



PA

Pre-Service

Part 1

Mission Statement

Children's Choice is a Christian social service agency which provides specialized community-based services.

Children's Choice serves as a bridge for individuals who are in need of the re-integrative process of family living. Intensive, individualized, supportive services are provided to empower clients in achieving their highest potential.

As a response to changing needs in families and society, Children's Choice seeks to be an agent of positive change to those we serve throughout the world.

Core Values

- To be committed to serve
- To uphold Christian values
- To provide and promulgate positive family environments
- To promote family reunification
- To facilitate choices, respecting each individual's right to choose
 - *(continued on next slide)*

Core Values

- To work in a team-oriented approach
- To provide for the physical, psychological and spiritual needs of others
- To stimulate personal growth and self determination
- To be agents of faith
- To encourage and enhance social consciousness

History and Mission Notes

History and Mission Notes

Child Abuse Notes

Child Abuse Notes

Symptoms Of ADHD

- Usually diagnosed in childhood
 - Characterized by three types of symptoms:
 - Inattention:
 - Difficulty paying attention
 - Listening
 - Following through with tasks
 - Disorganized
 - Loses things easily
 - Distractible
 - Hyperactivity:
 - Fidgeting
 - Running and climbing
 - Difficulty playing quiet games
 - Excessive talking
 - Impulsivity:
 - Blurts out answers
 - Difficulty awaiting turn
 - Interrupts others
-

Depression Symptoms

- Irritable, grouchy, moody
- Don't enjoy things in relationships that children would normally be excited about
- Isolated
- Withdrawn from family and peers
- Decline in grades
- Trouble focusing

Bi-polar Disorder

Manic Symptoms

- Silliness
- Excessive laughter, giddiness
- Grandiosity
- Get an idea and have to complete the task

Depressive Symptoms

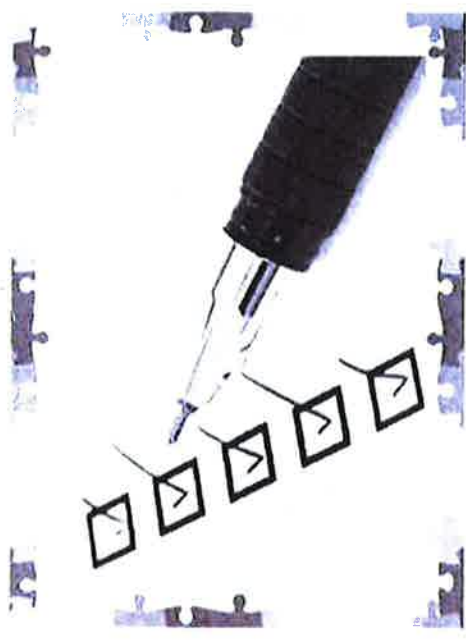
- Irritable
- Grouchy
- Difficulty sleeping

SYMPTOMS OF SEPARATION ANXIETY DISORDER (SAD)

- Becomes upset when separated from primary caregiver
- Worries about something happening to primary caregiver
- Refuses to go to school
- Has many complaints of headache, stomachache, etc.
- Doesn't want to go to sleep without attachment figure nearby

Symptoms Of Autism Spectrum Disorder

- At what age are symptoms usually seen?
- Signs to look for:
 - Avoiding eye contact
 - Nonverbal or delayed language
 - Repetitive behaviors (spinning, rocking)
 - Upset by minor changes in routines
 - Have difficulties relating to others
 - Lose skills they once had (stop saying words they were using)



Suicide hotlines and crisis support

- National Suicide Prevention Lifeline – Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance. 1-800-273-TALK (8255).
- National Hopeline Network – Toll-free telephone number offering 24-hour suicide crisis support. 1-800-SUICIDE (784-2433). (National Hopeline Network)
- The Trevor Project – Crisis intervention and suicide prevention services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. Includes a 24/7 hotline: 1-866-488-7386.
- SAMHSA's National Helpline – Free, confidential 24/7 helpline information service for substance abuse and mental health treatment referral. 1-800-662-HELP (4357). (SAHMSA)

Philadelphia Crisis Centers

Philadelphia Crisis Center	<ul style="list-style-type: none">• 3300 Henry Avenue Falls Two Building, 3rd Floor Philadelphia, PA 19129• 215-878-2600
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CHOP	<ul style="list-style-type: none">• 3401 Civic Center Blvd Philadelphia, PA 19104• 215-590-1000
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Mental Health Notes

Mental Health Notes

Additional Information

FACTS *for* FAMILIES

No. 21

November 2012

Psychiatric Medication for Children and Adolescents Part 1- How Medications Are Used

Medication can be an effective part of the treatment for several psychiatric disorders of childhood and adolescence. A doctor's recommendation to use medication often raises many concerns and questions in both the parents and the youngster. The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. He or she should fully explain the reasons for medication use, what benefits the medication should provide, as well as possible risks, adverse effects and other treatment alternatives.

Psychiatric medication should not be used alone. The use of medication should be based on a comprehensive psychiatric evaluation and be one part of a comprehensive treatment plan.

Before recommending any medication, the child and adolescent psychiatrist interviews the youngster and makes a thorough diagnostic evaluation. In some cases, the evaluation may include a physical exam, psychological testing, laboratory tests, other medical tests such as an electrocardiogram (EKG) or electroencephalogram (EEG), and consultation with other medical specialists.

Medications which have beneficial effects may also have side effects, ranging from just annoying to very serious. As each youngster is different and may have individual reactions to medication, close contact with the treating physician is recommended. Do not stop or change a medication without speaking to the doctor. Psychiatric medication should be used as part of a comprehensive plan of treatment, with ongoing medical assessment and, in most cases, individual and/or family psychotherapy. **When prescribed appropriately by a psychiatrist (preferably a child and adolescent psychiatrist), and taken as prescribed, medication may reduce or eliminate troubling symptoms and improve the daily functioning of children and adolescents with psychiatric disorders.**

Medication may be prescribed for psychiatric symptoms and disorders, including, but not limited to:

1. **Bedwetting**-if it persists regularly after age 5 and causes serious problems in low self-esteem and social interaction.
2. **Anxiety** (school refusal, phobias, separation or social fears, generalized anxiety, or posttraumatic stress disorders)-if it keeps the youngster from normal daily activities.

3. **Attention deficit hyperactivity disorder (ADHD)** -marked by a short attention span, trouble concentrating and restlessness. The child is easily upset and frustrated, often has problems getting along with family and friends, and usually has trouble in school.
4. **Obsessive-compulsive disorder (OCD)** -recurring obsessions (troublesome and intrusive thoughts) and/or compulsions (repetitive behaviors or rituals such as handwashing, counting, or checking to see if doors are locked) which are often seen as senseless but that interfere with a youngster's daily functioning.
5. **Depression**-lasting feelings of sadness, helplessness, hopelessness, unworthiness, guilt, inability to feel pleasure, a decline in school work and changes in sleeping and eating habits.
6. **Eating disorder**-either self-starvation (anorexia nervosa) or binge eating and vomiting (bulimia), or a combination of the two.
7. **Bipolar (manic-depressive) disorder**-periods of depression alternating with manic periods, which may include irritability, "high" or happy mood, excessive energy, behavior problems, staying up late at night, and grand plans.
8. **Psychosis**-symptoms include irrational beliefs, paranoia, hallucinations (seeing things or hearing sounds that don't exist) social withdrawal, clinging, strange behavior, extreme stubbornness, persistent rituals, and deterioration of personal habits. Psychosis may be seen in developmental disorders, severe depression, schizoaffective disorder, schizophrenia, and some forms of substance abuse.
9. **Autism**-(or other pervasive developmental disorder such as Asperger's Syndrome)-characterized by severe deficits in social interactions, language, and/or thinking or ability to learn, and usually diagnosed in early childhood.
10. **Severe aggression**-which may include assaultiveness, excessive property damage, or prolonged self-abuse, such as head-banging or cutting.
11. **Sleep problems**-symptoms can include insomnia, night terrors, sleep walking, fear of separation, or anxiety.

For additional information about psychiatric medications see Facts for Families:
 #29 Psychiatric Medication for Children and Adolescents: Part II-Types of Medications
 #51 Psychiatric Medications for Children and Adolescents: Part III-Questions to Ask.

For additional information see Facts for Families:
 #00 Definition of a Child and Adolescent Psychiatrist
 #25 Know Where to Seek Help for Your Child
 #52 Comprehensive Psychiatric Evaluation

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You may also mail in your contribution. Please make checks payable to the AACAP and send to *Campaign for America's Kids*, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 8,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

PSYCHIATRIC MEDICATION FOR CHILDREN AND ADOLESCENTS-PART I, "Facts for Families,"

No. 21 (11/12)

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FACTS *for* FAMILIES

No. 29

May 2012

Psychiatric Medication for Children and Adolescent Part II – Types of Medications

Psychiatric medications can be an effective part of the treatment for psychiatric disorders of childhood and adolescence. In recent years there have been an increasing number of new and different psychiatric medications used with children and adolescents. Research studies are underway to establish more clearly which medications are most helpful for specific disorders and presenting problems. Clinical practice and experience, as well as research studies, help physicians determine which medications are most effective for a particular child. Before recommending any medication, the prescriber should conduct a comprehensive psychiatric diagnostic evaluation of the child or adolescent. Parents should be informed about known risks and/or Food and Drug Administration (FDA) warnings before a child starts any psychiatric medication as well as whether the medication is being prescribed on-label or off-label (whether the medication has been approved for children and adolescents for the condition for which it is being prescribed). When prescribed appropriately by an experienced psychiatrist (preferably a child and adolescent psychiatrist) and taken as directed, medication may reduce or eliminate troubling symptoms and improve daily functioning of children and adolescents with psychiatric disorders.

ADHD Medications: Stimulant and non-stimulant medications may be helpful as part of the treatment for attention deficit hyperactive disorder (ADHD). They come in several different forms, such as pills, patches, and liquid forms. Examples of stimulants include: Dextroamphetamine (*Dexedrine*, *Adderal*, *Vyanse*, *Procentra*) and Methylphenidate (*Ritalin*, *Metadate*, *Concerta*, *Daytrana*, *Focalin*). Non-stimulant medications include Atomoxetine (*Strattera*), Guanfacine (*Tenex*, *Intuniv*) and Clonidine (*Kapvay*).

Antidepressant Medications: Antidepressant medications may be helpful in the treatment of depression, school phobias, panic attacks, and other anxiety disorders, bedwetting, eating disorders, obsessive-compulsive disorder, posttraumatic stress disorder, and attention deficit hyperactive disorder. There are several types of antidepressant medications.

Examples of **serotonin reuptake inhibitors** (SRI's) include: Fluoxetine (*Prozac*), Sertraline (*Zoloft*), Paroxetine (*Paxil*), Fluvoxamine (*Luvox*), Venlafaxine (*Effexor*), Desvenlafaxine (*Pristiq*), Citalopram (*Celexa*) and Escitalopram (*Lexapro*). Examples of **serotonin norepinephrine reuptake inhibitors** (SNRIs) include Venlafaxine (*Effexor*, *Pristiq*), and Duloxetine (*Cymbalta*). Examples of **atypical antidepressants** include: Bupropion (*Wellbutrin*), Nefazodone (*Serzone*), Trazodone (*Desyrel*), and Mirtazapine (*Remeron*). Examples of **tricyclic antidepressants** (TCA's) include: Amitriptyline (*Elavil*), Clomipramine (*Anafranil*), Imipramine (*Tofranil*), and Nortriptyline (*Pamelor*).

PSYCHIATRIC MEDICATION FOR CHILDREN AND ADOLESCENTS: PART II - TYPES OF MEDICATIONS, "Facts for Families," No. 29 (5/12)

Examples of **monoamine oxidase inhibitors** (MAOI's) include: Phenelzine (*Nardil*), and Tranylcypromine (*Parnate*).

Antipsychotic Medications: These medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches ("tics") or verbal outbursts as seen in Tourette's Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior. Examples of **first generation antipsychotic medications** include: Chlorpromazine (*Thorazine*), Thioridazine (*Mellaril*), Fluphenazine (*Prolixin*), Trifluoperazine (*Stelazine*), Thiothixene (*Navane*), and Haloperidol (*Haldol*). **Second generation antipsychotic medications** (also known as atypical or novel) include: Clozapine (*Clozaril*), Risperidone (*Risperdal*), Paliperidone (*Invega*), Quetiapine (*Seroquel*), Olanzapine (*Zyprexa*), Ziprasidone (*Geodon*) and Aripiprazole (*Abilify*) loperidone (*Fanapt*), Lurasidone (*Latuda*), and Asenapine (*Saphris*).

Mood Stabilizers and Anticonvulsant Medications: These medications may be helpful in treating bipolar disorder, severe mood symptoms and mood swings (manic and depressive), aggressive behavior and impulse control disorders. Examples include: Lithium (lithium carbonate, *Eskalith*), Valproic Acid (*Depakote*, *Depakene*), Carbamazepine (*Tegretol*), Lamotrigine (*Lamictil*), and Oxcarbazepine (*Trileptal*).

Anti-anxiety Medications: Selective serotonin reuptake inhibitors (SSRIs) are used to treat anxiety in children and adolescents and are described above in the antidepressant section. There are also other medications used to treat anxiety in adults. These medications are rarely used in children and adolescents, but may be helpful for brief treatment of severe anxiety. These include: benzodiazepines; antihistamines; and atypicals. Examples of benzodiazepines include: Alprazolam (*Xanax*), lorazepam (*Ativan*), Diazepam (*Valium*), and Clonazepam (*Klonopin*). Examples of antihistamines include: Diphenhydramine (*Benadryl*), and Hydroxyzine (*Vistaril*). Examples of atypical anti-anxiety medications include: Buspirone (*BuSpar*), and Zolpidem (*Ambien*).

Sleep Medications: A variety of medications may be used for a short period to help with sleep problems. Examples include: Trazodone (*Desyrel*), Zolpidem (*Ambien*), Zaleplon (*Sonata*), Eszopiclone (*Lunesta*), and Diphenhydramine (*Benadryl*).

Miscellaneous Medications: Other medications are also being used to treat a variety of symptoms. For example: clonidine (*Catapres*, *Kapvay*) and guanfacine (*Tenex*, *Intuniv*) may be used to treat the severe impulsiveness in some children with ADHD.

Long-Acting Medications: Many newer medications are taken once a day. These medications have the designation SR (sustained release), ER or XR (extended release), CR (controlled release) or LA (long-acting)

**PSYCHIATRIC MEDICATION FOR CHILDREN AND ADOLESCENTS: PART
II - TYPES OF MEDICATIONS, "Facts for Families," No. 29 (5/12)**

For additional information see: *Facts for Families*:

#21 Psychiatric Medication for Children and Adolescents: Part I - How Medications Are Used,

#51 Psychiatric Medication for Children and Adolescents: Part III - Questions to Ask.

See also: Anxiety Disorders Resource Center

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Medically Fragile/TFC Notes

Medically Fragile/TFC Notes

Additional Information

Survey of Level of Acceptance of a Special Needs Child

Indicates as honestly as possible your level of acceptance of a child who:

	Most Acceptable	Willing to Discuss	Least Acceptable
Has no significant health problems			
Has allergies or asthma			
Has a slight limp			
Needs a leg brace			
Has a missing limb			
Is in a wheelchair			
Is paraplegic			
Is quadriplegic			
Has mild Cerebral-palsy			
Has Cystic Fibrosis			
Is Hyperactive			
Hyperactive, requires medication but functions relatively normally			
Hyperactive, requires medication and special classroom setting			
Stutters			
Has a lisp			
Speech at age six is hard to understand			
Will always have trouble speaking and being understood			
Has partial hearing, surgery may help			
Has partial hearing surgery may not help			
Has hearing in one ear			
Speaks, with hearing loss older in life			
Is legally deaf			
Is deaf and does not speak			
Has limited vision in both eyes, special glasses needed			
Has sight in one eye only			
Is blind, but surgery may give partial sight			
Is legally blind			
Has a hare lip			
Has a cleft palate			
Has a hare lip and cleft palate			
Has a seizure disorder, controlled by medicine			
Has a seizure disorder not controlled by medicine, but infrequent			
Has a seizure disorder, not controlled, with			

	Most Acceptable	Willing to Discuss	Least Acceptable
Frequent seizures			
Has a blood disorder requiring transfusions every three months			
Has a blood disorder requiring monthly hospitalization			
Has a blood disorder, with limited life span			
Has a heart murmur, activity not curtailed			
Has a heart murmur, vigorous activity curtailed			
May require heart surgery at a later date			
Definitely will require open heart surgery			
Will require more than one operation			
Has a deformed hand			
Has a deformed arm			
Has a deformed leg			
Has a deformed face			
Has two deformed arms			
Has two deformed legs			
Is a sickle-cell carrier			
Has sickle-cell anemia but relatively controlled			
Has sickle-cell with frequent episodes			
Is Schizophrenic			
Is Schizophrenic, on medication			
Is Autistic			
Was born substance abused			
Is a high achiever in school			
Is achieving on grade level in regular classes			
Is achieving below grade level in regular classes			
Needs special education classes			
Needs learning disability classes			
Needs classes for the emotionally and behaviorally handicapped			
Needs tutoring in one or more subject			
Is disruptive in the classroom			
Has serious behavior problems at school			
Is retarded and will always need supervision such as a workshop			
Has Down's Syndrome			
Is generally quiet and shy			
Is generally outgoing and noisy			

	<u>Most Acceptable</u>	<u>Willing to Discuss</u>	<u>Least Acceptable</u>
Is emotionally damaged, very withdrawn, will require therapy for an extended period of time			
Is emotionally damaged, very abusive to his/her person, e.g. pulling out hair, pinching self			
Is emotionally damaged, abusive towards others and or animals			
Has a tendency to reject father figures			
Has a tendency to reject mother figures			
Has difficulty making friends and relating with other children			
Frequently wets the bed			
Frequently wets during the day			
Frequently soils him/herself			
Has poor social skills			
Lies moderately			
Lies continuously			
Steals			
Frequently starts physical fights with other children			
Abuses others, e.g. kicking, punching, biting			
Abuses him/herself			
Tends to abuse animals			
Kills small animals			
Tends to be destructive of clothing, or toys			
Tends to be destructive to furniture			
Frequently uses language you would consider foul or bad			
Has frequent temper tantrums			
Has difficulty accepting and obeying rules			
Has a history of inappropriate sexual behavior			
Masturbates openly and/or frequently			
Runs away once a week			
Runs away once a month			
Plays with matches for fun			
Plays with matches deliberately to burn			
Has strong ties to birth family			
Has strong ties to a previous foster family			
Will need continued contact with siblings in adoptive placement			

	<u>Most Acceptable</u>	<u>Willing to Discuss</u>	<u>Least Acceptable</u>
Had a previous adoption disruption			
Has been sexually abused			
Has been physically abused			
Has been exposed to promiscuous sexual behavior			
Was conceived as a result of a rape			
Was conceived as a result of prostitution			
One or both parents has an alcohol addiction			
One or both parents has a chemical dependency other than alcohol			
One or both parents has a criminal record			
One or both parents are mentally retarded			
One or both parents has a mental illness			
Agency has no information on one or both parents			
Other:			

Attachment Notes

Attachment Notes

“PUTTING IT TOGETHER”

Nathan is fourteen years old. He has lived with the Hanson foster family for the last three years since coming into the agency's care. For his first eleven years Nathan lived with his mother and father. His father, an alcoholic, was sober off and on. When Nathan's father was drinking, he would occasionally verbally abuse Nathan and his mother. During those times Nathan's mother also worked long hours to support them. Nathan was frequently alone at home. Because of his father's drinking and the problems it caused, Nathan's extended family on both sides cut ties with the family.

Nathan's mother was killed by random gunfire one night on her way home from work. Nathan was eleven at the time. His father began drinking heavily and couldn't care for Nathan. Nathan began staying home from school to care for his father during the day. At night he ran with a group of boys who were aggressive and destructively acting out. After his arrest on a juvenile charge, the agency investigated and removed Nathan from his home. Nathan's relatives were unwilling or unable to care for him. Nathan's father has made significant progress and feels ready to take his son home. Nathan will be leaving the Hanson's soon, after three years in their home.

- What losses has Nathan had to grieve?
- What losses might he continue to grieve?
- How might the foster parents help Nathan now with his past and present losses?
- What supports may Nathan continue to need from his foster family or other members of a helping team?

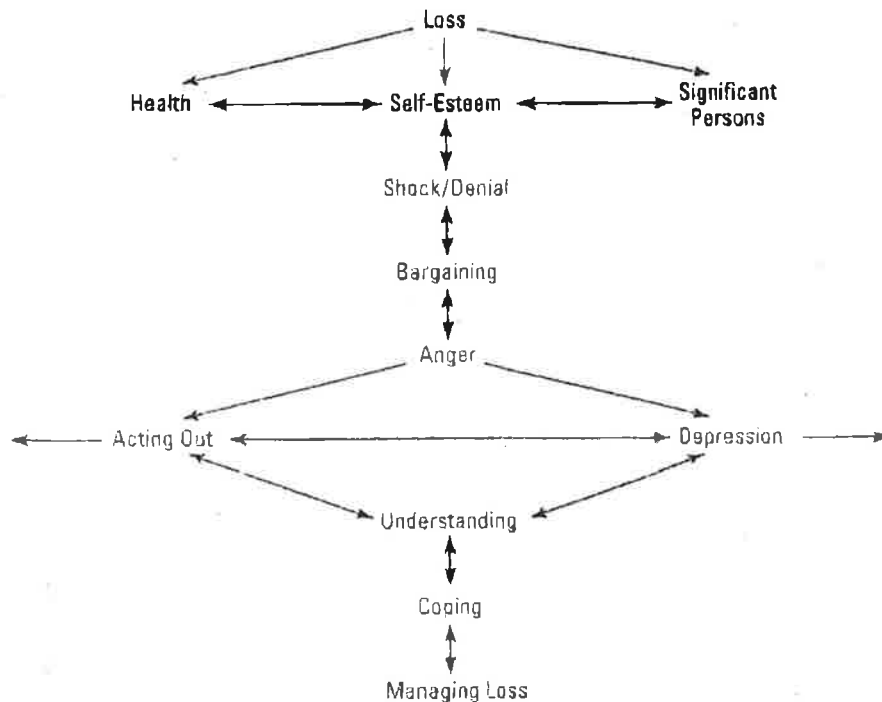
Adapted from: Foster PRIDE/Adopt PRIDE Trainer's Guide

Separation and Loss Notes

Separation and Loss Notes

Additional Information

The Pathway Through the Grieving Process*



Note that responses to grief may not occur in orderly progression as outlined above. In fact, many people go back and forth from one response to another, or may even exhibit several responses within the same day.

*Adapted from Pasztor, E.M. Premise #1 Activity: The Pathway Through the Grieving Process. In University of Oklahoma Advanced Training Course for Residential Child Care Workers. Tulsa, OK: University of Oklahoma National Resource Center for Youth Services.

See also Pasztor, E.M., and Leighton, M. (1992). Helping Children and Youths Manage Separation and Loss, Homeworks #1 (At-Home Training Resources for Foster Parents and Adoptive Parents). Washington, DC: Child Welfare League of America, 13.

TRIGGERS TO LOSS SENSITIVE CHILDREN

Foster and adoptive children typically have had histories rife with chronic separations from and losses of significant attachment figures. They, in many instances, are "emotional nomads," moved from pillar to post -- sometimes with no warning, no explanation, and no plan.

Given their early history of loss and instability, it is characteristic of these nomadic, insecurely attached children that certain key incidents will trigger strong feelings, regression and acting-out behavior. The following list enumerates some of the classic triggers, which evoke strong responses in loss-sensitive children:

1. A new child is moved into the placement.
2. The birth of a child in the placement.
3. Illness in the foster/adoptive parent.
4. Respite weekend or vacation by foster parent.
5. Beginning to feel love/trust.
6. Finalization of adoption.
7. Cancelled or shortened visits by biological parents.
8. Court dates and the internal works of the foster/adoptive parent.
9. Developmental stirrings of adolescence.
10. A child is moved out of placement.
11. Anniversary reactions.

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Ages & Stages Questionnaires®

18 Month Questionnaire

17 months 0 days through 18 months 30 days

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

Date ASQ completed: _____



Child's information

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

Child's date of birth: _____

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's gender: ☐ Male ☐ Female

Person filling out questionnaire

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

Relationship to child: ☐ Parent ☐ Guardian ☐ Teacher ☐ Child care provider

☐ Grandparent or other relative ☐ Foster parent ☐ Other: _____

Street address: _____

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

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

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____



18 Month Questionnaire

17 months 0 days
through 18 months 30 days

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

Important Points to Remember:

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

Notes:

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When your child wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (He needs to identify only one picture correctly.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL —

GROSS MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child move around by walking, rather than by crawling on her hands and knees? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child walk well and seldom fall? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



GROSS MOTOR TOTAL —

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child stack three small blocks or toys on top of each other by himself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



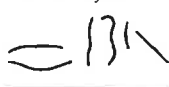
FINE MOTOR TOTAL —

PROBLEM SOLVING

1. Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)
2. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?
3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)
4. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?
5. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Mark "not yet" if your child scribbles back and forth.)
6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.)



Count as "yes"



Count as "not yet"



YES SOMETIMES NOT YET

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—*

PROBLEM SOLVING TOTAL

*If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."

PERSONAL-SOCIAL

1. While looking at herself in the mirror, does your child offer a toy to her own image?
2. Does your child play with a doll or stuffed animal by hugging it?
3. Does your child get your attention or try to show you something by pulling on your hand or clothes?
4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?
5. Does your child drink from a cup or glass, putting it down again with little spilling?
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

YES SOMETIMES NOT YET

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PERSONAL-SOCIAL TOTAL

OVERALL

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

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

☐ YES

☐ NO

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

☐ YES

☐ NO

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

☐ YES

☐ NO

4. Do you think your child walks, runs, and climbs like other toddlers her age?
If no, explain:

☐ YES

☐ NO

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

☐ YES

☐ NO

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

☐ YES

☐ NO

OVERALL (continued)

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

☐ YES☐ NO

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

☐ YES☐ NO

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

☐ YES☐ NO



18 Month ASQ-3 Information Summary

17 months 0 days through
18 months 30 days

Child's name: _____ Date ASQ completed: _____
Child's ID #: _____ Date of birth: _____
Administering program/provider: _____ Was age adjusted for prematurity
when selecting questionnaire? ☐ Yes ☐ No


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


Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	13.06		●	●	●	○	○	○	○	○	○	○	○	○	○
Gross Motor	37.38		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	34.32		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	25.74		●	●	●	●	●	○	○	○	○	○	○	○	○
Personal-Social	27.19		●	●	●	●	●	○	○	○	○	○	○	○	○


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

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

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

If the child's total score is in the  area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

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

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

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

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

Ansell-Casey Life Skills Assessment

Youth Level III — Version 4.0

Instructions: These questions will ask you about what you know and can do. Please try to answer all the questions.

Demographics

1. I am: ☐ Male ☐ Female

2. My current age (years): _____

3. My grade in school:

- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade

- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Trade school
- ☐ In college
- ☐ Not in school
- ☐ Other

4. My race/ethnicity? (Please choose all that apply)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

5. My primary race/ethnicity? (Please choose only one)

- | | |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Guamanian or Chamorro |
| <input type="radio"/> Asian Indian | <input type="radio"/> Hispanic/Latino/Spanish |
| <input type="radio"/> Black, African-American | <input type="radio"/> Japanese |
| <input type="radio"/> Chinese | <input type="radio"/> Korean |
| <input type="radio"/> Filipino | <input type="radio"/> Native Hawaiian |
| | <input type="radio"/> Other Asian |

- ☐ Other Pacific Islander
- ☐ Other Race: _____
- ☐ Samoan
- ☐ Vietnamese
- ☐ White

6. If you are American Indian, Native American, or Alaska Native, please write the name of your Tribal or Community Affiliation on the line below.

7. Postal (zip) code of your home address (for research purposes): _____

8. Which answer best describes your current living situation:

- ☐ On my own (alone or shared housing)
- ☐ With my birth (biological) parents
- ☐ With my birth (biological) mother or father
- ☐ With my adoptive parent(s)
- ☐ With my foster parent(s) who is/are unrelated to me
- ☐ With relatives (not foster care)
- ☐ With relatives who are also my foster parents
- ☐ In a group home or residential facility
- ☐ In a juvenile detention or corrections facility
- ☐ With a friend's family (not foster care)
- ☐ At a shelter or emergency housing
- ☐ With my spouse, or partner, or boyfriend or girlfriend
- ☐ Other

9. How many years have you been in this living situation? _____

10. I have a Social Security card:

- ☐ Yes
- ☐ No

11. I have a copy of my birth certificate:

- ☐ Yes
- ☐ No

12. I have a photo ID:

- ☐ Yes
- ☐ No

13. When completing this assessment, I am at the following location:

- ☐ Employment or vocational agency
- ☐ Youth/family community service agency
- ☐ School library, classroom, or computer room
- ☐ Public Library
- ☐ Foster care agency
- ☐ Recreation facility (like YMCA, Boys/Girls Club)
- ☐ Where I live
- ☐ University
- ☐ Church, synagogue, temple, mosque or religious facility
- ☐ Juvenile detention or correction facility

Knowledge and Behavior

Please circle the number (1, 2 or 3) that describes you best:

	Not like me	Somewhat like me	Very much like me
Communication			
1. I get help if my feelings bother me	1	2	3
2. I can explain how I am feeling (like angry, happy, worried or depressed)	1	2	3
3. I ask for help when I need it	1	2	3
4. I talk with an adult I feel close to	1	2	3
5. I talk over problems with a friend	1	2	3
6. I accept compliments or praise without feeling embarrassed	1	2	3
7. I clearly present my ideas to others	1	2	3
8. I ask questions to make sure I understand something someone has said	1	2	3
9. When I disagree with someone, I try to find a compromise	1	2	3

		Not like me	Somewhat like me	Very much like me
Daily Living				
1	I use things in the kitchen, like the microwave, electric mixer, and oven	1	2	3
2	I store food so it doesn't spoil or go bad	1	2	3
3	I fix meals for myself on my own	1	2	3
4	I keep my living space clean	1	2	3
5	I know how to wash my clothes according to the label (for example, hand wash, dry clean, cold water)	1	2	3
6	I prevent or minimize roaches, ants, mice, mold, mildew, etc	1	2	3
7	I fix my clothes when they need it, like sewing on a button	1	2	3
8	I follow the basic fire prevention and safety rules for where I live	1	2	3
9	I can set up a free email account	1	2	3
Housing and Money Management				
1	I can complete a rental agreement or lease	1	2	3
2	I can arrange for new telephone service and utilities (such as gas, water, electricity)	1	2	3
3	I can calculate the start-up costs for new living arrangements (for instance; rental deposits, rent, utilities, furnishings)	1	2	3
4	I can explain how to get car insurance	1	2	3
5	I can explain how to establish and maintain a good credit rating	1	2	3
6	I can interpret pay stub information	1	2	3

		Not like me	Somewhat like me	Very much like me
7	I understand billing information (such as a phone bill)	1	2	3
8	I can develop a monthly budget for living on my own	1	2	3
9	I can explain the good points and bad points of buying on credit	1	2	3
10	I can explain how to get and renew a driver's license	1	2	3
11	I can explain where to get help if there is a conflict with the property manager	1	2	3
12	I can contact places around where I live to get financial advice	1	2	3
13	I can explain how to write checks, make deposits and ATM transactions, and balance a checking/savings account	1	2	3
14	I can understand and respond to ads for housing	1	2	3
15	I can explain where to get information about financial aid for education	1	2	3
16	I can name two ways to save money on things I buy	1	2	3
17	I am aware of local social service agencies (like employment and counseling services)	1	2	3
18	I can explain the education or training needed for my career options	1	2	3
Self Care				
1	I can explain how to prevent pregnancy	1	2	3
2	I can explain how girls get pregnant	1	2	3
3	I can explain two ways to prevent sexually transmitted diseases (STDs) such as HIV/AIDS and syphilis	1	2	3

		Not like me	Somewhat like me	Very much like me
4	I can explain what happens to your body if you smoke or chew tobacco, drink alcohol, or use illegal drugs	1	2	3
5	I can take care of minor injuries and illnesses	1	2	3
6	If I need medical help quickly, I know how to get it	1	2	3
7	I can explain what can happen if someone drives while drinking or on drugs	1	2	3
8	I can contact places around where I live to get information on sex or pregnancy	1	2	3
9	I can name two or more places to get help if I feel unsafe	1	2	3
10	I can turn down a sexual advance	1	2	3

Social Relationships

1	I am polite to others	1	2	3
2	I respect other people's things	1	2	3
3	I respect other people's ways of looking at things, their lifestyles, and their attitudes	1	2	3
4	I show appreciation for things others do for me	1	2	3
5	I deal with anger without using violence	1	2	3
6	I think about how my choices affect others	1	2	3
7	I can safely interact with others on the internet	1	2	3

Work and Study Skills

1	I get my work done on time	1	2	3
2	I get to school or work on time	1	2	3
3	I prepare for exams and presentations	1	2	3
4	I look over my work for mistakes	1	2	3
5	I use the library, newspaper, computer/internet, or other resources to get information	1	2	3

		Not like me	Somewhat like me	Very much like me
6	I know how to use the internet to do my homework	1	2	3
7	I know how to use a search engine	1	2	3
8	I can create, save, open, retrieve, and print documents on the computer	1	2	3

Extra Items

1	I can make appointments with my doctor, dentist, or clinic when needed	1	2	3
2	I avoid relationships that hurt or are dangerous	1	2	3
3	I can explain how to get a copy of my birth certificate	1	2	3
4	I can explain how to get a copy of my Social Security card	1	2	3

Performance Items:

Please mark the best answer for each of the following questions:

Communication

1. To keep a conversation going, you should?

- A. Ask questions
- B. Brag about everything you have accomplished
- C. Talk about politics
- D. Smile a lot

2. To present your ideas clearly to someone else, you must first?

- A. Make sure you understand your own ideas
- B. Get a good night's sleep
- C. Write down the ideas
- D. Think of all the alternatives to your ideas

3. If a friend sends you an e-mail and you don't understand what they said, you should?

- A. Delete the e-mail
- B. Send an e-mail back asking them what they mean
- C. Ignore them
- D. Write a long response to what you think they are trying to say

4. If someone is phishing they are:

- A. Hungry
- B. Trying to steal your banking information with a false website
- C. Telling a bad joke
- D. Trying to steal your wireless

Daily Living

5. If the power goes out where you live, which of these probably won't work?

- A. Microwave
- B. Oven
- C. Refrigerator
- D. All of these probably won't work

6. Which of these is a safety hazard in the bathroom?

- A. A washcloth and towel
- B. A hairdryer plugged in right next to the bath tub or shower
- C. An open window
- D. An overturned waste basket

7. If you are cooking something in a pan using grease and the grease catches fire, what should you do?

- A. Throw water on the fire
- B. Smother the fire with a towel
- C. Carry the flaming pan outside
- D. Smother the fire with the lid of a pan

Housing and Money Management

8. If someone wants to rent an apartment, which of these do they have to complete?

- A. Mortgage papers
- B. Driver's license forms
- C. Change of address forms
- D. A rental application

9. To get the best car insurance rate, you need to?

- A. Come from a rich family
- B. Drive an expensive car
- C. Have a safe driving record
- D. Get insurance from a small company, not a large one

10. Which of these are good ideas about credit cards?

- A. Try not to use a credit card for luxuries
- B. Try to use credit cards only when you can pay what you charge each month
- C. It's better to use cash than credit cards
- D. All of the above are good ideas about credit cards

Self Care

11. Which of these is a treatable bacterial infection that can spread throughout the body and affect the heart, brain and nerves?

- A. Syphilis
- B. Human papillomavirus (HPV)
- C. Herpes
- D. Chlamydia

12. If someone chews smokeless tobacco, what is likely to happen to them?

- A. Their teeth will get brown stains
- B. They will become addicted to nicotine
- C. They will be more likely to have cancer later on
- D. All of these are more likely to happen to them

13. A fever is when the body temperature gets higher than normal. Normal body temperature for most people is?

- A. 100.2 degrees
- B. 102.4 degrees
- C. 92.3 degrees
- D. 98.6 degrees

Social Relationships

14. If your teacher's name is Mr. Jonathan P. Edwards, what should you call him?

- A. Mr. Edwards
- B. Jon
- C. Jonathan
- D. Teacher

15. If you want others to show respect for you, you should?

- A. Get really high grades in school
- B. Show them respect
- C. Always be on time for appointments
- D. Dress like everybody else

16. If someone you know is from another race, you should?

- A. Avoid them
- B. Think you are better than they are
- C. Respect them as much as anyone else
- D. Try to make them your best friend

Work and Study Skills

17. What's the best way to make sure you get your homework done?

- A. Do the toughest part first
- B. Turn off the TV or anything else that might distract you
- C. Get it done before it gets too late
- D. All of these are pretty good ways to get homework done

18. Which of these is true about using the internet to help with school work?

- A. It's always OK to send your e-mail address to others if they offer to help you get your assignment done
- B. Go only to sites that will definitely help with the assignment
- C. There are many sites that will actually do your assignment for you
- D. Most internet sites take so long to help you that it isn't worth looking on the internet for help

19. A resume should have which of the following on it?

- A. Your birth date
- B. Information about your race
- C. Your work history
- D. Your past salary information

Extra Items

20. If you have \$100 in your bank account and you write a check for \$125, what will happen?

- A. The bank will call you and ask you to put more money in the account
- B. The bank will put in an additional \$25 into your account
- C. Your check will not be honored and your check may "bounce"
- D. Your bank account will be immediately closed

21. A smoke alarm?

- A. Is something that wakes you up in the morning
- B. Sounds if there is a fire or smoke where one lives
- C. Goes off if someone smokes a cigarette in the next room
- D. Is just another name for a fire extinguisher

22. If you have an important problem you would like to talk over with someone else, who should you talk to?

- A. A friend you just met
- B. An adult you trust
- C. Any teacher at school
- D. Your next door neighbor

Assessment Evaluation

1. Not counting today, how many times have you taken an ACLSA?

2. I filled out this assessment (please mark all that apply):

- ☐ With an adult ☐ By myself ☐ With a friend

3. How did you like this assessment?

- ☐ I liked it ☐ It was OK ☐ I didn't like it

Additional Questions

This section is for use with questions provided by your school, agency or caregiver.

If no questions have been provided, you may stop here. Thank you.

	A	B	C	D	E
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Ansell Casey Life Skills- Learning Plan

Youth's Name: _____

DOB: _____

Date ACLS Assessment Completed: _____

Date of Learning Plan: _____

Caseworker Name: _____

Daily Living Skills

Food & Nutrition:

Home Cleanliness:

Home Safety:

Home Repairs:

Computer & Internet Basics:

Daily Living Permanency:

Self Care Skills

Health Care:

Personal Benefits:

Personal Hygiene:

Personal Safety:

Sexuality:

Relationships & Communication Skills

Personal Development:

Developing Relationships:

Communication with Others:

Cultural Competence:

Domestic Violence:

Legal Permanency:

Housing & Money Management

Budgeting & Spending Plan:

Banking & Credit:

Housing:

Transportation:

Work & Study Skills

Study Skills:

Employment:

Time Management:

Personal Development:

Income Tax:

Legal:

Career & Education Planning

Education Planning:

Career Planning:

Child Development Notes

Child Development Notes

Additional Information

Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 2 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.

Acting early can make a real difference!



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Download CDC's
Milestone Tracker App



Learn the Signs. Act Early.

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Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.



What You Can Do for Your 2-Month-Old:

- ☐ Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- ☐ Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- ☐ Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- ☐ Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Copy your baby's sounds sometimes, but also use clear language.
- ☐ Pay attention to your baby's different cries so that you learn to know what he wants.
- ☐ Talk, read, and sing to your baby.
- ☐ Play peek-a-boo. Help your baby play peek-a-boo, too.
- ☐ Place a baby-safe mirror in your baby's crib so she can look at herself.
- ☐ Look at pictures with your baby and talk about them.
- ☐ Lay your baby on his tummy when he is awake and put toys near him.
- ☐ Encourage your baby to lift his head by holding toys at eye level in front of him.
- ☐ Hold a toy or rattle above your baby's head and encourage her to reach for it.
- ☐ Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

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Learn the Signs. Act Early.

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Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 4 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.

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Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.



What You Can Do for Your 4-Month-Old:

- ☐ Hold and talk to your baby; smile and be cheerful while you do.
- ☐ Set steady routines for sleeping and feeding.
- ☐ Pay close attention to what your baby likes and doesn't like; you will know how best to meet his needs and what you can do to make your baby happy.
- ☐ Copy your baby's sounds.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Have quiet play times when you read or sing to your baby.
- ☐ Give age-appropriate toys to play with, such as rattles or colorful pictures.
- ☐ Play games such as peek-a-boo.
- ☐ Provide safe opportunities for your baby to reach for toys and explore his surroundings.
- ☐ Put toys near your baby so that she can reach for them or kick her feet.
- ☐ Put toys or rattles in your baby's hand and help him to hold them.
- ☐ Hold your baby upright with feet on the floor, and sing or talk to your baby as she "stands" with support.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Reimer 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.

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Learn the Signs. Act Early.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 6 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

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Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.

What You Can Do for Your 6-Month-Old:

- ☐ Play on the floor with your baby every day.
- ☐ Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.
- ☐ Show your baby how to comfort herself when she's upset. She may suck on her fingers to self soothe.
- ☐ Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.
- ☐ Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."
- ☐ Read books to your child every day. Praise her when she babbles and "reads" too.
- ☐ When your baby looks at something, point to it and talk about it.
- ☐ When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- ☐ Read colorful picture books to your baby.
- ☐ Point out new things to your baby and name them.
- ☐ Show your baby bright pictures in a magazine and name them.
- ☐ Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- ☐ Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

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Learn the Signs. Act Early.

Your Baby at 9 Months★



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 9 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by 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 "bababababa"
- ☐ 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.

Acting early can make a real difference!

★ It's time for developmental screening!

At 9 months, your child is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



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Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.

What You Can Do for Your 9-Month-Old:

- ☐ Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- ☐ As she moves around more, stay close so she knows that you are near.
- ☐ Continue with routines; they are especially important now.
- ☐ Play games with "my turn, your turn."
- ☐ Say what you think your baby is feeling. For example, say, "You are so sad, let's see if we can make you feel better."
- ☐ Describe what your baby is looking at; for example, "red, round ball."
- ☐ Talk about what your baby wants when he points at something.
- ☐ Copy your baby's sounds and words.
- ☐ Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- ☐ Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- ☐ Play peek-a-boo and hide-and-seek.
- ☐ Read and talk to your baby.
- ☐ Provide lots of room for your baby to move and explore in a safe area.
- ☐ Put your baby close to things that she can pull up on safely.

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Learn the Signs. Act Early.

Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 1. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

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Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 1-year-old child today.

What You Can Do for Your 1-Year-Old:

- ☐ Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- ☐ In response to unwanted behaviors, say “no” firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- ☐ Give your child lots of hugs, kisses, and praise for good behavior.
- ☐ Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- ☐ Talk to your child about what you’re doing. For example, “Mommy is washing your hands with a washcloth.”
- ☐ Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- ☐ Build on what your child says or tries to say, or what he points to. If he points to a truck and says “t” or “truck,” say, “Yes, that’s a big, blue truck.”
- ☐ Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when she tries to copy them.
- ☐ Play with blocks, shape sorters, and other toys that encourage your child to use his hands.
- ☐ Hide small toys and other things and have your child find them.
- ☐ Ask your child to label body parts or things you see while driving in the car.
- ☐ Sing songs with actions, like “The Itsy Bitsy Spider” and “Wheels on the Bus.” Help your child do the actions with you.
- ☐ Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- ☐ Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- ☐ Give your child push toys like a wagon or “kiddie push car.”

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Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs)★



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.

Acting early can make a real difference!

★ It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18-month-old child today.



What You Can Do for Your 18-Month-Old:

- ☐ Provide a safe, loving environment. It's important to be consistent and predictable.
- ☐ Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- ☐ Describe her emotions. For example, say, "You are happy when we read this book."
- ☐ Encourage pretend play.
- ☐ Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- ☐ Read books and talk about the pictures using simple words.
- ☐ Copy your child's words.
- ☐ Use words that describe feelings and emotions.
- ☐ Use simple, clear phrases.
- ☐ Ask simple questions.
- ☐ Hide things under blankets and pillows and encourage him to find them.
- ☐ Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving.
- ☐ Name pictures in books and body parts.
- ☐ Provide toys that encourage pretend play; for example, dolls, play telephones.
- ☐ Provide safe areas for your child to walk and move around in.
- ☐ Provide toys that she can push or pull safely.
- ☐ Provide balls for her to kick, roll, and throw.
- ☐ Encourage him to drink from his cup and use a spoon, no matter how messy.
- ☐ Blow bubbles and let your child pop them.

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Your Child at 2 Years★



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 2. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☐ Shows defiant behavior (doing what he has been told not to)
- ☐ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- ☐ Points to things or pictures when they are named
- ☐ Knows names of familiar people and body parts
- ☐ Says sentences with 2 to 4 words
- ☐ Follows simple instructions
- ☐ Repeats words overheard in conversation
- ☐ Points to things in a book

Cognitive (learning, thinking, problem-solving)

- ☐ Finds things even when hidden under two or three covers
- ☐ Begins to sort shapes and colors
- ☐ Completes sentences and rhymes in familiar books
- ☐ Plays simple make-believe games
- ☐ Builds towers of 4 or more blocks
- ☐ Might use one hand more than the other
- ☐ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ☐ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- ☐ Stands on tiptoe
- ☐ Kicks a ball
- ☐ Begins to run
- ☐ Climbs onto and down from furniture without help
- ☐ Walks up and down stairs holding on

- ☐ Throws ball overhand
- ☐ Makes or copies straight lines and circles

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't use 2-word phrases (for example, "drink milk")
- ☐ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ☐ Doesn't copy actions and words
- ☐ Doesn't follow simple instructions
- ☐ Doesn't walk steadily
- ☐ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.

Acting early can make a real difference!

★ It's time for developmental screening!

At 2 years, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



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Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-year-old child today.

What You Can Do for Your 2-Year-Old:

- ☐ Encourage your child to help with simple chores at home, like sweeping and making dinner. Praise your child for being a good helper.
- ☐ At this age, children still play next to (not with) each other and don't share well. For play dates, give the children lots of toys to play with. Watch the children closely and step in if they fight or argue.
- ☐ Give your child attention and praise when he follows instructions. Limit attention for defiant behavior. Spend a lot more time praising good behaviors than punishing bad ones.
- ☐ Teach your child to identify and say body parts, animals, and other common things.
- ☐ Do not correct your child when he says words incorrectly. Rather, say it correctly. For example, "That is a ball."
- ☐ Encourage your child to say a word instead of pointing. If your child can't say the whole word ("milk"), give her the first sound ("m") to help. Over time, you can prompt your child to say the whole sentence — "I want milk."
- ☐ Hide your child's toys around the room and let him find them.
- ☐ Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.
- ☐ Encourage your child to play with blocks. Take turns building towers and knocking them down.
- ☐ Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.
- ☐ Ask your child to help you open doors and drawers and turn pages in a book or magazine.
- ☐ Once your child walks well, ask her to carry small things for you.
- ☐ Kick a ball back and forth with your child. When your child is good at that, encourage him to run and kick.
- ☐ Take your child to the park to run and climb on equipment or walk on nature trails. Watch your child closely.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

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Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Copies 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.

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www.cdc.gov/ActEarly
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Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 3-year-old child today.

What You Can Do for Your 3-Year-Old:

- ☐ Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- ☐ Work with your child to solve the problem when he is upset.
- ☐ Talk about your child's emotions. For example, say, "I can tell you feel mad because you threw the puzzle piece." Encourage your child to identify feelings in books.
- ☐ Set rules and limits for your child, and stick to them. If your child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise your child for following the rules.
- ☐ Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- ☐ Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- ☐ Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- ☐ Play matching games. Ask your child to find objects in books or around the house that are the same.
- ☐ Play counting games. Count body parts, stairs, and other things you use or see every day.
- ☐ Hold your child's hand going up and down stairs. When she can go up and down easily, encourage her to use the railing.
- ☐ Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

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Learn the Signs. Act Early.

Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more information, go to cdc.gov/Concerned.

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Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-year-old child today.

What You Can Do for Your 4-Year-Old:

- ☐ Play make-believe with your child. Let her be the leader and copy what she is doing.
- ☐ Suggest your child pretend play an upcoming event that might make him nervous, like going to preschool or staying overnight at a grandparent's house.
- ☐ Give your child simple choices whenever you can. Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- ☐ During play dates, let your child solve her own problems with friends, but be nearby to help out if needed.
- ☐ Encourage your child to use words, share toys, and take turns playing games of one another's choice.
- ☐ Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.
- ☐ Use good grammar when speaking to your child. Instead of "Mommy wants you to come here," say, "I want you to come here."
- ☐ Use words like "first," "second," and "finally" when talking about everyday activities. This will help your child learn about sequence of events.
- ☐ Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.
- ☐ When you read with your child, ask him to tell you what happened in the story as you go.
- ☐ Say colors in books, pictures, and things at home. Count common items, like the number of snack crackers, stairs, or toy trains.
- ☐ Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.
- ☐ Play your child's favorite music and dance with your child. Take turns copying each other's moves.

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Learn the Signs. Act Early.

Your Child at 5 Years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ 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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't 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 and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more information, go to cdc.gov/Concerned.

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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 5-year-old child today.



What You Can Do for Your 5-Year-Old:

- ☐ Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on her own.
- ☐ Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he asks for things nicely and calmly takes “no” for an answer.
- ☐ This is a good time to talk to your child about safe touch. No one should touch “private parts” except doctors or nurses during an exam or parents when they are trying to keep the child clean.
- ☐ Teach your child her address and phone number.
- ☐ When reading to your child, ask him to predict what will happen next in the story.
- ☐ Encourage your child to “read” by looking at the pictures and telling the story.
- ☐ Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.
- ☐ Explore your child's interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.
- ☐ Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage your child to draw and make art projects with different supplies.
- ☐ Play with toys that encourage your child to put things together.
- ☐ Teach your child how to pump her legs back and forth on a swing.
- ☐ Help your child climb on the monkey bars.
- ☐ Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him ride a bike with training wheels (wearing a helmet).

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Learn the Signs. Act Early.



LGBTQ Resources

• The Attic Youth Center

Atticyouthcenter.org

215-545-4331

255 South 16th Street
Philadelphia 19102

• Mazzoni Center

21 South 12th Street

215-563-0652

Mazzonicenter.org

• PFLAG

215-572-1833

Pflagphila.org

Cultural Identity/Self-Esteem Notes

Cultural Identity/Self-Esteem Notes

Additional Information



The Bryson Institute
a program of

attic

Definition of Terms

Note: Language is dynamic and ever changing and therefore these definitions vary based on several factors including time, place, culture, and society. No one term means the same to all people or describes all people, thus it is best to ask the person how the person identifies across sexuality and gender.

ALLY – someone who advocates for and supports members of a community other than their own, specifically the LGBTQ community.

ASEXUAL – a person who is not sexually attracted to anyone.

ASSIGNED SEX – the sex someone is assigned at birth based on their anatomy and/or genetics. Male, female, or intersex.

BIPHOBIA – a fear or dislike of bisexuals.

BISEXUAL – a person who is romantically attracted to men & women.

COMING OUT – personally and/or publicly sharing one's sexual orientation or gender identity.

GAY – a man who is romantically attracted to other men. Term can also be used in reference to the entire LGBTQ community.

GENDER IDENTITY – someone's personal sense of being male, female, both, or neither.

HETEROSEXISM – Assuming every person to be heterosexual therefore marginalizing persons who do not identify as heterosexual. It is also believing heterosexuality to be superior to homosexuality and all other sexual orientations.

HETEROSEXUAL – someone that is attracted to 'the opposite' sex. (straight)

HOMOPHOBIA – a fear or dislike of gay people

INTERSEX – A person whose biological sex falls between the medical standards of male and female.

LESBIAN – a woman who is romantically attracted to other women.

QUEER – sometimes used as derogatory; can also be used in reference to someone that sees themselves as being outside of the heterosexual (straight) norm in regards to their sexual and/or gender identity.

QUESTIONING – someone who is unsure of their sexual and/or gender identity.

SEXUAL ORIENTATION – to whom a person is attracted romantically.

TRANSGENDER – a person whose gender identity or expression is different from what is expected based on their assigned sex.

TRANSPHOBIA – a fear or dislike of transgender people.

The Bryson Institute of The Attic Youth Center
www.brysoninstitute.org • brysoninstitute@atticyouthcenter.org
255 South 16th Street • Philadelphia, PA 19102 • (215) 545-4331 x 104

May 2013

Supporting Your LGBTQ Youth: A Guide for Foster Parents



There are approximately 175,000 youth ages 10–18 in foster care in the United States.¹ Of these youth, an estimated 5–10 percent—and likely more—are lesbian, gay, bisexual, transgender, or questioning (LGBTQ).²

¹ The total number of youth in care comes from *The AFCARS Report* (<http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>). It is based on the number of youth ages 10–18 in care on September 30, 2011.

² The estimate comes from the assumption that 5–10 percent of the general population is LGBT. John C. Gonsiorek & James D. Weinrich, "The Definition and Scope of Sexual Orientation," in *Homosexuality: Research Implications for Public Policy* (Newbury Park, CA: Sage Publications, 1991); Courtney, Dworsky, Lee, and Raap, (2009) found a much higher percentage of youth in foster care who identified as something other than fully heterosexual (see <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>).

What's Inside:

- About LGBTQ youth
- LGBTQ youth and the child welfare system
- Creating a welcoming home for youth
- Supporting your youth in the community
- Conclusion
- Resources



Use your smartphone to
access this factsheet online.



Child Welfare Information Gateway
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
<https://www.childwelfare.gov>

Like all young people, LGBTQ youth in foster care need the support of a nurturing family to help them negotiate adolescence and grow into healthy adults. However, LGBTQ youth in foster care face additional challenges. These include the losses that brought them into care in the first place, as well as traumas they may have suffered while in foster care. They also include stressors unique to LGBTQ youth, including homophobia or transphobia³ and the need to evaluate (often with little or no support) the safety of their communities, schools, social networks, and homes in order to decide whether to disclose their LGBTQ identity, when, and to whom.

Despite these challenges, LGBTQ youth—like all youth in the child welfare system—can heal and thrive when families commit to accepting, loving, and supporting them as they grow into their potential as adults. This factsheet was written to help families like yours understand what they need to know to provide a safe, supportive, and welcoming home for an LGBTQ youth in foster care.

In this factsheet, you will learn about LGBTQ youth in the child welfare system, the unique risks they face, and the important role that foster parents can play in reducing those risks. You will discover specific actions that you can take to create a welcoming home for all youth in your care and to promote your youth's health and well-being in the community. At the end of this factsheet are links to many resources for more information and support.

³ Transphobia refers to fear of people who are transgender.

About LGBTQ Youth

The acronym *LGBTQ* is a general term used to describe people who are lesbian, gay, bisexual, transgender, or questioning their gender identity or sexual orientation.

Definitions

Lesbian, gay, and bisexual describe a person's *sexual orientation*—emotional, romantic, or sexual feelings toward other people. *Lesbian* refers specifically to women who love women, while *gay* can refer to any person who is attracted to people of the same sex. (The term *homosexual* is considered outdated and offensive by many gay people.) Bisexual people are attracted to men or women regardless of their anatomy. People do not need to have any particular sexual experience (or any sexual experience at all) to identify as bisexual, gay, or lesbian, because sexual orientation and sexual behavior are not the same thing.

Transgender refers to a person's *gender identity*—an internal understanding of one's own gender. A transgender person's gender identity does not match the sex (a biological characteristic) assigned to him or her at birth. Many, but not all, transgender people choose to alter their bodies hormonally and/or surgically to match their gender identity. Some people's experience, perception, or expression of their gender evolves and changes over time. Gender identity and sexual orientation are separate aspects of a person's identity: A transgender person may be bisexual, gay, or straight (or may identify in some other way).

Some youth (and adults) identify as *questioning* when they start to recognize that they may be part of the LGBT community. This does not mean that sexual orientation or gender identity is a choice. These youth may need time to process what being LGBT means for them; to reconcile any anti-LGBT stereotypes they have internalized; and to decide if, when, and how they should identify themselves as lesbian, gay, bisexual, or transgender to others.

Some people's *gender expression* (meaning, the ways in which they express their gender identity to others) does not conform to society's expectations for their sex. This might include choices in clothing, mannerisms, names, hairstyles, friends, and hobbies. It is important to understand that society's gender expectations are cultural, not biological, and they change over time (for example, women used to be expected to wear only dresses; now teens of both genders wear jeans, sweatshirts, and tennis shoes). In any case, not all *gender-variant* (or *gender nonconforming*) youth will continue to express themselves this way into adulthood, and many will never identify as gay, lesbian, bisexual, or transgender.

In other words, it is best not to make assumptions. Respecting your youth's self-identification is very important. As youth grow to trust their foster families, many will eventually share their feelings about gender identity or sexuality more openly.

"Gaining that trust takes time, patience, and consistency. That's what [my foster mother] gave me."
— LGBTQ youth in foster care

Addressing Common Misconceptions

There is a lot of misinformation about sexual orientation and gender identity. Here are some things that are important for you to know about LGBTQ youth in your home:

LGBTQ youth are a lot like other youth. In fact, the similarities that LGBTQ youth in foster care share with other youth in care far outweigh their differences. Most, if not all, youth in foster care have been affected by trauma and loss; they require acceptance and understanding. Making sure your home is welcoming to all differences, including race, ethnicity, disability, religion, gender, and sexual orientation, will help ensure that all youth in your home feel safe and that the youth in your care grow into adults who embrace diversity in all of its forms.

This is not "just a phase." LGBTQ people are coming out (acknowledging their sexual orientation/gender identity to themselves and others) at younger and younger ages. Studies by the Family Acceptance Project have found that most people report being attracted to another person around age 10 and identifying as lesbian, gay, or bisexual (on average) at age 13. Gender identity may begin to form as early as ages 2 to 4.⁴ Someone who has reached the point of telling a foster parent that he or she is LGBTQ has likely given a great deal of thought to his or her own identity and the decision to share it.

No one caused your youth's LGBTQ identity. Sexual orientation and gender

⁴ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

identity are the result of complex genetic, biological, and environmental factors. Your youth's LGBTQ identity is not the result of anything you (or a birth parent, or any other person) did. LGBTQ people come from families of all religious, political, ethnic, and economic backgrounds. Experiencing childhood trauma or reading about, hearing about, or being friends with other LGBTQ people did not "make" the youth become LGBTQ.

LGBTQ youth are no more likely than other youth to be mentally ill or dangerous. These unfortunate myths and stereotypes have no basis in truth. Gay or transgender people are not more likely than heterosexuals or gender-conforming people to molest or otherwise pose a threat to children. And although it is true that LGBTQ people experience higher rates of anxiety, depression, and related behaviors (including alcohol and drug abuse) than the general population, studies show that this is a result of the stress of being LGBTQ in an often-hostile environment, rather than a factor of a person's LGBTQ identity itself.⁵ Professional mental health organizations agree that homosexuality is not a mental disorder and is a natural part of the human condition.

Your youth's LGBTQ identity cannot be changed. Medical and psychological experts agree that attempting to change someone's sexual orientation or gender identity does not work and often causes harm.

⁵ Schlatter, E., & Steinback, R. (2010). 10 anti-gay myths debunked. *Intelligence Report*, no. 140. Retrieved from <http://www.splcenter.org/get-informed/intelligence-report/browse-all-issues/2010/winter>

Many religious groups embrace LGBTQ people.

Some people fear that they will have to choose between their faith and supporting their youth's LGBTQ identity—but this is not always the case. Many religious communities welcome LGBTQ youth, adults, and their families. It may be important to know that there are other options if your family does not feel welcomed or comfortable at your place of worship.

LGBTQ Youth and the Child Welfare System

LGBTQ youth are overrepresented in the child welfare system: While approximately 5 to 10 percent of the general population is estimated to be gay, a study conducted in three Midwestern States found that a greater percentage of those aging out of the child welfare system reported a sexual orientation other than heterosexual (24 percent of females and 10 percent of males). These numbers are likely to be underreported because youth who come out often risk harassment and abuse.

Some LGBTQ youth enter the child welfare system for the same reasons that other children and youth enter care: Their birth families are unable to provide a safe, stable, and nurturing home for them due to a parent's incarceration, drug or alcohol abuse, mental illness, or other reasons unrelated to the youth's LGBTQ identity. Others, however, are rejected (and in some cases, neglected or abused) by their families of origin when their families learn that they identify as LGBTQ. Some youth experience

repeated losses—originally adopted as babies or toddlers, they are returned to the system by their adoptive families when they come out.

Youth who are rejected by their families may experience greater risks than other youth in care. Studies show that these youth have lower self-esteem and a much greater chance of health and mental health problems as adults. Compared to other LGBTQ youth, those who are highly rejected by their families because of their sexual orientation or gender identity are:

- More than three times as likely to use illegal drugs or be at high risk for contracting HIV and other STDs
- Nearly six times as likely to experience high levels of depression
- More than eight times as likely to attempt suicide⁶

Unfortunately, a high percentage of LGBTQ youth in foster care experience further verbal harassment or even physical violence after they are placed in out-of-home care. As a result, many of these youth experience multiple disrupted placements, compounding the trauma associated with leaving their families of origin. In one study, as many as 56 percent of LGBTQ youth in care spent some time homeless because they felt safer on the streets than in their

group or foster home.⁷ This maltreatment is partially responsible for the fact that LGBTQ youth make up as many as 40 percent of homeless teens.⁸ Homelessness, in turn, increases the youth's risk of substance abuse, risky sexual behavior, victimization, and contact with the criminal justice system.

The good news is that these risks can be mitigated by foster and adoptive families who are willing to nurture and protect the health, safety, and well-being of these young people. It is essential for child welfare agencies to identify and ensure access to family foster homes that can provide stable, supportive, and welcoming families for LGBTQ adolescents, where youth can develop the strength and self-confidence they need to become successful adults.

Creating a Welcoming Home for Youth

All youth in care need nurturing homes that provide them with a safe place to process their feelings of grief and loss, freedom to express who they are, and structure to support them in becoming responsible, healthy adults. Creating a welcoming foster home for LGBTQ youth is not much

⁶ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

⁷ Mallon, G. P. (1998). *We don't exactly get the welcome wagon: The experience of gay and lesbian adolescents in North America's child welfare system*. New York: Columbia University Press. Cited in Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA Best Practice Guidelines: Serving LGBT Youth in Out of Home Care*. Washington, DC: Child Welfare League of America. <http://www.nclrights.org/site/DocServer/bestpracticeslgbtyouth.pdf?docID=1322>

⁸ Administration on Children, Youth and Families. (2011). *Information memorandum: Lesbian, gay, bisexual, transgender and questioning youth in foster care*. Washington, DC: U.S. Department of Health and Human Services.

different from creating a safe and supportive home for any youth.

"The most important thing is to allow any youth to feel safe enough to blossom into whoever they are meant to be."

— Foster parent

In fact, youth in care may have difficulty trusting adults (many with good reason), so you may not know a youth's gender identity or sexual orientation until he or she has spent some time in your home and has grown to trust you. Avoid making assumptions about gender identity or sexual orientation. Any steps you take to make your home welcoming to LGBTQ youth will benefit all children and youth in your care—both by giving LGBTQ youth the freedom to express themselves and by helping heterosexual and gender-conforming youth learn to respect and embrace diversity.

Behaviors that openly reject a youth's LGBTQ identity must be avoided and not tolerated. This includes slurs or jokes about gender or sexuality and forcing youth to attend activities (including religious activities) that are openly hostile or unsupportive of LGBTQ people. Well-meaning attempts to protect youth from potential harassment, such as "steering" them toward hobbies more typical for their sex (football for boys, for example) or isolating them for the sake of safety, also are experienced as rejection by LGBTQ youth and can have devastating consequences for their self-esteem and well-being.

Consider the following suggestions to make your home a welcoming one,

whether or not a youth in your care openly identifies as LGBTQ:

- Make it clear that slurs or jokes based on gender, gender identity, or sexual orientation are not tolerated in your house. Express your disapproval of these types of jokes or slurs when you encounter them in the community or media.
- Display "hate-free zone" signs or other symbols indicating an LGBTQ-friendly environment (pink triangle, rainbow flag).
- Use gender-neutral language when asking about relationships. For example, instead of, "Do you have a girlfriend?" ask, "Is there anyone special in your life?"
- Celebrate diversity in all forms. Provide access to a variety of books, movies, and materials—including those that positively represent same-sex relationships. Point out LGBTQ celebrities, role models who stand up for the LGBTQ community, and people who demonstrate bravery in the face of social stigma.
- Let youth in your care know that you are willing to listen and talk about anything.
- Support your youth's self-expression through choices of clothing, jewelry, hairstyle, friends, and room decoration.
- Insist that other family members include and respect all youth in your home.
- Allow youth to participate in activities that interest them, regardless of whether these activities are stereotypically male or female.
- Educate yourself about LGBTQ history, issues, and resources.

"At [my foster mother's] house, I was able to feel safe and focus on being who I was."

— LGBTQ youth in foster care

If a youth in your care discloses his or her LGBTQ identity, you can show your support in the following ways:

- When a youth discloses his or her LGBTQ identity to you, respond in an affirming, supportive way.
- Understand that the way people identify their sexual orientation or gender identity may change over time.
- Use the name and pronoun (he/she) your youth prefers. (If unclear, ask how he or she prefers to be addressed.)
- Respect your youth's privacy. Allow him or her to decide when to come out and to whom.
- Avoid double standards: Allow your LGBTQ youth to discuss feelings of attraction and engage in age-appropriate romantic relationships, just as you would a heterosexual youth.
- Welcome your youth's LGBTQ friends or partner at family get-togethers.
- Connect your youth with LGBTQ organizations, resources, and events. Consider seeking an LGBTQ adult role model for your youth, if possible.
- Reach out for education, resources, and support if you feel the need to deepen your understanding of LGBTQ youth experiences.

- Stand up for your youth when he or she is mistreated.

LGBTQ youth in foster care need permanent homes; they do not need additional disrupted placements. If you are being asked to consider providing foster care to an LGBTQ youth and you feel—for any reason—that you are not able to provide a safe and supportive environment, be honest with your child welfare worker for the sake of both the youth and your family. If you are able to provide an affirming environment, remember that you can talk with your child welfare worker about any questions you may have or support you may need.

Supporting Your Youth in the Community

The support your LGBTQ youth receives in your home is important. However, you also must be prepared to advocate for your youth when needed to ensure that she or he receives appropriate child welfare, health care, mental health, and education services to promote healthy development and self-esteem.

Working With the Child Welfare System

The overwhelming majority of child welfare workers, like foster parents, have the best interest of the children and youth they serve at heart. However, workers are human, and they have their own feelings and biases. While there is no need to assume problems

will arise, it is important to be aware of your youth's rights.⁹ For example:

- **Your youth has the right to confidentiality.** Agencies should not disclose information regarding his or her sexual orientation or gender identity without good reason (e.g., development of a service plan) and the youth's permission.
- **Your youth has the right to an appropriate service plan.** This should include the same permanency planning services provided to heterosexual or gender-conforming youth: The youth's sexual orientation or gender identity alone should not be a reason for a worker to forego attempts to reunite the youth with his or her birth family or seek a permanent adoptive placement. It also includes helping the youth access LGBTQ community programs, if desired.
- **Your youth should be supported in expressing his or her gender identity.** The child welfare agency should respect your youth's preferred pronoun and name.
- **Your youth has the right to request that a new caseworker be assigned,** if the current worker is not addressing his or her needs appropriately.

Health Care and Mental Health Providers

Your youth, like all youth in foster care, has the right to health care and mental health services that address his or her individual needs. In the case of a lesbian, gay, bisexual,

or transgender youth, finding a competent, supportive provider may require some additional research. Consider the following:

- **Check with your youth to see whether he or she feels comfortable at agency-recommended service providers.** Although your agency may have preferred providers, you can inquire about other options that work better for your youth. Begin with those who accept Medicaid; however, if the provider your youth needs does not accept Medicaid, the child welfare agency may be able to authorize additional funding for necessary services.
- **Sexual health should be part of every youth's wellness exam.** Competent health-care providers will be able to offer frank, nonjudgmental, and comprehensive education about sexual health that is relevant to LGBTQ youth.
- **Transgender youth need health-care providers who are appropriately trained to address their health concerns.** This includes the ability to discuss, provide, and obtain authorization for medically necessary transition-related treatment, if desired.
- **Be aware of the possibility that your youth might benefit from mental health counseling** about issues that may or may not be related to sexual orientation or gender identity. In addition to typical adolescent concerns, many LGBTQ youth struggle with depression or anxiety as a result of experiencing stigma, discrimination, or harassment. If that is the case, seek a provider who is experienced and

⁹ For more information, see Wilber, Ryan, & Marksamer, 2006, in note on page 5.

competent in helping LGBTQ youth cope with trauma.

- **Under no circumstances should your LGBTQ youth be forced or encouraged to undergo “conversion therapy.”** Practices intended to change a person’s sexual orientation or gender identity have been condemned by every major medical and mental health association.

Your Youth at School

Unfortunately, bullying and harassment at school are everyday experiences for many LGBTQ youth. In many schools, negative remarks about sexual orientation or gender identity are common from other students, and even faculty or staff. A 2011 survey of more than 8,500 students between the ages of 13 and 20 found that nearly two-thirds of students felt unsafe at school because of their sexual orientation, and 44 percent felt unsafe because of their gender expression.¹⁰ School harassment can have devastating consequences for youth’s education and general well-being. Absenteeism and dropout rates are higher and grade point averages lower among LGBTQ youth experiencing harassment at school.¹¹

If your youth is being bullied or harassed, you may need to work with his or her caseworker, school administrators, school board, and/or PTSA to address the problem.

¹⁰ The Gay, Lesbian & Straight Education Network [GLSEN]. (2012). *The 2011 national school climate survey: Executive summary*. New York: Author.

¹¹ Ibid. Also see, for example, Lambda Legal. (n.d.) *Facts: Gay and lesbian youth in schools*. New York: Author; and Mental Health America (2012). *Bullying and Gay Youth* [webpage]. <http://www.nmha.org/index.cfm?objectid=CA866DCF-1372-4D20-C8EB26EEB30B9982>

The following practices have proven effective for preventing anti-gay harassment and improving school climate for LGBTQ youth:

- **Gay-straight alliances (GSAs).** Students at schools with GSAs hear fewer homophobic remarks, experience less harassment, feel safer at school, and are more likely to receive help when reporting bullying to school personnel.¹²
- **Anti-bullying policies that specifically reference sexual orientation and gender identity.** Students in States with comprehensive safe school laws report fewer suicide attempts.¹³
- **LGBTQ-friendly teachers, curriculum, and resources.** Students in schools with an inclusive curriculum were about twice as likely to report that classmates were somewhat or very accepting of LGBTQ people.¹⁴

Conclusion

The evidence shows that LGBTQ youth are overrepresented in the foster care system and that these youth face serious risks and challenges beyond those experienced by other youth. Rejection by their families and other caregivers exacerbates these risks. If LGBTQ youth are to reach their full

¹² GLSEN, 2012.

¹³ Espelage, D. L. (2011). *Bullying & the lesbian, gay, bisexual, transgender, questioning (LGBTQ) community*. Proceedings of the White House Conference on Bullying Prevention. Retrieved from: <http://www.stopbullying.gov/at-risk/groups/lgbt/white-house-conference-materials.pdf>

¹⁴ GLSEN, 2012.

potential and become healthy, happy adults, they—like all youth in care—need families who can provide permanent, supportive homes during their critical adolescent years. With a little additional education and training, your family can successfully provide a welcoming home to LGBTQ youth in need.

Resources

For Families

- **Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children.**

Research showing that families have a major impact on their LGBT children's health, mental health, and well-being.
http://www11.georgetown.edu/research/gucchd/nccc/documents/LGBT_Brief.pdf

- **Family Acceptance Project.** A research-based, culturally grounded approach to help ethnically, socially, and religiously diverse families increase support for their LGBT children.
<http://familyproject.sfsu.edu>
- **PFLAG.** A national nonprofit organization that supports families through more than 350 chapters in major urban centers, small cities, and rural areas in all 50 States. Selected resources include:
 - **Coming Out Help for Families, Friends, and Allies**
<http://community.pflag.org/page.aspx?pid=539>
 - **Our Trans Children.** Answers to frequently asked questions and support

for family members just learning of their loved one's gender differences.
http://www.pflag.org/fileadmin/user_upload/Publications/OTC_5thedition.pdf

- **Be Not Afraid: Help Is on the Way!** A faith-based resource from PFLAG's Straight for Equality program.
<http://community.pflag.org/sfe-test/document.doc?id=649>

- **Advocates for Youth: GLBTQ Issues Info for Parents.** Tips for parents of LGBTQ youth, including resources on talking about sexuality.

<http://www.advocatesforyouth.org/glbtc-issues-info-for-parents>

- **LGBTQ Youth Resources for Families.** Resource list from the

Maternal & Child Health Library at Georgetown University.
http://www.mchlibrary.info/families/frb_LGBTQ.html

- **Centers for Disease Control and Prevention.** Education, information, resources, and health services for LGBTQ youth and adults.

<http://www.cdc.gov/lgbthealth/>

- **American Psychological Association.** Answers to questions about...

- **Transgender People, Gender Identity, and Gender Expression.**

<http://www.apa.org/topics/sexuality/transgender.aspx>

- **Sexual Orientation and Homosexuality.**

<http://www.apa.org/topics/sexuality/orientation.aspx>

- **LGBTQ Youth in the Foster Care System and Legal Rights of Lesbian, Gay, Bisexual, and Transgender Youth in the Child Welfare System.**

Factsheets from the National Center for Lesbian Rights.

http://www.ncrights.org/site/DocServer/LGBTQ_Youth_In_Foster_Care_System.pdf?docID=1341 and

http://www.ncrights.org/site/DocServer/LGBTQ_Youth_In_Child_Welfare_System.pdf?docID=1581

- **Getting Down to Basics.** Toolkit from Lambda Legal with resources for those supporting LGBTQ youth in foster care. <http://www.lambdalegal.org/publications/getting-down-to-basics>

For LGBTQ Youth

- **Be Yourself: Questions & Answers for Gay, Lesbian, Bisexual & Transgender Youth.** Clear, straightforward answers for LGBTQ youth. http://www.pflag.org/fileadmin/user_upload/Publications/Be_Yourself.pdf
- **Represent and YCteen Stories.** Personal stories from youth in foster care. <http://www.representmag.org/topics/gay+slash+lesbian.html>
- **The Trevor Project.** Crisis intervention and suicide prevention services for LGBTQ youth. <http://www.thetrevorproject.org>

- **It Gets Better Project.** Videos created to show LGBTQ youth that they are not alone and that they have the potential for happy, positive futures, if they can just get through their teen years.

<http://www.itgetsbetter.org>

- **Get Busy. Get Equal.** ACLU resources for LGBT youth about their rights at school and how to advocate for themselves effectively. <http://www.aclu.org/lgbt-rights>

- **Know Your Rights: Youth.** Legal resources regarding out-of-home care and school issues for LGBTQ youth (from Lambda Legal).

<http://www.lambdalegal.org/issues/teens>

- **Gay, Lesbian, and Straight Education Network.** The leading national education organization focused on ensuring safe schools for all students. <http://www.glsen.org/cgi-bin/iowa/all/student/index.html>

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





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What to Do When a Teen Comes Out to You

"Coming Out" is when a person tells someone else that he or she is gay, lesbian, bisexual, or transgender. Someone who is coming out feels close enough to you and trusts you enough to be honest and risk losing you as a friend and ally. What can you do to support a teen who comes out? Here are some suggestions that you may wish to consider...

Thank them for having the courage to tell you. Choosing to tell you means that this teen respects & trusts you.

Respect the teen's confidentiality. You may be the only person the teen is ready to tell. Telling others, friends or family must be done on the teen's time schedule.

Recognize that this is not something that does not necessarily need to be reported to other parents, caseworkers, or the teen's peers. You can provide the teen with support and ask about who else they have told, but it is neither your responsibility nor your right to tell others.

Let the teen know that you still care for him or her. Be the support you have always been. The main fear for people coming out is that they will be rejected by their friends & family.

Do not say "Are you sure?" When people come out to you, it most likely means they have gone over this question thousands of times in their own mind, and they are sure!

It's okay if you feel uncomfortable or upset. It is important to separate your own feelings of discomfort from what you convey to the teen. Do your best to convey that the teen is a valuable and important member of the community.

Learn about organizations and publications that might help provide support to the teen. It might be important for the teen to know that such support exists. (GLSEN and PFLAG all have resources and links on their websites.)

It's never too late. If someone has come out to you before and you feel badly about how you handled it, you can always go back & try again

The Bryson Institute of The Attic Youth Center
www.brysoninstitute.org • brysoninstitute@atticyouthcenter.org
255 South 16th Street • Philadelphia, PA 19102 • (215) 545-4331 x 104