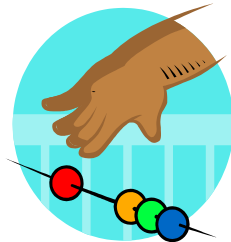


## WHAT DOES YOUR CHILD SEE?

### RISK FACTORS FOR VISION LOSS

- ❑ Family member concern about child's vision.
- ❑ Baby was exposed to alcohol or drugs before birth.
- ❑ Baby was premature and given oxygen in the hospital.
- ❑ Baby had birth weight of less than 3.3 pounds.
- ❑ Child had meningitis or encephalitis.
- ❑ Mother had infection (toxoplasmosis, rubella, CMV, syphilis, herpes) during pregnancy.
- ❑ Family history of vision loss (retinitis pigmentosa).
- ❑ Child has neurological problems, such as seizures.
- ❑ Child has other medical concerns (hearing loss, Cerebral Palsy).



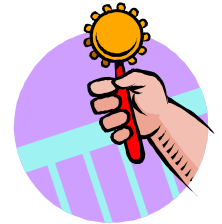
### TYPICAL VISION DEVELOPMENT

0-1 month	Looks at mother's or caregiver's face. Responds to lights.
2-4 months	Begins to smile at others. Follows a moving person with his/her eyes. Fascinated by lights and bright colors. Begins to look at own hands.
5-8 months	Watches things happening across the room. Reaches for nearby toys. Looks at small objects, such as raisins or small cereal.
9-12 months	Reacts to facial expressions of others (smiles, frowns, funny faces, etc.). Looks for fallen toys, even around corners. Is interested in picking up tiny objects, such as lint on carpet.
12-18 months <i>1-1½ years</i>	Marks and scribbles with a crayon. Interested in picture books. Can reach in and pull out objects easily. Builds a short tower with blocks.
18-36 months <i>1½ - 3 years</i>	Sees detail in familiar pictures. Copies a circle with a pencil or crayon. Looks for familiar things in the distance. Can imitate movements of others. Matches objects to pictures.

## WHAT DOES YOUR CHILD HEAR?

### RISK FACTORS FOR HEARING LOSS

- ❑ Family member concern about child's hearing, speech, language and/or development delay.
- ❑ Baby was in nursery intensive care unit for 3 days or more, or was given oxygen for 10 days or more.
- ❑ Baby had unusual ear, head or neck formation (cleft lip or palate, Down Syndrome).
- ❑ Baby had birth weight of less than 3.3 pounds.
- ❑ Baby had severe jaundice and an exchange blood transfusion was recommended.
- ❑ Mother had infection (toxoplasmosis, rubella, CMV, syphilis, herpes) during pregnancy.
- ❑ Child has had an injury or trauma to the head.
- ❑ Child had childhood infectious disease, such as Meningitis or Chicken Pox.
- ❑ Family history of hearing loss.



### TYPICAL LISTENING, SPEECH AND LANGUAGE DEVELOPMENT

0-4 month	Startles to loud sounds. Quiets to the sound of a familiar voice.
4-6 months	Turns toward or looks for a familiar or new sound. Likes rattles and objects that make sound.
6-12 months	Turns or looks up when called by name. Imitates sounds and pitches. Understands the meaning of simple words and phrases, such as "no" and "bye bye." Uses voice to get attention.
12-18 months	Uses 4-5 words by 18 months. Points to at least one body part when asked. Understands one-step instructions, such as "Get me your diaper," or "Close the door."
18-24 months <i>1½-2 years</i>	Uses 10-15 words and puts 2 words together by age 2 years. Likes music. Points to familiar objects when you name them.
24-36 months <i>2-3 years</i>	Uses 200 words by age 3 years. Listens to radio or TV at the same loudness as other people. Hears when called from another room. Uses 2-3 word sentences. Strangers can understand most of your child's speech.

**If you suspect a child has a vision, hearing or speech/language problem, contact the Child Find Program at your local school district.**

*Prepared by the Colorado Services to Children with Deafblindness Task Force*