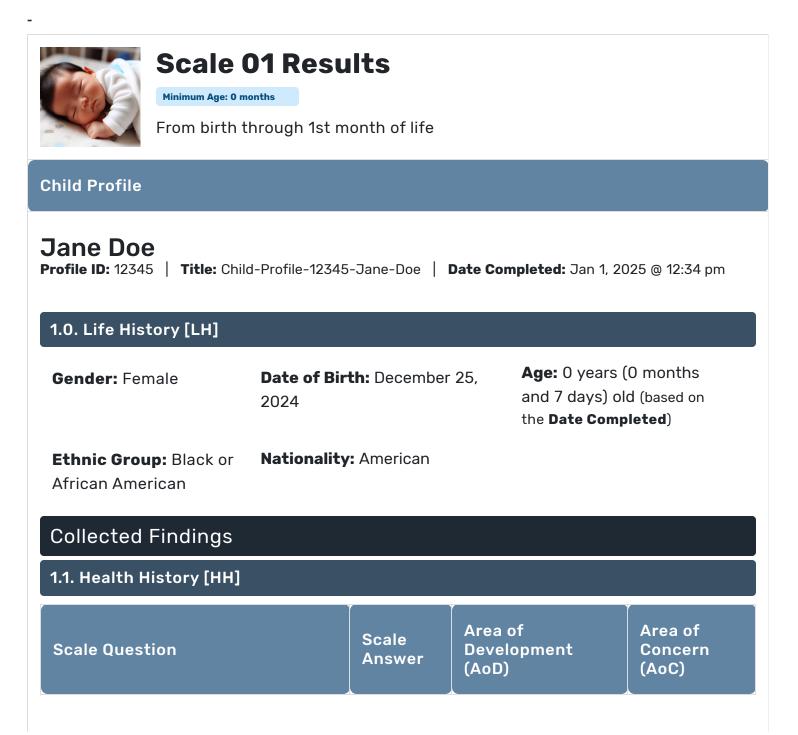
#### DISCLAIMER:

The C.H.I.L.D. Protocol<sup>™</sup> is a collection of 23 interdisciplinary developmental scales to be used to measure and follow up through a comprehensive approach to the child's development. It collects data related to neuropsychological domains and covers the typical (expected) development and flags (atypical) development from birth chronologically to a 7-year period to discover the current child developmental stage. **The scales are not intended to be used as a diagnostic tool.** They rather enhance knowledge and awareness and provide a first look at a child's developmental process and the presence of risk factors that may impact the child's fullest potential.

The observational rating results below involve the findings from assessing a child's developmental status. They are used to gauge growth and progress compared to established norms and are used as reference values. The goal here is to identify any potential delays or deviations from the expected trajectory, allowing for early intervention if needed. It's crucial to remember that each child is unique, developmental milestones can vary, and as they grow, their reference intervals change.



| 1.1.1. Pregnancy uneventful?  | Yes | Pregnancy [HHPG]              |
|---|-----|-------------------------------|
| 1.1.2. Natural birth?   | Yes | Delivery condition<br>[HHD]   |
| 1.1.3. Cried at birth?  | Yes | Transition from womb<br>[HHT] |
| 1.1.4. <b>On term - 38-40 weeks?</b>  | Yes | Length of pregnancy<br>[HHL]  |
| 1.1.5. <b>Apgar (at 1 minute of birth -</b><br><b>7 to 10 points)?</b>            | Yes | APGAR Score [HHA]             |
| 1.1.6. <b>Apgar (at 5 minutes of birth</b><br><b>- 7 to 10 points)?</b>           | Yes | APGAR Score [HHA]             |
| 1.1.7. <b>Absence of medical</b><br>emergency<br>intervention/treatment at birth? | Yes | Physical Health<br>[HHPH]     |

| 1.1.8. Uneventful newborn check-<br>up (blood test, jaundice, umbilical<br>cord)?  | Yes | Physical Health<br>[HHPH]   |
|--|-----|-----------------------------|
| 1.1.9. <b>Passed Newborn hearing</b><br>test?                                      | Yes | Physical Health<br>[HHPH]   |
| 1.1.10. <b>Passed newborn vision</b><br>screening?                                 | Yes | Physical Health<br>[HHPH]   |
| 1.1.11. <b>Newborn vaccine -</b><br><b>Hepatitis-B?</b>                            | Yes | Physical Health<br>[HHPH]   |
| 1.1.12 Girl Height (between 45-<br>55 centimeters) - at birth?                     | Yes | Growth Assessment<br>[HHGA] |
| 1.1.13 Girl Weight (between 2.41-<br>4.25 kilograms) - at birth?                   | Yes | Growth Assessment<br>[HHGA] |
| 1.1.14 <b>Girl Head circumference</b><br>(between 32-36 centimeters) -at<br>birth? | Yes | Growth Assessment<br>[HHGA] |

2.0. Developmental History [DH]

| Scale Question  | Scale<br>Answer | Area of<br>Development<br>(AoD)          |                          |  |
|---|-----------------|--|--------------------------|--|
| 2.0.1. Actual age-appropriate medical care, no concerns?  | Yes             | Health status Insert your note<br>[DHHS] |                          |  |
| 2.0.2. <b>Girl Height (actual; between</b><br><b>50-58 centimeters)</b>                             | Yes             | Growth<br>Assessment<br>[DHGA]           | Insert your notes        |  |
| 2.0.3. <b>Girl Weight (actual; between</b><br><b>2.8-5 kilograms)</b>                               | Yes             | Growth<br>Assessment<br>[DHGA]           | Insert your notes        |  |
| 2.0.4. <b>Girl Head circumference</b><br>(actual; between 34-38<br>centimeters)                     | Yes             | Growth<br>Assessment<br>[DHGA]           | Insert your notes        |  |
| 2.0.5. Breastmilk?  | Yes             | Nutrition [DHN]                          | Insert your notes        |  |
| 2.0.6. <b>Daily bathing, diaper</b><br>changing   | Yes             | Hygiene [DHHY]                           | Insert your notes        |  |
| 2.0.7. <b>Daily care routine (with parent, babysitter at home, nursery, daycare)</b>                | Yes             | Child daily care<br>[DHCC]               | Insert your notes        |  |
| 3.0. Current Development Status [CD   | ]               |  |                          |  |
| Scale Question  | Scale<br>Answer | Area of<br>Development<br>(AoD)          | Area of Concern<br>(AoC) |  |
| 3.0.1. Controls head, for a second,<br>when you hold his/her in a sitting<br>position on your chest | Yes             | Psychomotricity<br>basic [PMB]           | Insert your notes        |  |

| 3.0.2. <b>Cries when hungry, wet, or</b><br>uncomfortable  | Yes | Expressive<br>communication/<br>speech [COE]            | Insert your notes |  |
|--|-----|---|-------------------|--|
| 3.0.3. <b>Emits sounds,</b><br>cooing/babbling   | Yes | Expressive<br>communication/<br>speech [COE]            | Insert your notes |  |
| 3.0.4. Follows with eyes, the<br>movement of a toy with sound,<br>turning head in the sound<br>direction   | Yes | Visual/auditory<br>perception<br>[SPVP]                 | Insert your notes |  |
| 3.0.5. Follows with eyes, a soft<br>beam light you flash in circles<br>above his/her face  | Yes | Visual<br>perception [SPV]                              | Insert your notes |  |
| 3.0.6. If you strike your baby's foot<br>from heel to toe, the big toe<br>extends upward while the other<br>toes spread out. The foot probably<br>flexes upward too. | Yes | Plantar/Babinski<br>reflex (0-24<br>months) [NPPB]      | Insert your notes |  |
| 3.0.7. <b>If you hold your baby by</b><br>his/her armpit in the air, he/she<br>moves legs as marching  | Yes | March reflex (0-<br>4 months)<br>[NPMA]                 | Insert your notes |  |
| 3.0.8. <b>If you touch her/his hand</b><br>palm with a finger or a ring, she/he<br>grasps it   | Yes | Palmar (fingers)<br>grasp reflex (0-6<br>months) [NPPR] | Insert your notes |  |
| 3.0.9. <b>Keeps hands closed most of time, near his/her face or in his/her mouth</b>   | Yes | Psychomotricity<br>fine [PMF]                           | Insert your notes |  |
| 3.0.10. Laying in prone/belly<br>position, lifts chin and shoulders,<br>for a second   | Yes | Psychomotricity<br>basic [PMB]                          | Insert your notes |  |

| 3.0.11. Laying on back, keeps legs extended  | Yes | Psychomotricity<br>basic [PMB]                 | Insert your notes |  |  |
|--|-----|--|-------------------|--|--|
| 3.0.12. Laying on back, kicks the air  | Yes | Psychomotricity<br>basic [PMB]                 | Insert your notes |  |  |
| 3.0.13. Laying on belly, makes swimming-like movement  | Yes | Psychomotricity<br>basic [PMB]                 | Insert your notes |  |  |
| 3.0.14. <b>Laying on belly, turns head</b><br><b>to the side</b>                               | Yes | Psychomotricity<br>basic [PMB]                 | Insert your notes |  |  |
| 3.0.15. Laying on his/her back,<br>blinks when you pass your hand<br>close to his/her face     | Yes | Visual<br>perception [SPV]                     | Insert your notes |  |  |
| 3.0.16. Makes the same noise when sucking breast or bottle                                     | Yes | Suction and<br>swallowing<br>[NPSS]            | Insert your notes |  |  |
| 3.0.17. On your lap, laying in prone/belly position, holds head and legs up, for a second      | Yes | Psychomotricity<br>basic [PMB]                 | Insert your notes |  |  |
| 3.0.18. <b>Roots around/searched</b><br>nipple/bottle teat when you put it<br>in his/her mouth | Yes | Rooting reflex<br>(0-2 months)<br>[NPRR]       | Insert your notes |  |  |
| 3.0.19. Seems flustered when changing diapers/clothes  | Yes | Waste<br>elimination<br>[NPWE]                 | Insert your notes |  |  |
| 3.0.20. Seems sighting the environment   | Yes | Space<br>Structuration<br>[SPSP]               | Insert your notes |  |  |
| 3.0.21. <b>Seems to enjoy having a</b><br>daily bath   | Yes | Interaction with<br>significant adult<br>[SEB] | Insert your notes |  |  |

| 3.0.22. Seems to notice your presence in the room                                   | Yes | Interaction with<br>significant adult<br>[SEB] | Insert your notes |  |
|---|-----|--|-------------------|--|
| 3.0.23. <b>Seems to react in</b><br>anticipation to be fed, changed, or<br>held     | Yes | Cognition:<br>Simple reflexes<br>[CGR]         | Insert your notes |  |
| 3.0.24. <b>Seems to react in response</b><br><b>to your facial expression</b>       | Yes | Cognition:<br>Simple reflexes<br>[CGR]         | Insert your notes |  |
| 3.0.25. Seems unsettled when diaper is wet or soiled                                | Yes | Waste<br>elimination<br>[NPWE]                 | Insert your notes |  |
| 3.0.26. <b>Sitting with support, keeps</b><br><b>back straight for a second</b>     | Yes | Psychomotricity<br>basic [PMB]                 | Insert your notes |  |
| 3.0.27. <b>Sleeps calmly during the</b><br>day/night (average 15-16 hours a<br>day) | Yes | Sleep pattern<br>[NPSP]                        | Insert your notes |  |
| 3.0.28. <b>Smiles, or moves facial</b><br><b>muscles that mimics a smile</b>        | Yes | Interaction with<br>significant adult<br>[SEB] | Insert your notes |  |
| 3.0.29. Startles to a touch,<br>movement or loud sound                              | Yes | Moro reflex (0-6<br>months) [NPM0]             | Insert your notes |  |
| 3.0.30. Suckles and swallow milk/formula well                                       | Yes | Suction and<br>swallowing<br>[NPSS]            | Insert your notes |  |
| 3.0.31. Suckles firmly at breast ,<br>bottle, or pacifier                           | Yes | Suction and<br>swallowing<br>[NPSS]            | Insert your notes |  |
| 3.0.32. <b>Swallows liquid food</b><br>without gagging constantly                   | Yes | Gagging reflex<br>(0-6 months)<br>[NPGR]       | Insert your notes |  |

| 3.0.33. <b>Turns head if you put a light</b><br>cloth over his/her face  | Yes | Sensorial<br>recognition and<br>enhancement<br>(4y) [SPP] | Insert your notes |
|--|-----|---|-------------------|
| 3.0.34. When held by upper arm,<br>sustains head and shoulders for a<br>moment   | Yes | Psychomotricity<br>basic [PMB]                            | Insert your notes |
| 3.0.35. When held in a sitting<br>position on your chest, controls<br>head for a second  | Yes | Psychomotricity<br>basic [PMB]                            | Insert your notes |
| 3.0.36. While awake and laying on his/her back, moves arms vigorously  | Yes | Psychomotricity<br>basic [PMB]                            | Insert your notes |
| 3.0.37. With chin and shoulders<br>lifted, turns head one side to  | Yes | Psychomotricity<br>basic [PMB]                            | Insert your notes |
| other, for a second  |     | 20010 [. 1.2]   |                   |
| other, for a second<br>Assessor Information  |     |   |                   |
| -  |     |   |                   |
| Assessor Information Completed By  |     |   |                   |
| Assessor Information Completed By Father Name John Doe Address   |     |   |                   |
| Assessor Information<br>Completed By<br>Father<br>Name<br>John Doe   |     |   |                   |
| Assessor Information Completed By Father Name John Doe Address 123 Fake St   |     |   |                   |
| Assessor Information<br>Completed By<br>Father<br>Name<br>John Doe<br>Address<br>123 Fake St<br>Suite A  |     |   |                   |
| Assessor Information<br>Completed By<br>Father<br>Name<br>John Doe<br>Address<br>123 Fake St<br>Suite A<br>Atlanta, GA, 12345 United States<br>Phone |     |   |                   |

### Scale Ratings

# **Results by Areas of Development**

| Areas of Development              | Scale 01 Total   |                           | Scored<br>Items/Points<br>(max. #=100%) |           |           |
|-----------------------------------|------------------|---------------------------|---|-----------|-----------|
|                                   | Points<br>earned | Number<br>of<br>questions | YES<br>(10)                             | SM<br>(5) | NO<br>(0) |
| Health History [HH]               | 140              | 14                        | 14                                      | 0         | 0         |
| Developmental History [DH]        | 70               | 7                         | 7                                       | 0         | 0         |
| Current Developmental Status [CD] | 370              | 37                        | 37                                      | 0         | 0         |
| AoD Breakdown                     |                  |                           |   |           |           |
| Neurophysiological [NP]           | 120              | 12                        | 12                                      | 0         | 0         |
| Sensoriperception [SP]            | 50               | 5                         | 5                                       | 0         | 0         |
| Psychomotricity [PM]              | 130              | 13                        | 13                                      | 0         | 0         |
| Communication [CO]                | 20               | 2                         | 2                                       | 0         | 0         |
| Cognitive [CG]                    | 20               | 2                         | 2                                       | 0         | 0         |
| Socio-emotional [SE]              | 30               | 3                         | 3                                       | 0         | 0         |
| TOTALS                            | 580              | 58                        | 58                                      | 0         | 0         |

# **Rating Standards**

Total points earned: 580 Total points possible: 580 Total answers weighed: 58 (58 yes, 0 no, 0 sometimes) Overall Score: 100% (1.00)%

#### Score

#### **100% - 70%** = expected, typical development

69% - 40% = typical development with area(s) of concern

Below 40% 🟲 = in need of in-depth assessment

## Recommendations

Based on Jane Doe's overall score of 100% (with 100% answered yes, 0% answered no, and 0% answered sometimes) which is considered expected, typical development, we recommend:

- Follow-up with any referral for further assessment (vision, hearing, grow-assessment, educational, or other age-appropriate activities)
- Provide activities/stimuli for the areas under 100 -70% range, as **NO responses**
- Follow-up any other referral for medical treatment, if applies
- Complete next age-appropriate scale