NAME OF CHILD: _____

Infant Milestones

Milestone	Date
Rollover _____	_____
Sit-up_____	_____
Starts solid foods*_____	_____
Crawl_____	_____
Pull to a stand_____	_____
Teeth*_____	_____
First words*_____	_____

Health Checks*
List date:

*Please put information in the child's log book, on dated page.
**Infants must sleep on their backs.