MINISTRY OF HEALTH & WELLNESS

Child Health & Development Passport

JAMAICA

NAME:_____

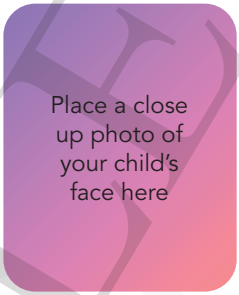
HEALTH FACILITY:_____

This passport should be taken to all health visits and school.

My Child Grows

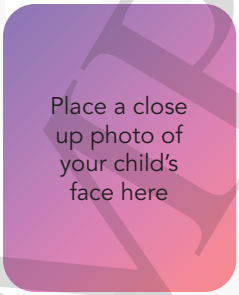
1st Week of Life

6 Weeks



6 Months

1 Year



3 Years

6 Years

Passport Sequence Number: _____

Date of Issue to Parent/Caregiver: _____/_____/_____
DD MM YYYY

Name and Signature of Health Worker:

_____

Name of Facility: _____

FACILITY STAMP

This passport should be carefully kept and brought to the health centre/doctor or hospital (public or private) on each visit.

Table of Contents

Introduction

The Child Health and Development Passport (CHDP) is the take home record of your child's health, growth and development from birth to 17 years. The CHDP is also important for entry into infant/nursery, primary, secondary schools and college/university. Therefore, it is important that you keep this document safe and in good condition.

Although the CHDP is to be kept at home, you should take it with you whenever you visit or have contact with:

- The child health clinic
- Your family doctor
- The dental practitioner
- A new school
- A community health aide
- Early childhood institutions
- Your midwife or public health nurse
- Hospital emergency or outpatients department
- Health specialists (e.g. psychologist, eye doctor, speech therapist, etc.)
- Any other health appointments

You will see the following symbols throughout the passport. These symbols show that:

Parents to complete — YOU should fill in these sections (ask for help if you are unable to do so)

Healthcare workers to complete — ONLY the doctor, nurse or health worker should fill in these sections

Educators to complete — ONLY your child's school or other educational professionals should fill in these sections

It is important that every Jamaican child has a CHDP and that it is updated regularly. If the CHDP is lost or stolen, contact your local health department or the nearest health centre for information on getting a replacement passport.

Ministry of Health and Wellness
Telephone: 888-ONE-LOVE (663-5683) / Website: www.moh.gov.jm
@themohwgovjm

How We Handle Information

We want to make sure that your child has the opportunity to have his/her immunizations and health checks when they are due.

We also want to be able to plan and provide any other services your child needs. Therefore, we enter some of your child's details from this record in our information management system.

We treat this information as strictly confidential and only release it to:

- Parents
- The healthcare professionals who work with your family
- The educational professionals who work with your family

It is sometimes necessary to use the data collected for audit purposes and public health reasons, such as monitoring the effectiveness and safety of vaccines. This information is used anonymously and will help to plan and improve services for children in Jamaica.

The Health Supervision Programme for Your Child

You should make sure that you take your child to the clinic/doctor when a visit is due. Below are the Ministry of Health and Wellness' recommendations for the frequency of your child's health visits.

New-born Period

Your child should be examined at birth and again within the first two weeks of life.

Early Childhood

First year (infancy) – Your child should visit the clinic/doctor at ages six–eight weeks, three months, six months, nine months and then at 12 months.

Second year – Your child should visit the clinic/doctor at 18 months and 24 months.

Three to six years – During this period your child should have health checks at ages three, four, five and six years.

Older Childhood and Adolescence

Seven to 17 years – Your child should have yearly health checks between the ages of seven and 17 years.

What to Expect at Health Visits

- A review of your child's medical history, including discussions about his/her physical and emotional state and school performance.
- Assessment and appropriate screening for growth and development, vision, hearing, anaemia (low blood count) and certain inherited disorders.
- A complete physical examination with a record and discussion of any variations from normal.
- Immunizations against Tuberculosis, Poliomyelitis, Diphtheria, Pertussis (Whooping Cough), Tetanus, Hepatitis B, Measles, Mumps, Rubella, some types of Meningitis, and Pneumonia. This includes booster doses and other immunizations as advised by your health centre/doctor.
- Appropriate discussions and counselling concerning your child's care and nutrition with recommendations for dealing with any special health issues.
- Anticipatory guidance regarding growth, development, nutrition, safety in the home, discipline, parental issues, accident prevention, violence prevention, school readiness, learning difficulties and other guidance regarding the child in his/her family and community.

Parents to complete

Child and Family Contact Details

Child's Name: _____

Pet Name/Alias: _____

National ID Number: _____ Sex: ❑ M ❑ F

Date of Birth: _____/_____/_____
DD MM YYYY

Address: _____

_____

Landmark near to home: _____

Mother's Name: _____

Father's Name: _____

Name of Parent/Guardian at child's address: _____

Relationship to child: _____

Phone #: _____ (Home) _____ (Work) _____

Emergency Contact	Person 1	Person 2
Name		
Pet Name/Alias		
Relationship to Child		
Address		
Landmark near to home		
Phone #: Cell Home Work		

Healthcare workers to complete

Health Centre & Doctor Contact Information

Name of Health Centre	Address	Phone#
1		
2		
3		
Name of Doctor		
1		
2		
3		
Paediatrician	**Address**	**Phone**
1		
2		
3		
Name of Dentist	**Address**	**Phone**
1		
2		
3		
Specialist Clinics	**Address**	**Phone**
1		
2		
3		

Healthcare workers to complete

Medical History

Adverse reactions to drugs	Date (dd/mm/yyyy)
1	
2	
3	
Adverse reactions to vaccines	**Date (dd/mm/yyyy)**
1	
2	
3	
Significant health or developmental concerns/diagnoses	**Date (dd/mm/yyyy)**
1	
2	
3	
Admissions (diagnosis and facility)	**Date (dd/mm/yyyy)**
Surgery (diagnosis and facility)	**Date (dd/mm/yyyy)**
Special needs	**Date (dd/mm/yyyy)**
- Physical	
- Social	
- Educational	
- Emotional	
- Other	

Healthcare workers to complete

Family History

Illness/Disease	*Family Member*
Allergies	
Anaemia	
Asthma	
Behavioural or Emotional Disorders	
Bleeding disorders	
Diabetes	
Eye disorders	
Heart disease	
Hearing disorder	
Hypertension	
Learning disorders	
Obesity	
Seizure Disorder	
Sickle Cell Disease	
Tuberculosis	
Other	

Healthcare workers to complete

Birth Details

Duration of Pregnancy: Weeks _____	Pregnancy history: ❑ Normal ❑ Complication
Place of Birth: _____ _____ _____	Date of Birth: _____/_____/_____ DD MM YYYY Time of Birth: _____
Sex: ❑ Male ❑ Female	Type of Delivery: ❑ Vaginal ❑ Forceps ❑ C-Section ❑ Vacuum ❑ Breech
Child is ❑ Single ❑ Twin ❑ Other: _____	Birth order (if multiple): _____
APGAR Score: 1 mins _____ 5 mins _____ 10 mins _____	Condition at birth: ❑ Normal ❑ Abnormal Resuscitation Required ❑ Yes ❑ No
Neonatal admission? ❑ Yes ❑ No If yes, # of days _____ Reason for admission:	Discharge diagnosis: _____ Referred to: _____
Birth Measurements: Weight (kg) _____ Length (cm) _____ Head circumference (HC) (cm)	Interpretation: Weight-for age _____ Length-for age _____ Weight-for length _____ HC-for age _____
Neonatal Screening: Result: ❑ Sickle Cell _____ ❑ Hearing _____ ❑ Bilirubin _____ ❑ Blood type _____ ❑ Other _____	Feeding status on discharge: ❑ Exclusively breast fed ❑ Partially breast fed ❑ Exclusively formula fed
Congenital abnormality ❑ Yes ❑ No If yes, type:	Additional family support needed? ❑ Yes ❑ No

Healthcare workers to complete

Immunization

You can help protect your child against many dangerous childhood diseases by making sure that he/she gets immunized on time.

Vaccines are medicines, usually given by injection, that help your child's body to develop immunity to harmful germs. When your child is given a vaccine, his/her body can produce a stronger, quicker immune response with the required antibodies which attack invading germs the first time they enter your child's body.

These vaccines are very safe. Most vaccines cause only a fever or soreness on the arm or leg where the injection was given. These side effects usually do not last for long and resolve in a few days. However, if these reactions continue for longer than 72 hours or other reactions develop, call the nurse at the health centre or your doctor. Serious side effects are very rare.

Most vaccines must be given to your child in more than one dose so that he/she gets the best protection. It is, therefore, very important that your child gets all the required doses at the recommended ages.

The chart below shows the recommended immunization schedule from the Ministry of Health and Wellness.

National Immunization Schedule

Diseases	Recommended ages vaccines should be given								
	Birth	6 weeks	3 months	6 months	12 months	18 months	4-6 years	11-12 years	9-26 years
Tuberculosis (TB)	BCG								
Poliomyelitis		Polio	Polio	Polio		Polio	Polio		
Diphtheria, Pertussis (Whooping Cough), Tetanus		Penta, DPT or DT	Penta, DPT or DT	Penta, DPT or DT		DPT or DT	DPT or DT	DT	
Haemophilus Influenzae Type B		Penta or Hib	Penta or Hib	Penta or Hib					
Hepatitis B	Hep B	Penta or Hep B	Penta or Hep B	Penta or Hep B					
Measles, Mumps, Rubella					MMR	MMR			
Human Papillomavirus (HPV)									HPV*
	Above vaccines necessary for entry to nursery and basic school								
	Above vaccines necessary for entry to primary school								

*Females 9-26 years; Males 9-14 years

Healthcare workers to complete

Immunization

Child's Name: _____

Dose (Age)	Type of Vaccine	Date of Immunization	Manufacturer
Birth Dose	❑ BCG		
	❑ HepB		
1st Dose (6 Weeks)	❑ IPV		
	❑ DPT or ❑ DT		
	❑ HepB		
	❑ Hib		
	❑ Penta		
2nd Dose (3 Months)	❑ OPV or ❑ IPV		
	❑ DPT or ❑ DT		
	❑ HepB		
	❑ Hib		
	❑ Penta		
3rd Dose (6 Months)	❑ OPV or ❑ IPV		
	❑ DPT or ❑ DT		
	❑ HepB		
	❑ Hib		
	❑ Penta		
1st Dose (12 Months)	❑ MMR		
18 Months	❑ OPV or ❑ IPV		
	❑ DPT or ❑ DT		
	❑ MMR		
4-6 Years	❑ OPV or ❑ IPV		
	❑ DPT or DT		
11-12 Years	❑ Td		
Females 9-26 Years, Males 9-14 Years	❑ HPV: 1st dose		
	❑ HPV: 2nd dose		
	❑ HPV: 3rd dose		
Other Vaccines	❑ Influenza		
	❑ PCV		
	❑ PPSV		

Healthcare workers to complete

Immunization

Sex: ❑ Male ❑ Female   Date of Birth: ________ / ________ / ________
DD MM YYYY

Batch No./ Lot No.	Name of Person Giving Vaccine	Comments (e.g. side effects, reactions)	Date of next Immunization

Healthcare workers to complete

Immunization

Child's Name: _____

Dose (Age)	Type of Vaccine	Date of Immunization	Manufacturer
Other Vaccines			
Other Vaccines			
Other Vaccines			
Other Vaccines			
Other Vaccines			
Other Vaccines			
Other Vaccines			
Other Vaccines			

Healthcare workers to complete

Immunization

Sex: ❑ Male ❑ Female Date of Birth: ____/____/____
DD MM YYYY

Batch No./ Lot No.	Name of Person Giving Vaccine	Comments (e.g. side effects, reactions)	Date of next Immunization

Nutrition

0 to 6 months

Breast milk is the best feeding choice for your infant. However, if you choose not to breastfeed consult your healthcare provider for advice on feeding your child.

Types of Foods

- Start breastfeeding immediately after birth (within half an hour) if possible
- Exclusively breastfeeding for six completed months - this means do not give any other foods, drinks, not even water or tea

How Much & How Often

- Breastfeed when your baby shows signs of hunger. e.g. beginning to fuss, sucking fingers or moving his/her lips

Helpful Tips

- Exclusive breastfeeding protects your baby against diarrhoea and other infectious diseases
- Breastfeeding will also help to make your baby smarter

6 to 12 months

Types of Foods

- Continue breastfeeding
- At six months start with small amounts of thick cereal
- Later mix a staple food for example rice, bread and yam, foods from animals such as meat, fish and chicken, fruits, dark green leafy and yellow vegetables, peas and beans, fats and oils

How Much & How Often

- Start with 2-3 tablespoons two times a day and then increase the quantity, frequency and thickness of the foods gradually

Helpful Tips

- Learn your child's signals for hunger and respond accordingly
- Sit with and feed your child
- Talk to your baby while feeding

1 to 2 years	2 to 6 years
	
Types of Foods ★ Continue breastfeeding ★ Continue to offer a wide variety of staple foods (e.g. rice, potato, bread, yam, green banana, breadfruit), foods from animals (meat, fish, chicken), fruits, dark green leafy and yellow vegetables, peas and beans, fats and oil **How Much & How Often** ★ Breastfeed frequently ★ Gradually increase the amount of foods to a full cup, three times a day. Add a healthy snack (such as fruits and vegetables) between each meal **Helpful Tips** ★ Help your child feed himself/herself ★ Monitor how much your child eats ★ Avoid feeding your child with foods high in sugar, salts and fat	**Types of Foods** ★ Give a mixture of family foods at meal time and healthy snacks between meals **How Much & How Often** ★ Give your child three meals and two snacks daily. Gradually increase the amount and variety of foods at meals as your child gets older **Helpful Tips** ★ Let your child try to feed himself/herself but give help ★ Supervise feeding ★ Involve your child in food preparation

How to Successfully Breastfeed

Breastfeeding is a skill that you and your baby learn together. It can take time to get used to it, so be patient with yourself and your baby.

How you position and attach your baby to the breast is very important for successful breastfeeding. When positioning the baby on the breast, you should be comfortable and relaxed. Signs of good positioning are:

- baby is held close to you, facing your breast
- baby's whole body is supported
- baby's head, neck, and body are in line and not twisted

Your baby needs to get a big mouthful of the breast so that milk can flow well during breastfeeding. When your baby is attaching ("latching on") to the breast, ensure that:

- baby's mouth is wide open with his/her chin touching your breast
- your baby's mouth covers as much as possible of the dark skin around the nipple (the areola) and not just the nipple

You will know that your baby is attached well and is getting milk if:

- baby is taking slow deep sucks
- baby's cheeks look full and rounded as he/she feeds
- you see milk spraying out, or the nipple begins to feel tingly
- baby looks satisfied at the end of the feed

Do not be afraid to ask for assistance and guidance from your midwife/doctor, community health aide or breastfeeding support group.

Early Stimulation for Children 0-5 years

It is very important for children to grow and develop to the best of their potential from birth to five years when their brains are growing rapidly. Children who get early stimulation through love, comfort, attention and play time during their early years are more likely to do well at school, behave well and grow up to be successful adults. Here are some tips for providing stimulation through love and play while learning with your child.

1. Children who are loved will be happy and happy children learn more.

   Always show your baby that you love him/her. Look in your baby's eyes, talk or sing softly to your baby, and stroke and cuddle him/her.

2. Picking up your baby and showing him/her love will make him/her happy and secure.

   When your baby cries make sure baby is dry and not hungry; pick baby up, rock baby gently, and talk softly to your baby.

3. The more you talk with your baby the better he/she will learn.

   Talk and sing with your baby all the time and smile with your baby. When the baby makes a sound or coos, talk back to your baby. Show your baby things and people and name them. Talk with your baby about what you are doing. Talk with your baby and allow time for your baby to respond to you.

4. Children love to be praised, it makes them want to behave well.

   Praise your child often. Praise your child when he/she tries to do something new like buttoning clothes. Tell your child what he/she did was good. Say "Good girl!" or "Smart boy!" and give lots of hugs and kisses.

5. Use bath time to play and learn.

   Fill a cup with water and say to your baby "Look, the cup is full". Pour the water out all over your baby's tummy, then show your baby the empty cup and say "Look, the cup is now empty". At the end of the bath, say to him/her "Baby is wet". After you dry baby off, say "Baby is dry". Wrap your baby in the towel and cuddle him/her.

6. Give your baby safe toys to play with, it develops their imagination.

   You can make simple toys at home for your baby to play with, like shakers and stacking toys made of plastic bottles and containers. Allow your baby to hold, bang and shake the toys. Play with your baby as he/she plays with the toys.

7. Playing with puzzles

   Let your child play with puzzles that have pictures and shapes to fit together. Show your child big and small shapes and help him/her put the pieces together. Then let your child try on his/her own. Praise your child every time he/she fits the correct pieces together.

8. Look at books every day with your child, it will help them to learn.

   Sit your child on your knees. Point at the pictures and talk about them with your child. Help your child to touch the pictures and turn the pages. Name the pictures and ask your child to point at them. As he/she gets older, see if your child can name the pictures. Praise him/her for trying to name the pictures. Make reading fun for your child. www.jls.gov.jm/bookstart-ja

9. Draw with your child, it's a great way to learn.

   Make marks on paper with non-toxic crayons and then let your child try. Scribble on the paper, then let your child try. Praise your child for trying. When you are reading with your child, ask him/her to draw a picture about the story.

Guide To Parents/Caregivers For Raising Healthy, Happy Children

Parents and caregivers have the responsibility of ensuring that children are safe and healthy. They should provide them with the opportunities, skills and resources to become successful adults. Children need love, acceptance, appreciation, encouragement and guidance from parents and caregivers.

General Tips

- Spend time with your child – spend quality time reading, talking and playing with your child each day
- Hug your child and tell your child that you love him/her daily.
- Encourage your child to learn – read to your child, buy books as gifts and listen to your child read.
- Encourage thinking – ask open-ended questions to allow your child to express himself/herself.
- Encourage independence – allow your child to feed, dress, use the bathroom and do homework by himself/herself.
- Be actively involved in your child's life – review homework, get to know his/her teachers, friends and attend Parent Teacher Association (PTA) meetings.
- Save towards your child's university or college education.

Positive Discipline

As your child grows, he/she needs guidance from parents, teachers and other adults to help him/her develop appropriate behaviour. Positive discipline is a way of teaching and guiding your child by letting him/her know what behaviour is acceptable, in a firm but kind way. In this way your child will learn lessons and skills to cope with life's challenges in a positive way.

Here are some tips for disciplining your child positively.

- Teach your child right from wrong and set good examples for your child to follow.
- Set clear and consistent rules that your child can follow – explain rules in a way that is appropriate for the age of your child.
- Explain the consequences for misbehaving, in a calm but firm way.
- Address (deal with) your child's misbehaviour when you are calm, instead of when you are angry or frustrated.
- Listen to what your child has to say and acknowledge his/her feelings; this helps to build a good relationship.
- Use "time-out" – This is useful when your child throws tantrums. Allow your child to sit alone for a few minutes.
- Give your child meaningful activities such as colouring. Children sometimes misbehave when they are bored.

Beating, cursing or violently punishing your child can affect his or her development.

General Safety Tips

For babies (birth to 12 months)

- If travelling in your own vehicle use a car seat, even for short distances. If using public transportation, avoid sitting in the front seat with your baby.
- Always put your baby to sleep on his or her back.
- Never leave rattles or toys in your baby's crib or cot. They can cause choking if they get into the baby's mouth.
- Never leave plastic bags in your baby's crib or cot. They can cause suffocation.
- Make sure your baby's crib mattress is well-fitted so as not to cause injury or suffocation.
- Ensure you have all items for changing/bathing your baby, if you have to go for something while changing or bathing your baby, take your baby with you. Do not leave the baby alone on a changing bed or in the bath. Never leave the baby unattended.

For toddlers

- Children should not be in the kitchen. They can get badly burned.
- Use the back burners on the stove when cooking.
- Turn pot handles away from the edges of the stove.
- Cover all electrical outlets with safety plugs or push a large piece of furniture in front of each outlet.
- Never leave your child alone at home or without a suitable caregiver being present.

Storing and disposing of poisons

- Keep cleaning supplies (e.g. bleach, detergent), chemicals and pesticides out of children's reach.
- Do not keep chemicals (e.g. kerosene oil or bleach) in milk boxes, juice boxes or soda bottles as your child may drink them.
- Label everything that may contain poisons.

Preventing illness

- Boil drinking water for at least five minutes if not obtained directly from the pipe or if you are not sure of the quality.
- Always dispose of garbage properly.
- Always wash your hands after changing your baby's diapers.
- Give your children nourishing meals with fruits and vegetables.
- Ensure you keep all routine check-up appointments for your child.
- Never put your child to bed with a feed.

Physical Activity

Participating in physical activity on a daily basis is very important for the health and development of children.

Below are several benefits to physical activity:

- strengthening the heart and lungs
- lowering the risks of heart disease, high blood pressure and diabetes
- helping to maintain a healthy weight
- building stronger bones and muscles
- increasing energy, strength and flexibility
- improving body tone, fitness, posture and balance
- helping to make skin healthy and glowing
- reducing depression, anxiety and stress
- improving concentration
- improving self-esteem and overall mental health
- helping children do better in school
- providing opportunities to meet new friends

Physical activity recommendations for children are as follows:

- *Three-five years:* at least 60 minutes of structured activities and several hours of free play daily
- *Six-17 years:* at least 60 minutes of moderate to vigorous activities at least five days per week

They should do a combination of muscle and bone strengthening activities such as dancing, running, skipping etc. at least three days per week as part of the 60 minutes.

Parents to complete

Oral Health

Taking care of your child's teeth and gums is an important part of their health and development.

Your baby's teeth can start erupting (coming up/out) as early as three months and as late as 12 months. Some babies have no problems while others may have discomfort, red, swollen and painful gums; these reactions are perfectly normal. Once your baby's teeth come up/out, clean them every day after the last feeding with a baby toothbrush or soft cloth and water. Children should make their first trip to the dentist by their first birthday as dental problems may start early.

Dental History and Examination

Age: _____ Dental Visit: ❑ Never _____ times

Last visit _____

Number of teeth in the child's mouth? _____

Do you clean your child's mouth? ❑ Yes ❑ No If yes, how often?

_____

Who cleans the child's mouth? ❑ Child ❑ Caregiver ❑ Parent ❑ Other

What do you use to clean child's mouth? ❑ Rag/soft cloth ❑ Soft tooth brush

Do you use fluoride toothpaste? ❑ Yes ❑ No if yes, how much?

❑  ❑  ❑ 

Feeding Patters:

❑ Breast fed ❑ Bottle fed. ❑ Cup fed ❑ Frequent snack ❑ Milk
❑ Water ❑ Fruit juice (no sugar added) ❑ Sugary drinks ❑ Lots of sweets

Is there pain/discomfort/bleeding when:

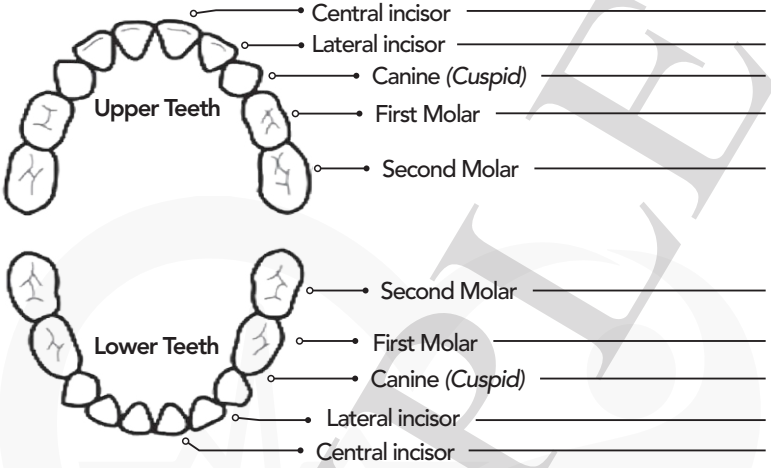
Brushing: ❑ Yes ❑ No Eating: ❑ Yes ❑ No

Habits:

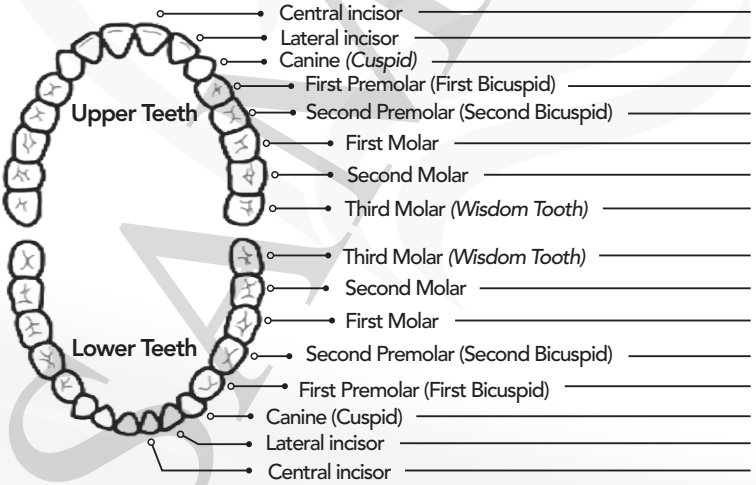
Finger sucking: ❑ Yes ❑ No Tongue sucking: ❑ Yes ❑ No
Tongue thrusting: ❑ Yes ❑ No

On the pictures below, write the age at which each tooth appeared:

Baby Teeth



Permanent Teeth



Age of child's first dental visit: _____

Name of dental provider or dental clinic _____

Healthcare workers to complete

Dental Visits

Date	Child's Age	Dental Problem	Treatment	Name & Signature

Parents to complete

Routine Health & Development Check-Up: 6 Weeks To 6 Years

Parent/Caregiver Information

Your child should go to the health centre/doctor for routine health checks at:

❑ 6 to 8 weeks ❑ 6 months ❑ 12 months ❑ 2 years ❑ 5 years
❑ 3 months ❑ 9 months ❑ 18 months ❑ 3 years ❑ 6 years
❑ 4 years

Below are some important questions that we would like you to answer before each check-up. If you have any concerns about your health or your child's growth or development you should talk to a nurse, doctor or community health aide about it. If you have trouble answering the questions, ask someone to help you.

How are you…?

Health check at...	Are you feeling well?	Is your partner feeling well?	Are there any problems at home that may be affecting your child?
6-8 weeks	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
3 months	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
6 months	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
9 months	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
12 months	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
18 months	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
2 years	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
3 years	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
4 years	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
5 years	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No
6 years	❑ Yes ❑ No	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No

Parents to complete

How is Your Baby Doing at 6-8 Weeks?

1. Do you think your baby can hear you? ❑ Yes ❑ No
2. Does your baby startle to loud noises? ❑ Yes ❑ No
3. Does your baby use both hands well? ❑ Yes ❑ No
4. Do you think your baby sees well? ❑ Yes ❑ No
5. Does your baby follow your face with his/her eyes? ❑ Yes ❑ No
6. Does your baby smile when you play with him/her? ❑ Yes ❑ No
7. Did your baby have any medical problems in the past few weeks? ❑ Yes ❑ No

If yes, please list: _____

8. Does anything about your baby worry you?

If yes, please list: _____

_____

Parents to complete

How is Your Child Doing at 9 Months?

1. Do you think your child has problems using his/her arms or legs? ❑ Yes ❑ No
2. Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) ❑ Yes ❑ No
3. Do you think your child has problems seeing? ❑ Yes ❑ No
4. Do you think your child has problems hearing? ❑ Yes ❑ No
5. When you talk with your child does he/she respond to you? ❑ Yes ❑ No
6. Do you think your child has problems making speech sounds? ❑ Yes ❑ No
7 Are you concerned about how your child gets along with other people? ❑ Yes ❑ No
8. Are you concerned about any aspect of your child's learning, development and behaviour? ❑ Yes ❑ No

If yes, please list: _____

_____

Parents to complete

How is Your Child Doing at 18 Months?

1 Do you think your child has problems using his/her arms or legs? ❑ Yes ❑ No

2. Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) ❑ Yes ❑ No

3. Do you think your child has problems seeing? ❑ Yes ❑ No

4. Do you think your child has problems hearing? ❑ Yes ❑ No

5. When you talk to your child does he/she understand what you say? ❑ Yes ❑ No

6. Do you think your child has problems making speech sounds? ❑ Yes ❑ No

7. Are you concerned about how your child gets along with others? ❑ Yes ❑ No

8. Are you concerned about any aspect of your child's learning, development or behaviour? ❑ Yes ❑ No

If yes, please list: _____

Q-CHAT-10 Quantitative checklist for Autism in Toddlers

A quick referral guide for parents to complete about their toddler (18-24 months) with concerns about autism.

For each item, please circle the response which best applies to your child:

		A	B	C	D	E
1	Does your child look at you when you call his/her name?	Always	Usually	Sometime	Rarely	Never
2	How easy is it for you to get eye contact with your child?	Very easy	Quite easy	Quite difficult	Very difficult	Impossible
3	Does your child point to indicate that she/he wants something (e.g. a toy that is out of reach)	Many times a day	A few times a day	A few times a week	Less than once a week	Never
4	Does your child point to share interest with you? (eg. pointing at an interesting sight)	Many times a day	A few times a day	A few times a week	Less than once a week	Never
5	Does your child pretend? (e.g. care for dolls, talk on a toy phone)	Many times a day	A few times a day	A few times a week	Less than once a week	Never
6	Does your child follow where you're looking?	Many times a day	A few times a day	A few times a week	Less than once a week	Never
7	If you or someone else in the family is visibly upset, does your child show signs of wanting to comfort them? (e.g. stroking hair, hugging them)	Always	Usually	Sometime	Rarely	Never
8	Would you describe your child's first words as:	Very typical	Quite typical	Slightly unusual	Very unusual	My child doesn't speak
9	Does your child use simple gestures? (e.g. wave goodbye)	Many times a day	A few times a day	A few times a week	Less than once a week	Never
10	Does your child stare at nothing with no apparent purpose?	Many times a day	A few times a day	A few times a week	Less than once a week	Never

SCORING: For questions 1-9 if you circle an answer in columns C, D or E score 1 point per question. For question 10: if you circle an answer in columns A, B or C score 1 point . Add points together for all ten questions. If your child scores more than 3 out of 10, the health professional may consider referring your child for a multi-disciplinary assessment.

Key reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of child and Adolescent Psychiatry* 51(2):202-12.

Parents to complete

How is Your Child Doing at 3 Years?

1. Do you think your child has problems sitting, standing walking, or moving around? ❑ Yes ❑ No
2. Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) ❑ Yes ❑ No
3. Do you think your child has problems seeing? ❑ Yes ❑ No
4. Do you think your child has problems hearing? ❑ Yes ❑ No
5. When you tell your child to do something does he/she understand what you say? ❑ Yes ❑ No
6. Do you think your child has problems speaking? ❑ Yes ❑ No
7. Are you concerned about any aspect of your child's behaviour? ❑ Yes ❑ No
8. Are you concerned about how your child gets along with others? ❑ Yes ❑ No
9. Do you think your child has problems doing things for himself/herself? ❑ Yes ❑ No
10. Do you think your child has problems at school? ❑ Yes ❑ No
11. Are you concerned about any aspect of your child's learning, development and behaviour? ❑ Yes ❑ No

If yes, please state: _____

Healthcare workers to complete

Routine Well-Child Checks (Six-Eight Weeks)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Formula?	Other food/drink?
❑ Yes ❑ No	❑ Yes ❑ No If yes, which _____	❑ Yes ❑ No If yes, which _____

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Three Months)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Formula?	Other food/drink?
❑ Yes ❑ No	❑ Yes ❑ No If yes, which _____	❑ Yes ❑ No If yes, which _____

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Six Months)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Formula?	Other food/drink?
❑ Yes ❑ No	❑ Yes ❑ No If yes, which _____	❑ Yes ❑ No If yes, which _____

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Nine Months)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (12 Months)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (18 Months)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Two Years)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Three Years)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Four Years)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Five Years)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Well-Child Checks (Six Years)

Health Centre (HC) Information

HC Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutrition Information		
Breast milk?	Other food/drink?	How many meals and snacks per day?
❑ Yes ❑ No	Staple food: ❑ Yes ❑ No Food from animals: ❑ Yes ❑ No Other milk: ❑ Yes ❑ No Peas & beans: ❑ Yes ❑ No Dark green or Yellow Vegetables: ❑ Yes ❑ No Fruit/fruit juice: ❑ Yes ❑ No Fats/oils: ❑ Yes ❑ No	Meals: ❑ <3 ❑ 3 ❑ >3 Snacks: ❑ <2 ❑ 2 ❑ >2 Other foods:

Growth Summary			
Weight-for-age	Length/height -for age	Weight-for-length/height	Head circumference -for-age
❑ Possible Problem ❑ Normal ❑ Underweight ❑ Severely underweight	❑ Very tall ❑ Normal ❑ Stunted ❑ Severely stunted	❑ Obese ❑ Overweight ❑ At risk for Overweight ❑ Normal ❑ Wasted ❑ Severely Wasted	❑ Severe Microcephaly ❑ Microcephaly ❑ Normal ❑ Macrocephaly ❑ Severe Macrocephaly

Health and Development Check-up Summary				
Physical	Developmental	Behavioural	Hearing	Vision
Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral	Concerns? ❑ Yes ❑ No If yes, needs ❑ Observation ❑ Investigation ❑ Referral
Support Needed? ❑ Yes ❑ No	Recommendations			

Healthcare workers to complete

Routine Health Check-Up at Regular Intervals: Seven to 17 Years

Date	Blood Pressure	Body Mass Index (BMI)	Vision and Hearing Evaluation	Age at Menarche/Appearance Secondary Sexual Characteristics

Healthcare workers to complete

Routine Health Check-Up at Regular Intervals: Seven to 17 Years

Problems/ Diagnoses	Lab and Other Findings	Advice/Comments	Name of Health Facility	Signature

Healthcare workers to complete

Childhood Illnesses, Injuries and Referrals

Description of event*	Date	Age of Child	Name of Facility

*Major childhood illness, hospitalization, surgery, injuries and fractures, allergies, adverse reactions to medication (antibiotics, transfusion, etc.)

Healthcare workers to complete

Childhood Illnesses, Injuries and Referrals

Severity (mild/ moderate/severe	Referral? If Yes, to...	Remarks

Healthcare workers to complete

Growth Information

Date	Age (months/ years)	Length/ Height (cm)	Weight (kg)	Head Circumference (cm)	Body Mass Index (BMI)

Healthcare workers to complete

Other Health Facilities Visited

Name of Facility	Date Visited	Name of Contact Person	Contact Number

Health-Education Interface

School medicals must be done before your child enters school.
Medical forms must be collected from the school when registering your child.

The recommended schedule for school medicals is as follows:

- For entry to Early Childhood Institution: April to June
- For entry to Grade 1: April to August
- For entry to Grade 7: April to August
- For other students (e.g. students being transferred, students entering Grade 10): July to August

Healthcare workers to complete

Health-Education Interface: Two to Five Years

(Entry into Early Childhood Institution)

Medical Assessment

This child:

❑ Is healthy and has no known medical problems
❑ Has a medical problem which is being investigated
❑ Has a medical problem which has been diagnosed and is being managed

Other: _____

Sensory Assessment

This child:

❑ Has no known sensory problem
❑ Has a sensory problem which is being investigated
❑ Has a sensory problem which has been diagnosed and is being managed

Other: _____

Developmental Assessment

This child:

❑ Is developing as expected for age
❑ Has a developmental problem which is being investigated
❑ Has a developmental problem which has been diagnosed and is being managed

Other: _____

Behavioural Assessment

This child:

❑ Has no known behavioural problems
❑ Has a behavioural problem which is being investigated
❑ Has a behavioural problem which has been diagnosed and is being managed

Other: _____

Nutrition Assessment

Weight for Height/BMI

❑ Obese
❑ Normal
❑ Stunted
❑ Overweight
❑ Wasted
❑ Severely stunted
❑ At risk for Overweight
❑ Severely wasted

Does this child have any feeding problems? ❑ Yes ❑ No

Other: _____

Special Assessment

❑ This child will not require any special assistance

OR

❑ This child will require the following special aids for school:

❑ Vision _____

❑ Hearing _____

❑ Physical _____

❑ Other _____

Medication Assessment

This child requires daily medication: ❑ Yes ❑ No

Medication	Dose	Frequency	Special Instructions

Health Care/Doctor Information

❑ Name of Health Facility: _____

❑ Name of Doctor/Nurse: _____

❑ Signature: _____

❑ Address of Health Facility: _____

❑ Contact Number: _____

Please contact the health centre/doctor's office for further information if necessary

Healthcare workers to complete

Health-Education Interface: Six to 11 Years

(Entry into Primary Institution)

Medical Assessment

This child:

- ❑ Is healthy and has no known medical problems
- ❑ Has a medical problem which is being investigated
- ❑ Has a medical problem which has been diagnosed and is being managed

Other: _____

Sensory Assessment

This child:

- ❑ Has no known sensory problem
- ❑ Has a sensory problem which is being investigated
- ❑ Has a sensory problem which has been diagnosed and is being managed

Other: _____

Developmental Assessment

This child:

- ❑ Is developing as normally
- ❑ Has a developmental problem which is being investigated
- ❑ Has a developmental problem which has been diagnosed and is being managed

Other: _____

Behavioural Assessment

This child:

- ❑ Has no known behavioural problems
- ❑ Has a behavioural problem which is being investigated
- ❑ Has a behavioural problem which has been diagnosed and is being managed

Other: _____

Nutrition Assessment

Weight for Height/BMI

❑ Obese ❑ Overweight ❑ At risk for Overweight
❑ Normal ❑ Wasted ❑ Severely wasted
❑ Stunted ❑ Severely stunted

Does this child have any feeding problems? ❑ Yes ❑ No

Other: _____

Special Assessment

❑ This child will not require any special assistance

OR

❑ This child will require the following special aids for school:

❑ Vision _____

❑ Hearing _____

❑ Physical _____

❑ Other _____

Medication Assessment

This child requires daily medication: ❑ Yes ❑ No

_____

Medication	Dose	Frequency	Special Instructions

Health Care/Doctor Information

❑ Name of Health Facility: _____

❑ Name of Doctor/Nurse: _____

❑ Signature: _____

❑ Address of Health Facility: _____

❑ Contact Number: _____

Please contact the health centre/doctor's office for further information if necessary

Healthcare workers to complete

Health-Education Interface: 12 Years & Older

(for entry into secondary education)

Medical Assessment

This child:

- ❑ Is healthy and has no known medical problems
- ❑ Has a medical problem which is being investigated
- ❑ Has a medical problem which has been diagnosed and is being managed

Other: _____

Sensory Assessment

This child:

- ❑ Has no known sensory problem
- ❑ Has a sensory problem which is being investigated
- ❑ Has a sensory problem which has been diagnosed and is being managed

Other: _____

Developmental Assessment

This child:

- ❑ Is developing normally
- ❑ Has a developmental problem which is being investigated
- ❑ Has a developmental problem which has been diagnosed and is being managed

Other: _____

Behavioural Assessment

This child:

- ❑ Has no known behavioural problems
- ❑ Has a behavioural problem which is being investigated
- ❑ Has a behavioural problem which has been diagnosed and is being managed

Other: _____

Nutrition Assessment

Weight for Height/BMI

- ❑ Obese
- ❑ Overweight
- ❑ At risk for Overweight
- ❑ Normal
- ❑ Wasted
- ❑ Severely wasted
- ❑ Stunted
- ❑ Severely stunted

Does this child have any feeding problems? ❑ Yes ❑ No

if yes state: _____

Special Assessment

❑ This child will not require any special assistance

OR

❑ This child will require the following special aids for school:

❑ Vision _____

❑ Hearing _____

❑ Physical _____

❑ Other _____

Medication

This child requires daily medication: ❑ Yes ❑ No

_____

Medication	Dose	Frequency	Special Instructions

Health Care/Doctor Information

❑ Name of Health Facility: _____

❑ Name of Doctor/Nurse: _____

❑ Signature: _____

❑ Address of Health Facility: _____

❑ Contact Number: _____

Please contact the health centre/doctor's office for further information if necessary

Educators to complete | Education

Taxonomy of Reading Literacy

Reading Level	Age Observed
Level 1: Emergent Reading (3-5 years)	
Recognises letters in his or her name	
Recognises that letters are different from numbers	
Recognises that words are made of letters & letters have names and sounds	
Recognises that print is read from top to bottom and left to right	
Level 2: Developmental Reading (6-7 years)	
Reads and understands approximately words 600 words	
Reads monosyllabic words and simple sentences observing punctuations	
Follow simple written instructions	
Answers questions about stories and reads aloud	
Knows the difference between capital and common letters	
Writes short sentences with spaces between words and uses punctuation	
Level 3: Independent Reading (8-9 years)	
Reads and understands about 3,000 words	
Reads simple familiar stories with fluency	
Figures out new words with two or more syllables using roots, prefixes and suffixes	
Makes inferences and understands meanings not directly stated	
Writes about experiences using paragraphs and correct punctuations	
Engages in independent reading and writing	

Reading Level	Age Observed
Level 4: Exploratory Reading (10-11 years)	
Reads multi-syllabic words with fluency	
Reads content area material with increasing understanding	
Reads tables and information in prose and other forms	
Creates original stories and poems from what is read	
Thinks critically and communicates ideas and feeling	
Engages in independent research	
Level 5: Advanced Reading (10-11 years)	
Reads material containing technical information	
Enjoys literature including complex fiction and non-fiction	
Uses literacy devices to create word portraits	
Writes using different types of sentences	
Figures out new words with two or more syllables using roots, prefixes and suffixes	
Makes inferences and understands meanings not directly stated	
Shows tolerance for the ideas of others, draws logical conclusions and communicates ideas	
Writes using appropriate styles for different purposes	

Educators to complete

National Standardized Test Scores

Standardized Tests	Date	Scores	Signature	Remarks
SCHOOL READINESS ASSESSMENT TEST (AGE 4)				
GRADE ONE INDIVIDUAL LEARNING PROFILE				
GRADE THREE DIAGNOSTIC TEST				
GRADE FOUR PRIMARY EXIT PROFILE				
GRADE FIVE PRIMARY EXIT PROFILE				
GRADE SIX PRIMARY EXIT PROFILE				
GRADE NINE ACHIEVEMENT TEST				

Standardized Tests	Date	Scores	Signature	Remarks

Jamaica Down's Syndrome Foundation (JDSF) Recommended Healthcare Guidelines

	Evaluation/ Intervention	Birth to 1 month	2 months to 11 months	1 to 4 years	5 to13 years	14 to 21 years
1	Confirm Diagnosis -Clinical -Karyotyping					
2	Thyroid function tests		Every 6 Months	Annually		
3	Echocardiogram					
4	Ophthalmological			Annually	Every 2 years	Every 3 years
5	Audiological		Every 6 months	Annually	Every 2 years	
6	CBC		Annually			
7	Pneumococcal vaccine		6 week/ 3 months/ 6 months	12-18 months/ 4 years	9 years	
8	Dental Examination			Start at age 2 years then every six months		
9	Nutrition			Monitor for overweight		
10	Signs and symptoms of myopathy	Review and examine at all health maintenance visits. If necessary C-Spine X-Ray & refer.				

	Evaluation/ Intervention	Birth to 1 month	2 months to 11 months	1 to 4 years	5 to13 years	14 to 21 years
11	Growth, Development, Education -Early Stimulation Programme -Physical Therapy -Speech Therapy -Occupational Therapy					
12	Refer to Parent Support Group (JDSF)	All health maintenance visits				
13	Puberty: discuss physical and psychosocial changes					
14	Fertility and Contraceptive use					Start at age 16
15	Leaving Home & Housing					

Perform the evaluation or intervention if the space is not shaded

Prepared by: Dr. Charmaine Scott, OD and Dr. Keisha Livingstone - Sinclair, 2017

Adapted from the American Academy of Pediatrics (AAP) Guideline 2011

Comprehension of Communication Milestones

Age	Milestones
Birth-5 months	★ Ceases sound when talked to ★ Reacts to sound occasionally ★ Minimal vocalization (cries, fusses)
6-10 months	★ Comprehends less than 2 to 4 words ★ Comprehends "No-No" ★ Smiles at parent ★ Head control (6 to 9 months)
11-15 months	★ Comprehends 20 words and babbles ★ Stands holding on ★ Waves "bye-bye" ★ First oral word ★ Sits without support (12 to 15 months)
16-20 months	★ Comprehends 40 to 60 words ★ Walks at around 18 months ★ Recognizes family names ★ 1 to 2 oral words ★ Creeping (14 to 17 months)

Age	Milestones
21-25 months	✱ Comprehends 100-125 words ✱ 3 to 6 oral words ✱ Follows one step commands ✱ Acknowledges others by eye contact, responding or repeating ✱ Cruising (22 to 29 months)
26-36 months	✱ Comprehends 125-175 words ✱ Produces 10-20 oral words ✱ Says own name on request ✱ Responds to "yes and no" questions ✱ Walks independently (28 to 36 months)

Evaluation/Intervention for Down's Syndrome

Clinical Diagnosis	Confirmed at birth to 1 month
	❑ Karotyping ❑ Clinical
Echocardiogram	❑ Yes ❑ No

Thyroid Function Test

6m	12m	2yrs	3yrs	4yrs	5yrs	6yrs	7yrs	8yrs	9yrs
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16yrs	17yrs		
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N		

Ophthalmology Consultations

1yr	2yrs	3yrs	4yrs	5yrs	6yrs	7yrs	8yrs	9yrs
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16yrs	17yrs	
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	

Audiology Consultations

6m	12m	2yrs	3yrs	4yrs	5yrs	6yrs	7yrs	8yrs	9yrs
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16yrs	17yrs		
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N		

Complete Blood Count (CBC) Done

1yr	2yrs	3yrs	4yrs	5yrs	6yrs	7yrs	8yrs	9yrs
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16yrs	17yrs	
❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	

Notes

Notes

Emergency Contacts & Resources

Name	Telephone	Email/Web Address
Fire	110	www.jamaicafirebrigade.com
Ambulance	110	www.jamaicafirebrigade.com
Police	119	www.jcf.gov.jm
Caribbean Poison Information Network	876-977-777 / 888-POISONS	www.carpin.org
AIDS/STI Helpline	967-3764/ 1-888-991-4444	www.nacjamaica.com
Child Protection and Family Services Agency	876-948-6678 / 876-948-7067	www.childprotection.gov.jm
The Early Childhood Commission	876-922-9296 / 876-922-6938	www.ecc.gov.jm
Jamaica Association for the Deaf	876-926-7709	www.jamdeaf.org.jm
Child Abuse Hotline	211	
Mico CARE	876-929-7720 / 876-754-4757	www.themicocarecentre.org
Office of the Children's Advocate	876-948-129 / 876-948-1469	www.welcome.oca.gov.jm
Office of Children's Advocate hotline	888-439-5199	www.welcome.oca.gov.jm
Office of the Children's Registry	888-PROTECT	ocrjamaica@yahoo.com
Programme of Advancement Through Health and Education (PATH)	879-922-8001-13 876-967-0889	www.mlss.gov.jm
Registrar General's Department	876-984-304 / 888-743-2273 1	www.rgd.gov.jm
Ministry of Education, Skills, Youth and Information	876-922-1400 / 876-612-5700-2	www.moey.gov.jm
MOEY - Regional Office Region 1 Kingston & St. Andrew	876-922-1400-9 / 876-612-5932	www.moey.gov.jm
MOEY - Regional Office Region 2 St. Mary, Portland, St. Thomas	876-93-5603/5724-5	www.moey.gov.jm
MOEY - Regional Office Region 3 St. Ann & Trelawny	876-975-2703 / 2716	www.moey.gov.jm
MOEYI - Regional Office Region 4 St. James, Hanover, Westmoreland	876-953-6923-30	www.moey.gov.jm

Name	Telephone	Email/Web Address
MOEY - Regional Office Region 5 Manchester & St. Elizabeth	876-962-1753 / 7098	www.moey.gov.jm
MOEY - Regional Office Region 6 St. Catherine	876-962-1753 / 7098	www.moey.gov.jm
MOEY - Regional Office Region 7 Clarendon	876-983-1654-5	www.moey.gov.jm
Ministry of Labour and Social Security- Early Stimulation Programme	876-922-5585	www.mlss.gov.jm
Kingston and St. Andrew Health Department	876-926-1550	www.serha.gov.jm
St. Catherine Health Department	876-984-3318	www.serha.gov.jm
Portland Health Department	876-993-2557	www.nerha.gov.jm
St. Thomas Health Department	876-982-1619	www.serha.gov.jm
St. Elizabeth Health Department	876-965-9175	www.srha.gov.jm
St. Ann Health Department	876-972-2215 876-972-2190 876-972-2227	www.nerha.gov.jm
St. Mary Health Department	876-613-8500 / 994-9979	www.nerha.gov.jm
Manchester Health Department	876-962-7033	www.srha.gov.jm
Clarendon Health Department	876-986-4578	www.srha.gov.jm
Westmoreland Health Department	876-955-2929	www.wrha.gov.jm
Hanover Health Department	876-956-2733	www.wrha.gov.jm
St. James Health Department	876-979-7820-4	www.wrha.gov.jm
Trelawny Health Department	876-954-3255-50	www.wrha.gov.jm
National Parenting Support Commission	876-967-7977	www.npsc.gov.jm
Jamaica Association on Intellectual Disability (JAID)	876-977-0134	www.jaid.org.jm
Jamaica Society for Blind	876-927-6757-59	www.jamaicasocietyfortheblind.com
National Children Registry	1888-776-8328	www.childprotection.gov.jm
Ministry of Health and Wellness	876-633-8172	www.moh.gov.jm

MINISTRY OF HEALTH & WELLNESS

DEVELOPED BY

Ministry of Health and Wellness
Ministry of Education and Youth
The Early Childhood Commission
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