| **Part 2 (February 22 – March 18)** | | | | |
| 7 | Monday 2/22/16 | Effective parenting Strategies | Chapter 5 | Project Step 5 |
| 8 | Monday 2/29/16 | Diversity & Change | Chapter 6 | |
| 9 | Monday 3/7/16 | Single-parent & Stepfamilies | Chapter 7 | Project Step 6 |
| 10 | Monday 3/14/16 | Parenting & Work | Chapter 8 | |
| 10 | *Wednesday* 3/16/16 | Exam 2 | n/a | |
| **Spring Break (March 21-27), no class or assignments due** | | | | |
| **Part 3 (March 28 – April 29)** | | | | |
| 11 | Monday 3/28/16 | High Risk Families | Chapter 9 | |
| 12 | Monday 4/4/16 | Children with Exceptionalities | Chapter 10 | |
| 13 | Monday 4/11/16 | Alternatives to Biological Parenthood | Chapter 11 | |
| 14 | Monday 4/18/16 | Child Care & Early Education | Chapter 12 | |
| 15 | Monday 4/25/16 | Exam 3 | n/a | |
| 15 | *Wednesday* 4/27/16 | Wrap-up | n/a | Post-assessment Reflective Essay |

## *Appendix B: CYAF 382: POST-ASSESSMENT QUESTIONNAIRE*

Student name: _____

1.  I want to pursue a career working with children and families.

    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | No | | Maybe | | Yes |

2.  I feel competent in working with children and parents who are experiencing challenges.

    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | Not at all | | Somewhat | | Definitely |

3.  Parents are primarily blame for their children's emotional and behavioral problems.

    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

4.  Most parenting problems are a result of lack of education about how to raise kids properly.

    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

5.  When I see a child and his/her parent in a store and the child is having a temper tantrum, I feel sympathy for the parent.

    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

6.  When I see a child and his/her parent in a store and the child is having a temper tantrum, I feel frustrated with the parent and/or child.

    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

7. When I see a child and his/her parent in a store and the child is having a temper tantrum, I blame the parent for the child's behavior.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

8. Parenting is easy if you are ready to be a parent and prepare yourself for this role.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

9. Parenting is challenging for all parents.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

10. I already know a lot about parenting and how to raise kids.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

11. I have a lot to learn about parenting and how to raise kids

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

12. Most parents want good things for their children, even when it doesn't seem like they are being very "good" parents or making appropriate choices for their families.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

13. There isn't just one way to be a good parent, it depends on the child and the family situation

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly | Disagree | Neutral | Agree | Strongly |

           Disagree                                                    Agree

14. When it really comes down to it, there are good parents and there are bad parents

|  1  |  2  |  3  |  4  |  5  |
|-----|-----|-----|-----|-----|
| Strongly | Disagree | Neutral | Agree | Strongly |
| Disagree |  |  |  | Agree |

15. I believe that I have the skills I need to find evidence-based research on parenting (e.g., from scientific journal articles) and translate it into something that anyone could understand and use.

|  1  |  2  |  3  |  4  |  5  |
|-----|-----|-----|-----|-----|
| Strongly | Disagree | Neutral | Agree | Strongly |
| Disagree |  |  |  | Agree |

**Please answer the following questions:**

1. The best part about this class was:

2. The worst part about this class was:

3. In the future, I would recommended that the instructor: *(circle one option below)*

   A. Keep the Community Project assignment as class format that was used this semester

   B. Drop the Community Project assignment completely and have the class meet 2x week for lecture

C. Keep the Community Project assignment but modify it.

Suggestions for modification: _____

_____

_____

_____

## Appendix C: Exam 1 Study Guide

Exam 1 will cover chapters 1-4 in the Turner & Welch text and the associated material that was discussed during class lectures. It will have 50 multiple-choice questions that are worth 2 points each, for a total of 100 points. You will have the entire class period to complete it. This is a closed-book, closed-note exam. To prepare for the exam, it will be helpful to review the chapters and make sure that you understand and can apply the key words and concepts listed below, which may appear on the exam. Reminder regarding missed exam policy: make-up exams will be allowed only in exceptional circumstances. If an emergency coincides with an exam, the following three conditions must be met in order for a make-up exam request to be granted**:**

    1) I must be notified within 24 hours of the exam about the emergency;

    2) I must have written documentation (e.g., from medical personnel, or UNL student services); and

    3) the exam must be taken within 48 hours of the emergency resolution.

*Key words and Concepts:*

| CHAPTER 1 | CHAPTER 2 |
|---|---|
| Crude birthrate and fertility rate | Synchrony |
| Family projection process | Maternal gatekeeping |
| Trends in parenthood and reasons behind them | Transition to parenthood and marital satisfaction |
| Determinants of parenting | Learning theories |
| Pronatalism/natalism | Sociocultural theories of child development |
| Resource dilution hypothesis | Erik Erikson's stages (for example, trust versus |
| Childfree-by-choice | mistrust, autonomy versus shame and doubt, etc.) |
| Mothering (what is it, what influences it) | Attachment types |
| Theory of maternal role attainment | Reciprocity |
| Attachment (what is it, why is it important) | Brain development |
| Motherese | Temper tantrums (reasons for them, dealing with) |
| Patriarchal family structure | Inductive discipline (what is it, effects on children) |
| Trends in father involvement/fathering | Self-help skills |
| Coparenting | Styles of parenting (be able to identify types and |
| | know how they related to children's outcomes) |
| | Natural and logical consequences |
| | Discipline and punishment |
| | Initiative |
| | Shifts in parenting roles in early childhood |
| **CHAPTER 3** | **CHAPTER 4** |
| Main parenting role for school-age children | Shifting population trend (projections for elderly) |
| Empathy | Family Life Cycle |
| Basic dimensions of self-concept | Empty nest |
| Industry versus inferiority | Adult children living with parents |
| Preadolescence | Boomerang generation/revolving door syndrome |
| Adult code | Generativity |
| Peer code | Intergenerational ties |
| Identity | Fictive kin |
| Individuation | Acculturation |
| Parent-adolescent relationship | Grandparenting styles and roles |
| Punishment/discipline of adolescents (for | Kinship care |

| example, effects of physical punishment) Contact hypothesis Bullying and cyberbullying | Grandparents raising grandchildren (reasons for, consequences for grandparents and children) Sandwich generation Caregiving (what is it, who does it for parents) Caregiver burden/caregiving stressors |
|---|---|

## Exam 2 Study Guide

Exam 2 will cover chapters 5-7 in the Turner & Welch text and the associated material that was discussed during class lectures. It will have 50 multiple-choice questions that are worth 2 points each, for a total of 100 points. You will have the entire class period to complete it. This is a closed-book, closed-note exam. To prepare for the exam, it will be helpful to review the chapters and make sure that you understand and can apply the key words and concepts listed below, which may appear on the exam. Reminder regarding missed exam policy: make-up exams will be allowed only in exceptional circumstances. If an emergency coincides with an exam, the following three conditions must be met in order for a make-up exam request to be granted**:**

  1) I must be notified within 24 hours of the exam about the emergency;
  2) I must have written documentation (e.g., from medical personnel, or UNL student services); and
  3) the exam must be taken within 48 hours of the emergency resolution.

*Key words and Concepts:*

| CHAPTER 5 | CHAPTER 6 |
|---|---|
| Communication | Diversity |
| Transactional nature of communication | Collectivist versus individualistic cultures |
| Co-construction of meanings | Nuclear family |
| Cornerstones of communication | Who is the fastest growing minority group in US? |
| Confirming messages/responses | Racial/ethnic group differences in attitudes |
| I-messages | towards discipline |
| Active listening | Bicultural socialization |
| Reflective listening | Racial/ethnic socialization |
| Characteristics of poor listening styles | Poverty rate and poverty line |
| Reframe | Ethnic group differences in family income |
| Family meetings | Working poor |
| Systematic Training for Effective Parenting (STEP) | Demographics of families living below poverty line |
| Four goals of child misbehavior | Effects of poverty on children's outcomes |
| Natural and logical consequences | Relationship between family income and parental |
| Assertive discipline | punitive behavior |
| Forgiveness | Native American families (problems experienced) |
| Types of forgiveness (direct, indirect, conditional) | Effects of low financial resources on families |
| Barriers to forgiveness | |

| CHAPTER 7 |
|---|
| Trends in divorce, co-habitation, remarriage since 1970s |
| Demographics of single-parent families |
| Single-parent mothers |
| Single-parent fathers (and parenting experiences of noncustodial fathers) |
| Binuclear family |
| Primary divorce stressors versus secondary divorce stressors |

Effects of divorce on families (financial/economic impacts, emotional/psychological impacts, parent-child relationships, changes in parenting behaviors immediately and over time- temporal influences)
Diminished parenting
Age-related differences in children's reactions to parental divorce
Types of child custody (joint, physical, sole)
Challenges for single parents
Stepfamilies (types, characteristics and their experiences)
Boundaries in step-parent families
Effects of remarriage on children
Common stressors in stepfamilies
Marital satisfaction in stepfamilies

## Exam 3 Study Guide

Exam 3 will cover chapters 8-12 in the Turner & Welch text and the associated material that was discussed during class lectures. It will have 50 multiple-choice questions that are worth 2 points each, for a total of 100 points. You will complete it in Blackboard between 4/27/16 and 5/3/16. You will have 1 hour and 15 minutes to complete the exam. You are not permitted to use your text, notes, or any other materials to help you answer the questions. Doing so will constitute cheating and will result in an F on the exam.

*Key words and Concepts:*

| CHAPTER 8 | CHAPTER 9 |
|---|---|
| Dual career/dual earner couples | Family violence |
| Challenges for military families | Child maltreatment types (what are they, stats, |
| Basic budgets (what are common big costs?) | which is most commonly reported, which is least |
| Job satisfaction/dissatisfaction (predictors of and | common reported) |
| gender differences) | Characteristics of people who abuse children |
| Effect of mothers' employment on families | Age differences in risk for various types of abuse |
| Overtime and shift work | Mandated reporting laws and expectations |
| Work/family spillover | IPV |
| Inter-role conflict | Effects of abuse on children (what factors |
| FLMA | influence these effects?) |
| Second shift | Causes of homelessness for families and stats |
| Making work and family life simpler (strategies) | Effect of homelessness on children |
| | Problems associated with living in shelters for |
| | homeless families |
| **CHAPTER 10** | **CHAPTER 11** |
| Parental reactions to learning about a child's | Adoption (types) |
| disability – initial and changes over time | Characteristics of children waiting to be adopted |
| Special education and disabilities | Characteristics of people who adopt |
| Types of disabilities and associated challenges for | Influences on the outcomes for adopted children |
| children and their families | Transracial adoption |
| Down syndrome | Gay and lesbian parents and adoption |
| ADHD | Intrafamily adoption vs. unrelated adoption |
| Deaf children | Steps in the adoption process |
| Externalizing vs. internalizing behavior problems | Infertility- definition, causes, prevalence |

| | |
|---|---|
| Developmental delay | IVF |
| Communication and speech disorders | Family communication about adoption |
| Learning disabilities | Foster care |
| Prenatal substance use | Foster parents (who are they, motivation, ideal |
| Giftedness | characteristics) |
| Characteristics of resilient children | Needs of children in foster care |

**CHAPTER 12**

Early care and education- how many children experience child care outside the home?

Child care arrangements (types, characteristics of parents/families that choose each type)

Training of child care providers- differences across settings

Function of child care licensing requirements

Effects of child care on children (does quality of care make a difference? Other factors?)

Parental satisfaction with child care arrangements

Low-income children and child care

Head Start

Family child care homes

Self-care for school-aged children

After school programs

## *Appendix D: PARENTING TOPIC REFLECTION*

**Answer the following questions to help you identify the general topic and population (i.e., group of people) you would like to focus on for your Community Project this semester. There is no length requirement, but please make you thinking clear to me. For some questions, you may wish to write more than others, and that's fine.**

1. What interests you most about children and families?

2. If you are planning a career that will involve working with children and/or families, what type of work or setting are you envisioning?

3. What about children, families, and/or parenting makes you feel happy?

4. What about children, families, and/or parenting makes you feel sad/frustrated/angry?

5. If you could solve <u>one problem</u> related to parenting and families, what would it be?

6. Is there a certain group of families (e.g., low-income, immigrant, single parents) that you want to learn more about or would like to feel more comfortable working with in the future?

**Reflect on your answers to the questions above. Based on what you've described:**

7. What is the general topic in parenting that you would like to focus on? Why?

8. What population would you like to work with? Why?

### *Appendix E: PRELIMINARY PROJECT PLANNING FORM*

Your goal this week is to decide on the general topic you will focus on for the community project assignment and develop a preliminary list of community partners and the contact(s) for each site. Note that you do not need to actually contact anyone at this point. One way to approach identifying community partners is to do a Google search with your topic and the word Lincoln, NE (or Omaha, if you want to expand your search). You could also try searching a site that lists non-profits, such as http://www.volunteermatch.org/. Think broadly, be creative and take the time to read the websites of any organizations you list to make sure they would be a good fit with your selected topic.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**My topic is:** _____ *(fill in the blank)*

Now, please complete the table below.  List a minimum of 5 potential community partners (you can list more if you want!). Please rank these in order of preference.

| Organization/Group/Business | Website Link | Name of contact person(s) | Position or Role | E-mail or Telephone # |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## *Appendix F: Community Partner Documentation*

**Your goal for this week is to work towards finalizing your site selection and setup (and possibly attend) a meeting at the site you're hoping to work with for the CP assignment.**

**Here is a sample email/phone script.**

Dear Ms. Moore:
My name is Benjamin Smith and I am a senior at UNL majoring in Child, Youth, and Family Studies. This semester I am taking a class called "Parenting." My professor (Dr. Natalie Williams; 402-472-7704; Email nwilliams17@unl.edu), has assigned a community engagement project that involves each student partnering with a community organization to learn more about what they do to help families. I am very interested in learning more about the needs of immigrant families here in Lincoln, and I would like to talk with you about possibly completing my learning project with your organization. This would involve meeting with me in person at least once. The purpose of this meeting is so I can learn more about what you do, the families you serve, and how I might be able to contribute to your mission (for example, by create an informational brochure on some parenting-related topic of interest to you, volunteering, or helping with another ongoing task at your organization).
I appreciate your time and consideration, and look forward to hearing from you!
Natalie

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please provide me with the following information:

1.  Organization(s) you contacted:

2.  Did you email or speak with someone directly? If you emailed, cut and past the text of your email into the space below.

3.  Name(s) of person you communicated with:

4.  Date of communication(s):

5.  Outcome of your interaction with community partner (i.e., where things stand):

## *Appendix G: Needs Assessment Summary*

This week, your CP project activities will focus on communicating with your community partner during a face-to-face meeting. You goal for this meeting is to find about more about what their group does and the families they serve. You should also talk with them about what they perceive their needs as an organization to be, especially with respect to possible ways that <u>you can help them</u>.

**<u>Please answer the following questions:</u>**

1.  My community partner is:

2.  Date and location of meeting:

3.  Mission/focus of community partner:

4.  Characteristics of families/children served by community partner (for example, low-income, single parents, immigrant families, children with illnesses, children with autism, etc.)

5.  Identified organization needs:

6.  Initial ideas for your involvement (e.g., volunteering, helping write a newsletter, creating an informal brochure, etc.):

## *Appendix H: Project Proposal*

By now, you should have communicated with your CP and have a good sense of what they do, their needs, and how you can get involved. In this step, share with me what you have decided to do (or even what options are available) for your project.

Over the next two weeks, I will work with you individually to help clearly define your project, activities, and outcomes. This is where we start, so it is important to include as much detail as possible to help facilitate the clarification process!

**Please answer the following questions:**

1.  My community partner is:

2.  My project will be:

    **Note:** It is not sufficient to tell me simply that you will be volunteering with an organization. Instead, give me details. What will your volunteer activities include? How often will you be there? How much time do you anticipate committing (this may include time that is are devoting to project activities but not actually present at your CP site)?

3.  My learning objectives and expected outcomes are:

    **Note:** Here, think broadly, and try to list many objectives/outcomes, not just one. These can include things like an actual document (a brochure), a successful community event (e.g., 5K, activity for children and families), a reflective journal, knowledge gained, gaining experience working with a specific group, making connections for a future job, etc.

## *Appendix I: Become an Expert*

The goal of this step is to help you become more knowledgeable about the topic you have chosen for your community project by engaging in a little research of your own. Our text addresses many aspects of parenting and the experiences relevant to many different groups of families and family challenges, but most topics are addressed broadly rather than in a lot of depth. It is now time for you to look more deeply into the topic you have selected. I want you to uncover information that will help you to communicate with someone else why your topic is important. You do not necessarily need to conduct a formal literature search of published academic research (although this is fine), but I do want you to get information from reputable sources. You are welcome to use any source, as long as it is reliable!
For example, the Centers for Disease Control and Prevention provides fact sheets on health and illness topics, and national non-profit organizations or associations often have resource pages where they summarize key information. In contrast, an individual's Facebook or personal blog/website will not be considered a reliable source.

1. After you have done some research, write compelling but short paragraph (½ page, single spaced, 12 point font) that succinctly summarizes what you learned and why your project (or the organization you are working with) is important. *For example: if your topic is parenting a child with autism, I would expect that you would include information telling the reader what autism is, estimates of how many children in the US are diagnosed with this condition, the common challenges families face, treatment options, etc.*

2. List your sources.

## *Appendix J: Community Project Reflective Essay Evaluation Rubric (CYAF 382)*

| Content Area | 0 | 3 | 5 |
| --- | --- | --- | --- |
| | **Unacceptable** | **Acceptable** | **Target** |
| **Description of community partner and mission** | Not addressed or minimal information is provided. | Community partner's mission is described in sufficient detail to understand what they do and whom they serve. | Community partner's mission is thoroughly described and contact(s) are named. |
| **Learning goals** | No learning goal(s) stated or stated learning goal(s) are poorly explained. | Clearly articulated learning goal(s). | Fully developed and articulated learning goal(s). |
| **Role in organization** | Does not understand how work was connected to agency's mission/goals; had limited involvement. | Adequate comprehension of own role in advancing the mission of the community partner; clearly involved. | Sophisticated comprehension of own role in advancing the mission of the community partner; dedicated significant effort to involvement. |
| **Outcomes** | Little or no assessment of personal or professional contributions/gains; limited evidence of project impact. | Adequate assessment of personal or professional contributions/gains; some evidence of project impact for student <u>or</u> community partner. | Thoughtful detailed assessment of personal or professional contributions/gains; high project had clear positive impact on student <u>and</u> community partner. |
| **Critical thinking regarding experience and importance of project** | Limited evidence of reflection on experience; or no connections to course material and did not provide future recommendations. | Some evidence that student has thought about his/her experience and understands relevance with respect to children and their families. | Clear that student has thought about his/her experience and evaluated it in a meaningful way in relation to the challenges facing families. |
| **Organization of essay** | Organization is unclear or disorganized to the extent that it prevents understanding of the content. | Organization is generally good, but some parts seem out of place. | Essay is well organized and easy to understand. |
| **Grammar/Spelling /Writing Style** | Some sentences are halting, incomplete, and vocabulary is somewhat limited or inappropriate. | For the most part, sentences are complete, flow together easily, and are grammatically correct. Vocabulary is adequate and words are appropriately chosen for meaning. | Sentences are complete, flow together easily, and are grammatically correct. The writer shows mature and sophisticated thought process. |
| **Due date** | Turned in three or more days late | Turned in one day late | Turned in on or before due date |

## *Appendix K: "Developmental Checklist Quiz "*

# Your Baby at 2 Months

**Child's Name** _____  **Child's Age** _____  **Today's Date** _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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**

## Learn the Signs. Act Early.

# Su Bebé a los 2 Meses

**Nombre del niño**                     **Edad del niño**     **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 3 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Bebés a Esta Edad?

### En las áreas social y emocional

- ❑ Le sonríe a las personas
- ❑ Puede calmarse sin ayuda por breves momentos (se pone los dedos en la boca y se chupa la mano)
- ❑ Trata de mirar a sus padres

### En las áreas del habla y la comunicación

- ❑ Hace sonidos como de arrullo o gorjeos
- ❑ Mueve la cabeza para buscar los sonidos

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Se interesa en las caras
- ❑ Comienza a seguir las cosas con los ojos y reconoce a las personas a la distancia
- ❑ Comienza a demostrar aburrimiento si no cambian las actividades (llora, se inquieta)

### En las áreas motora y de desarrollo físico

- ❑ Puede mantener la cabeza alzada y trata de alzar el cuerpo cuando está boca abajo
- ❑ Mueve las piernas y los brazos con mayor suavidad

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No responde ante ruidos fuertes
- ❑ No sigue con la vista a las cosas que se mueven
- ❑ No le sonríe a las personas
- ❑ No se lleva las manos a la boca
- ❑ No puede sostener la cabeza en alto cuando empuja el cuerpo hacia arriba estando boca abajo

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto | 1-800-CDC-INFO

**Aprenda los signos. Reaccione pronto.**

# Your Baby at 4 Months



Child's Name          Child's Age     Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

www.cdc.gov/actearly  |  1-800-CDC-INFO

## Learn the Signs. Act Early.

# Su Bebé a los 4 Meses

_____  _____  _____
**Nombre del niño**          **Edad del niño**  **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 5 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Bebés a Esta Edad?

### En las áreas social y emocional

❑ Sonríe espontáneamente, especialmente con otras personas
❑ Le gusta jugar con la gente y puede ser que hasta llore cuando se terminan los juegos
❑ Copia algunos movimientos y gestos faciales, como sonreír o fruncir el ceño

### En las áreas del habla y la comunicación

❑ Empieza a balbucear
❑ Balbucea con entonación y copia los sonidos que escucha
❑ Llora de diferentes maneras para mostrar cuando tiene hambre, siente dolor o está cansado

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

❑ Le deja saber si está contento o triste
❑ Responde ante las demostraciones de afecto
❑ Trata de alcanzar los juguetes con la mano
❑ Coordina las manos y los ojos, como cuando juega a esconder la carita detrás de sus manos
❑ Sigue con la vista a las cosas que se mueven, moviendo los ojos de lado a lado
❑ Observa las caras con atención
❑ Reconoce objetos y personas conocidas desde lejos

### En las áreas motora y de desarrollo físico

❑ Mantiene la cabeza fija, sin necesidad de soporte
❑ Se empuja con las piernas cuando tiene los pies sobre una superficie firme
❑ Cuando está boca abajo puede darse vuelta y quedar boca arriba

❑ Puede sostener un juguete y sacudirlo y golpear a juguetes que estén colgando
❑ Se lleva las manos a la boca
❑ Cuando está boca abajo, levanta el cuerpo hasta apoyarse en los codos

## Reaccione pronto y hable con el doctor de su hijo se el niño:

❑ No sigue con la vista a las cosas que se mueven
❑ No le sonríe a las personas
❑ No puede sostener la cabeza con firmeza
❑ No gorjea ni hace sonidos con la boca
❑ No se lleva las cosas a la boca
❑ No empuja con los pies cuando le apoyan sobre una superficie dura
❑ Tiene dificultad para mover uno o los dos ojos en todas las direcciones

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto | 1-800-CDC-INFO

Aprenda los signos. Reaccione pronto.

# Your Baby at 6 Months



Child's Name _____   Child's Age _____   Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

www.cdc.gov/actearly   |   1-800-CDC-INFO

Learn the Signs. Act Early.

# Su Bebé a los 6 Meses

**Nombre del niño**　　　　　**Edad del niño**　**Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 7 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Bebés a Esta Edad?

### En las áreas social y emocional

- ❏ Reconoce las caras familiares y comienza a darse cuenta si alguien es un desconocido
- ❏ Le gusta jugar con los demás, especialmente con sus padres
- ❏ Responde antes las emociones de otras personas y generalmente se muestra feliz
- ❏ Le gusta mirarse en el espejo

### En las áreas del habla y la comunicación

- ❏ Copia sonidos
- ❏ Une varias vocales cuando balbucea ("a", "e", "o") y le gusta hacer sonidos por turno con los padres
- ❏ Reacciona cuando se menciona su nombre
- ❏ Hace sonidos para demostrar alegría o descontento
- ❏ Comienza a emitir sonidos de consonantes (parlotea usando la "m" o la "b")

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❏ Observa a su alrededor las cosas que están cerca
- ❏ Se lleva la cosas a la boca
- ❏ Demuestra curiosidad sobre las cosas y trata de agarrar las cosas que están fuera de su alcance
- ❏ Comienza a pasar cosas de una mano a la otra

### En las áreas motora y de desarrollo físico

- ❏ Se da vuelta para ambos lados (se pone boca arriba y boca abajo)
- ❏ Comienza a sentarse sin apoyo
- ❏ Cuando se para, se apoya en sus piernas y hasta puede ser que salte
- ❏ Se mece hacia adelante y hacia atrás, a veces gatea primero hacia atrás y luego hacia adelante

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❏ No trata de agarrar cosas que están a su alcance
- ❏ No demuestra afecto por quienes le cuidan
- ❏ No reacciona ante los sonidos de alrededor
- ❏ Tiene dificultad para llevarse cosas a la boca
- ❏ No emite sonidos de vocales ("a", "e", "o")
- ❏ No rueda en ninguna dirección para darse vuelta
- ❏ No se ríe ni hace sonidos de placer
- ❏ Se ve rígido y con los músculos tensos
- ❏ Se ve sin fuerza como un muñeco de trapo

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto　|　1-800-CDC-INFO

**Aprenda los signos. Reaccione pronto.**

# Your Baby at 9 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at 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 "babababa"
- ❑ 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

www.cdc.gov/actearly | 1-800-CDC-INFO

Learn the Signs. Act Early.

# Su Bebé a los 9 Meses

**Nombre del niño**          **Edad del niño**     **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 10 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Bebés a Esta Edad?

### En las áreas social y emocional

- ❏ Puede ser que le tenga miedo a los desconocidos
- ❏ Puede ser que se aferre a los adultos conocidos todo el tiempo
- ❏ Tiene juguetes preferidos

### En las áreas del habla y la comunicación

- ❏ Entiende cuando se le dice "no"
- ❏ Hace muchos sonidos diferentes como "mamamama" y "dadadadada"
- ❏ Copia los sonidos que hacen otras personas
- ❏ Señala objetos con los dedos

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❏ Observa el recorrido de las cosas al caer
- ❏ Va en busca de las cosas que usted esconde
- ❏ Juega a esconder su carita detrás de las manos
- ❏ Se pone las cosas en la boca
- ❏ Pasa objetos de una mano a la otra con facilidad
- ❏ Levanta cosas como cereales en forma de "o" entre el dedo índice y el pulgar

### En las áreas motora y de desarrollo físico

- ❏ Puede sentarse solo
- ❏ Se sienta sin apoyo
- ❏ Se parar sosteniéndose de algo
- ❏ Gatea

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❏ No se apoya en las piernas con ayuda
- ❏ No se sostiene en las piernas con apoyo
- ❏ No balbucea ("mama", "baba", "papa")
- ❏ No juega a nada que sea por turnos como "me toca a mí, te toca a ti"
- ❏ No responde cuando le llaman por su nombre
- ❏ No parece reconocer a las personas conocidas
- ❏ No mira hacia donde usted señala
- ❏ No pasa juguetes de una mano a la otra

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que se evalúe el desarrollo general de los niños a los 9 meses. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

www.cdc.gov/pronto  |  1-800-CDC-INFO

**Aprenda los signos. Reaccione pronto.**

# Your Child at 1 Year

Child's Name          Child's Age          Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

www.cdc.gov/actearly    |    1-800-CDC-INFO

## Learn the Signs. Act Early.

# Su Hijo de 1 Año

**Nombre del niño**  **Edad del niño**  **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 1 año de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ❑ Actúa con timidez o se pone nervioso en presencia de desconocidos
- ❑ Llora cuando la mamá o el papá se aleja
- ❑ Tiene cosas y personas preferidas
- ❑ Demuestra miedo en algunas situaciones
- ❑ Le alcanza un libro cuando quiere escuchar un cuento
- ❑ Repite sonidos o acciones para llamar la atención
- ❑ Levanta un brazo o una pierna para ayudar a vestirse
- ❑ Juega a esconder la carita y a las palmaditas con las manos

### En las áreas del habla y la comunicación

- ❑ Entiende cuando se le pide que haga algo sencillo
- ❑ Usa gestos simples, como mover la cabeza de lado a lado para decir "no" o mover la mano para decir "adiós"
- ❑ Hace sonidos con cambios de entonación (se parece más al lenguaje normal)
- ❑ Dice "mamá" y "papá" y exclamaciones como "oh-oh"
- ❑ Trata de copiar palabras

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Explora los objetos de diferentes maneras (los sacude, los golpea o los tira)
- ❑ Encuentra fácilmente objetos escondidos
- ❑ Cuando se nombra algo mira en dirección a la ilustración o cosa que se nombró
- ❑ Copia gestos
- ❑ Comienza a usar las cosas correctamente, por ejemplo, bebe de una taza, se cepilla el pelo
- ❑ Golpea un objeto contra otro
- ❑ Mete cosas dentro de un recipiente, las saca del recipiente
- ❑ Suelta las cosas sin ayuda
- ❑ Pide atención tocando a las personas con el dedo índice
- ❑ Sigue instrucciones sencillas como "recoge el juguete"

### En las áreas motora y de desarrollo físico

- ❑ Se sienta sin ayuda
- ❑ Se para sosteniéndose de algo, camina apoyándose en los muebles, la pared, etc.
- ❑ Puede ser que hasta dé unos pasos sin apoyarse
- ❑ Puede ser que se pare solo

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No gatea
- ❑ No puede permanecer de pie con ayuda
- ❑ No busca las cosas que la ve esconder
- ❑ No dice palabras sencillas como "mamá" o "papá"
- ❑ No aprende a usar gestos como saludar con la mano o mover la cabeza
- ❑ No señala cosas
- ❑ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto | 1-800-CDC-INFO

**Aprenda los signos. Reaccione pronto.**

# Your Child at 18 Months (1½ Yrs)

Child's Name _____    Child's Age _____    Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

www.cdc.gov/actearly   |   1-800-CDC-INFO

Learn the Signs. Act Early.

# Su Bebé a los 18 Meses (1½ Años)

Nombre del niño    Edad del niño    Fecha de hoy

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 19 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ❑ Le gusta alcanzarle cosas a los demás como un juego
- ❑ Puede tener rabietas
- ❑ Puede ser que le tenga miedo a los desconocidos
- ❑ Le demuestra afecto a las personas conocidas
- ❑ Juega a imitar cosas sencillas, como alimentar a una muñeca
- ❑ Se aferra a la persona que le cuida en situaciones nuevas
- ❑ Señala para mostrarle a otras personas algo interesante
- ❑ Explora solo, pero con la presencia cercana de los padres

### En las áreas del habla y la comunicación

- ❑ Puede decir varias palabras
- ❑ Dice "no" y sacude la cabeza como negación
- ❑ Señala para mostrarle a otra persona lo que quiere

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Sabe para qué sirven las cosas comunes; por ejemplo, teléfono, cepillo, cuchara
- ❑ Señala una parte del cuerpo
- ❑ Señala para llamar la atención de otras personas
- ❑ Demuestra interés en una muñeca o animal de peluche y hace de cuenta que le da de comer
- ❑ Hace garabatos sin ayuda
- ❑ Puede seguir instrucciones verbales de un solo paso que no se acompañan de gestos; por ejemplo, se sienta cuando se le dice "siéntate"

### En las áreas motora y de desarrollo físico

- ❑ Camina solo
- ❑ Jala juguetes detrás de él mientras camina
- ❑ Puede subir las escaleras y corer
- ❑ Puede ayudar a desvestirse

- ❑ Bebe de una taza
- ❑ Come con cuchara

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No señala cosas para mostrárselas a otras personas
- ❑ No puede caminar
- ❑ No sabe para qué sirven las cosas familiares
- ❑ No copia lo que hacen las demás personas
- ❑ No aprende nuevas palabras
- ❑ No sabe por lo menos 6 palabras
- ❑ No se da cuenta ni parece importarle si la persona que le cuida se va a o regresa
- ❑ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 18 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

www.cdc.gov/pronto | 1-800-CDC-INFO

## Aprenda los signos. Reaccione pronto.

# Your Child at 2 Years

**Child's Name** _____  **Child's Age** _____  **Today's Date** _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❏ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

**www.cdc.gov/actearly** | **1-800-CDC-INFO**

Learn the Signs. Act Early.

# Su Hijo de 2 Años

**Nombre del niño**      **Edad del niño**    **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 2 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ❏ Copia a otras personas, especialmente a adultos y niños mayores
- ❏ Se entusiasma cuando está con otros niños
- ❏ Demuestra ser cada vez más independiente
- ❏ Demuestra un comportamiento desafiante (hace lo que se le ha dicho que no haga)
- ❏ Comienza a incluir otros niños en sus juegos, como jugar a sentarse a comer con las muñecas o a correr y perseguirse

### En las áreas del habla y la comunicación

- ❏ Señala a objetos o ilustraciones cuando se los nombra
- ❏ Sabe los nombres de personas conocidas y partes del cuerpo
- ❏ Dice frases de 2 a 4 palabras
- ❏ Sigue instrucciones sencillas
- ❏ Repite palabras que escuchó en alguna conversación
- ❏ Señala las cosas que aparecen en un libro

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❏ Encuentra cosas aun cuando están escondidas debajo de dos o tres sábanas
- ❏ Empieza a clasificar por formas y colores
- ❏ Completa las frases y las rimas de los cuentos que conoce
- ❏ Juega con su imaginación de manera sencilla
- ❏ Construye torres de 4 bloques o más
- ❏ Puede que use una mano más que la otra
- ❏ Sigue instrucciones para hacer dos cosas como por ejemplo, "levanta tus zapatos y ponlos en su lugar"
- ❏ Nombra las ilustraciones de los libros como un gato, pájaro o perro

### En las áreas motora y de desarrollo físico

- ❏ Se para en las puntas de los dedos
- ❏ Patea una pelota
- ❏ Empieza a correr
- ❏ Se trepa y baja de muebles sin ayuda
- ❏ Sube y baja las escaleras agarrándose
- ❏ Tira la pelota por encima de la cabeza
- ❏ Dibuja o copia líneas rectas y círculos

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❏ No usa frases de 2 palabras (por ejemplo, "toma leche")
- ❏ No sabe cómo utilizar objetos de uso común, como un cepillo, teléfono, tenedor o cuchara
- ❏ No copia acciones ni palabras
- ❏ No puede seguir instrucciones sencillas
- ❏ No camina con estabilidad
- ❏ Pierde habilidades que había logrado

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 24 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

**www.cdc.gov/pronto** | 1-800-CDC-INFO

## Aprenda los signos. Reaccione pronto.

# Your Child at 3 Years

_____  _____  _____
**Child's Name**               **Child's Age**  **Today's Date**

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❏ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

**www.cdc.gov/actearly** | **1-800-CDC-INFO**

**Learn the Signs. Act Early.**

# Su Hijo de 3 Años

**Nombre del niño**            **Edad del niño**    **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 3 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ❏ Copia a los adultos y los amigos
- ❏ Demuestra afecto por sus amigos espontáneamente
- ❏ Espera su turno en los juegos
- ❏ Demuestra su preocupación por un amigo que está llorando
- ❏ Entiende la idea de lo que "es mío", "de él" o "de ella"
- ❏ Expresa una gran variedad de emociones
- ❏ Se separa de su mamá y su papá con facilidad
- ❏ Se molesta con los cambios de rutina grandes
- ❏ Se viste y desviste

### En las áreas del habla y la comunicación

- ❏ Sigue instrucciones de 2 o 3 pasos
- ❏ Sabe el nombre de la mayoría de las cosas conocidas
- ❏ Entiende palabras como "adentro", "arriba" o "debajo"
- ❏ Puede decir su nombre, edad y sexo
- ❏ Sabe el nombre de un amigo
- ❏ Dice palabras como "yo", "mi", "nosotros", "tú" y algunos plurales (autos, perros, gatos)
- ❏ Habla bien de manera que los desconocidos pueden entender la mayor parte de lo que dice
- ❏ Puede conversar usando 2 o 3 oraciones

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❏ Puede operar juguetes con botones, palancas y piezas móviles
- ❏ Juega imaginativamente con muñecas, animales y personas
- ❏ Arma rompecabezas de 3 y 4 piezas
- ❏ Entiende lo que significa "dos"
- ❏ Copia un círculo con lápiz o crayón
- ❏ Pasa las hojas de los libros una a la vez
- ❏ Arma torres de más de 6 bloquecitos
- ❏ Enrosca y desenrosca las tapas de jarras o abre la manija de la puerta

### En las áreas motora y de desarrollo físico

- ❏ Trepa bien
- ❏ Corre fácilmente
- ❏ Puede pedalear un triciclo (bicicleta de 3 ruedas)
- ❏ Sube y baja escaleras, un pie por escalón

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❏ Se cae mucho o tiene problemas para subir y bajar escaleras
- ❏ Se babea o no se le entiende cuando habla
- ❏ No puede operar juguetes sencillos (tableros de piezas para encajar, rompecabezas sencillos, girar una manija)
- ❏ No usa oraciones para hablar
- ❏ No entiende instrucciones sencillas
- ❏ No imita ni usa la imaginación en sus juegos
- ❏ No quiere jugar con otros niños ni con juguetes
- ❏ No mira a las personas a los ojos
- ❏ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto  |  1-800-CDC-INFO

**Aprenda los signos. Reaccione pronto.**

# Your Child at 4 Years

Child's Name _____  Child's Age _____  Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

www.cdc.gov/actearly | 1-800-CDC-INFO

## Learn the Signs. Act Early.

# Su Hijo de 4 Años

**Nombre del niño**          **Edad del niño**     **Fecha de hoy**

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 4 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ❏ Disfruta haciendo cosas nuevas
- ❏ Juega a "papá y mamá"
- ❏ Cada vez se muestra más creativo en los juegos de imaginación
- ❏ Le gusta más jugar con otros niños que solo
- ❏ Juega en cooperación con otros
- ❏ Generalmente no puede distinguir la fantasía de la realidad
- ❏ Describe lo que le gusta y lo que le interesa

### En las áreas del habla y la comunicación

- ❏ Sabe algunas reglas básicas de gramática, como el uso correcto de "él" y "ella"
- ❏ Canta una canción o recita un poema de memoria como "La araña pequeñita" o "Las ruedas de los autobuses"
- ❏ Relata cuentos
- ❏ Puede decir su nombre y apellido

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❏ Nombra algunos colores y números
- ❏ Entiende la idea de contar
- ❏ Comienza a entender el concepto de tiempo
- ❏ Recuerda partes de un cuento
- ❏ Entiende el concepto de "igual" y "diferente"
- ❏ Dibuja una persona con 2 o 4 partes del cuerpo
- ❏ Sabe usar tijeras
- ❏ Empieza a copiar algunas letras mayúsculas
- ❏ Juega juegos infantiles de mesa o de cartas
- ❏ Le dice lo que le parece que va a suceder en un libro a continuación

### En las áreas motora y de desarrollo físico

- ❏ Brinca y se sostiene en un pie hasta por 2 segundos
- ❏ La mayoría de las veces agarra una pelota que rebota
- ❏ Se sirve los alimentos, los hace papilla y los corta (mientras usted lo vigila)

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❏ No puede saltar en el mismo sitio
- ❏ Tiene dificultades para hacer garabatos
- ❏ No muestra interés en los juegos interactivos o de imaginación
- ❏ Ignora a otros niños o no responde a las personas que no son de la familia
- ❏ Rehúsa vestirse, dormir y usar el baño
- ❏ No puede relatar su cuento favorito
- ❏ No sigue instrucciones de 3 partes
- ❏ No entiende lo que quieren decir "igual" y "diferente"
- ❏ No usa correctamente las palabras "yo" y "tú"
- ❏ Habla con poca claridad
- ❏ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto   |   1-800-CDC-INFO

## Aprenda los signos. Reaccione pronto.

# Your Child at 5 Years

Child's Name _____  Child's Age _____  Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- ❏ 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 for this age,** and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

www.cdc.gov/actearly | 1-800-CDC-INFO

**Learn the Signs. Act Early.**

# Su Hijo de 5 Años

Nombre del niño      Edad del niño    Fecha de hoy

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 5 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ❑ Quiere complacer a los amigos
- ❑ Quiere parecerse a los amigos
- ❑ Es posible que haga más caso a las reglas
- ❑ Le gusta cantar, bailar y actuar
- ❑ Está consciente de la diferencia de los sexos
- ❑ Puede distinguir la fantasía de la realidad
- ❑ Es más independiente (por ejemplo, puede ir solo a visitar a los vecinos de al lado) [para esto todavía necesita la supervisión de un adulto]
- ❑ A veces es muy exigente y a veces muy cooperador

### En las áreas del habla y la comunicación

- ❑ Habla con mucha claridad
- ❑ Puede contar una historia sencilla usando oraciones completas
- ❑ Puede usar el tiempo futuro; por ejemplo, "la abuelita va a venir"
- ❑ Dice su nombre y dirección

### En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Cuenta 10 o más cosas
- ❑ Puede dibujar una persona con al menos 6 partes del cuerpo
- ❑ Puede escribir algunas letras o números
- ❑ Puede copiar triángulos y otras figuras geométricas
- ❑ Conoce las cosas de uso diario como el dinero y la comida

### En las áreas motora y de desarrollo físico

- ❑ Se para en un pie por 10 segundos o más
- ❑ Brinca y puede ser que dé saltos de lado
- ❑ Puede dar volteretas en el aire
- ❑ Usa tenedor y cuchara y, a veces, cuchillo
- ❑ Puede ir al baño solo
- ❑ Se columpia y trepa

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No expresa una gran variedad de emociones
- ❑ Tiene comportamientos extremos (demasiado miedo, agresión, timidez o tristeza)
- ❑ Es demasiado retraído y pasivo
- ❑ Se distrae con facilidad, tiene problemas para concentrarse en una actividad por más de 5 minutes
- ❑ No le responde a las personas o lo hace solo superficialmente
- ❑ No puede distinguir la fantasía de la realidad
- ❑ No juega a una variedad de juegos y actividades
- ❑ No puede decir su nombre y apellido
- ❑ No usa correctamente los plurales y el tiempo pasado
- ❑ No habla de sus actividades o experiencias diarias
- ❑ No dibuja
- ❑ No puede cepillarse los dientes, lavarse y secarse las manos o desvestirse sin ayuda
- ❑ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad,** y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

www.cdc.gov/pronto  |  1-800-CDC-INFO

DEPARTMENT OF HEALTH & HUMAN SERVICES·USA

CDC — CENTERS FOR DISEASE CONTROL AND PREVENTION

## Aprenda los signos. Reaccione pronto.

*Appendix L: Gigi's Playhouse*

## Gigi's Mission

The mission of Gigi's Playhouse is to make a difference in people with Down syndrome in the community, as well as impact their families in a way that will benefit their children. We have programs for the children that are educational, therapeutic, and fun to keep these children stimulated and immersed in a learning environment.

## Volunteer Opportunities? We want you!

Gigi's Playhouse is always looking for volunteers, as they are crucial to the functioning of this organization.

There are lots of different areas to volunteer in: Programs, Literacy Tutors, Administrative, Events, Committee Members, and Group Volunteering.

Program and literacy volunteers are considered "tutors" and are trained to lead sessions with the individuals with Down syndrome.

Make a difference! Contact Lisa Hall to learn more about this wonderful opportunity to give back to your community!

**Lisa Hall**
1151 Indian Hills Drive, Suite 7
Sioux City, Iowa 51104
(712) 266-PLAY
siouxcity@gigisplayhouse.org

# GiGi's PLAYHOUSE™

## Down Syndrome Achievement Center

## Sioux City, IA

# What is Down Syndrome?

Down syndrome occurs when an individual has a full or partial extra copy of chromosome 21. This additional genetic material changes the course of development and causes the characteristics linked with Down syndrome. There are three types of Down syndrome, which are trisomy 21 (nondisjunction), translocation and mosaicism. Some examples of physical traits of individuals with Downs syndrome include low muscle tone, small stature, an upward slant to the eyes, and a single deep crease across the center of the palm. However, not all people with Down syndrome have all of these traits and each individual expresses them in different degrees.



Easton's inner beauty comes from the strength he has to overcome the obstacles in his life, from the early months of heart surgery to his everyday determination to learn, Easton never gives up. He is our special gift from God.

~Auntie Julie, aka Easton's Godmother

#strength

## About Gigi's Playhouse

Gigi's Playhouse provides many different programs, activities, and events to children and families affected by Down syndrome. We serve children and adults of all ages!

With the help of great community support and donors, Gigi's is able to provide ALL of our programs at NO CHARGE to every family. This free service is greatly appreciated by the parents and families of these individuals with Down syndrome.

Also, the tutors involve the parents in activities so parents can continue to do the same activities at home.

Gigi's Playhouse continues to develop new programs, celebrate the achievements of our participants, and work hard to change society's outdated perceptions about the incredible potential of individuals with Down syndrome. All programs aim to maximize self-confidence and empower individuals to achieve their greatest potential.