What to expect from your children at different ages

Although the order in which children master skills is essentially the same for all children, each child's rate of development is different. If you have questions or concerns about your child's development, please consult your family doctor or pediatrician.

Birth to 6 months:
Motor skills (movement) develop more slowly than vision and touch. Taste, smell, and hearing are present at birth. Up until 2 months of age, infants' movement is based on reflexes and they do not have control of their muscles. At about 2 months, children can lift their heads while lying on their stomachs and they begin to smile. At 3-4 months of age, they can roll over. For the first 3 months, they tend to sleep 2-4 hours at a time and average 16 total hours of sleep per day. At 4 months, sleep periods may increase to 4-8 hours, but 16 hours of sleep per day is still average.

Infants begin to coo (make sounds like “ooo”) around 1-2 months of age. Babbling (like “ba ba”) begins at about 4 months. Infants use crying to make their needs known to parents. They use sucking, rocking, looking away, and sleeping to sooth themselves. Newborns quickly learn to recognize their mother's voices. Two- to four-month olds will put objects in their mouths and will try to touch everything. These are their ways of exploring and learning to measure distances with their hands and eyes. By 3-4 months of age, infants may begin to show a normal fear of strangers.

6 to 12 months:
At about 6 months of age, infants begin to roll over, sit up (with support), and reach for things. They generally have full head control. Creeping and crawling occur between 6-12 months. Standing occurs between 9-12 months. By 12 months of age, children can pick up small objects. They can put items in and out of containers and will repeat these activities often. Most children begin to take their first steps and feed themselves finger food. They may sleep 8-12 hours at night, but still need 1-2 hour naps in the morning and afternoon.

Babies can recognize their names at about 6 months of age. By 9-11 months, they begin pointing to objects and copying speech sounds and rhythms. They may learn the names for important people and objects. At about 6 months, infants like to play alone while being around other people. Their main form of play is repetition, such as dropping a toy over and over. Children this age love an audience and will repeat anything parents appear to like. They do not do things to purposely annoy their parents. They are interested in people and may pull hair or pat faces. Children this age also tend to show feelings, such as having "temper tantrums" when they are angry or laughing when they are happy.
Things parents can do during the first year:

- Talk to children to help hearing development, model language, and prepare them for talking.
- Responding immediately to children’s needs helps them learn to trust others.
- Cuddling is important for infants and small children.
- "Child-proof" your home so your baby can explore safely. You might put locks on your cabinets, cover electrical sockets, and put harmful or breakable items out of reach. This also reduces your stress by limiting the number of things you need to worry about. By removing possibly harmful or precious objects, parents can protect children and their belongings.
- Provide consistent and predictable routines. Due to physical reasons, small infants will not be on a regular eating, sleeping, or toileting schedule for some time, however.
- Use distraction (directing the child’s attention elsewhere) or remove children from problem situations. Infants and very young children will not understand your directions or requests.

6-12 months:
During the second year of life, children continue to develop. Walking and running become very important, although the age at which children use walking most of the time is variable. Children begin to scribble with crayons. They can use a spoon and a cup, but are likely to spill. They tend to sleep 8-12 hours at night with 1 or 2 naps during the day.

At about one year, children try to imitate new words and may say several understandable words. Vocabulary grows quickly. Two word sentences usually appear at about 18 months. Children learn that they are individuals and test this new learning in as many ways as possible. As a result, using the word “no” and refusing to follow directions is part of normal development (although difficult for parents). By one year of age, children will express different emotions and recognize them in others. Crying tends to be limited to expressions of distress, because children can communicate in other ways (pointing, words). The fear that children experience when separated from their mothers usually begins to decrease around 15 months of age, as they become used to strange people and places. They begin to learn to wait for things, but this is very hard for young children. Children this age are not likely to cooperate or play with other children. Before children learn turn-taking and sharing, aggressive behavior may occur.

Things parents can do during the second year:

- Show appreciation (praise, applause) of children's activities. This increases their self-esteem and wish to continue these behaviors. Children tend not to repeat behaviors that parents ignore. It is important for parents to pay attention to crying, however, because crying is how infants communicate their needs.
- Continue to talk to your children to facilitate language development.
- Begin reading with your children.
- Continue to cuddle your child.
• Continue to provide for safe exploration of the environment.
• Continue to provide consistent and predictable routines for daily activities (getting ready for bed).
• Continue to use distraction and redirection (involving the child in a different activity).

**2-4 years:**
Children this age like to try new physical activities. They begin learning to walk on stairs, and begin running, swinging, and climbing (including on the furniture). Jumping (especially off things) becomes important. Two-year old children are learning to twist and turn objects, such as doorknobs, and begin turning pages in books. As children near 3 years of age, they get better at using their hands and can feed themselves. They may begin drawing pictures. Most children can remove clothing by themselves by age 3. They can dress themselves with supervision (and assistance with buttons, zippers, and laces) by age 4. Children tend to sleep 11-12 hours at night, with an additional 1-2 hour nap during the day. They begin to develop bowel and bladder control (see toilet training, below).

Language continues to develop. Children learn approximately 50 new words each month and begin speaking in longer (3 to 4+ word) sentences. They may become frustrated when adults do not understand them. They use language to ask questions ("why?"). They can repeat commands, but are not always able to use words to guide their behavior. Concepts (size, color, "mine-yours", "boy-girl") are developing. "No" continues to be an important part of the vocabulary from 2 to 3 years of age, and temper tantrums continue. Children do not have a lot of self-control and may behave in ways parents dislike. They may lie about their behavior to "avoid" displeasing their parents. More cooperative behavior with both parents and peers (other children) generally begins around age four. Make-believe play (playing house, imaginary friends) occurs, as children "try-on" different social roles. Initially some children may have some difficulty telling fantasy from reality.

**Things parents can do:**
• Continue to pay attention to and praise your children's good behavior and learning of new skills.
• Continue to talk to your children.
• Read with your children.
• Continue to provide a safe, structured environment and consistent and predictable routines.
• Don't overreact to temper tantrums and your child's "no's." Overreaction may increase rather than discourage these behaviors.

**Toilet-training:**

*To be toilet trained successfully, children need three things:*

1) Awareness of body cues telling them that their bowels and bladders need to be emptied and adequate muscle control to "hold it in." Children appear to know when they are about
to urinate or defecate (by gestures, facial expression, or stopping on-going activity) between 18-24 months. Adequate muscle development does not exist before 22-25 months of age (and may take longer in boys). By 3-1/2 years of age, most children have adequate bladder control during the day, but may still have accidents at night.

2) Communication abilities (gestures and/or language) that let the caregiver know the child wants to go to the bathroom.

3) Desire to be toilet trained. This may be shown by children imitating toileting behaviors or asking to have soiled diapers changed.

**4-6 years:**
At this age, children tend to sleep 11 hours per night and may no longer require naps. They are able to dress themselves without supervision. They begin to understand the difference between right and wrong and that behaviors have consequences. They learn that adults (parents and teachers) have expectations for their behavior. They also begin to be aware that other people have thoughts and feelings different from their own. Peers become increasingly important. Children start to play group games that have rules.

**Things parents can do:**
- Continue to praise children for their good behavior.
- Encourage them in activities they do well to increase their self-esteem.
- Continue to talk to and read with your children.
- Continue to provide a safe, structured environment and consistent and predictable routines.

**6-12 years:**
Children this age usually sleep 10 hours per night. Children become more independent. School becomes a central focus in the child's life. Friends continue to grow in importance, and children form close, stable friendships. Team activities and sports become important.

**Things parents can do:**
- Allow children the chance to grow, but continue to be involved and interested in their activities.
- Continue to notice and praise good behavior.
- Begin talking with your child about sex, drugs, and alcohol.

**12-18 years:**
Girls begin to reach puberty at about age 11; boys at about age 13. Teenagers begin to think of themselves as “adults.” Others' perceptions, especially those of peers, become very
important - teenagers may be concerned about their appearance and "fitting in." Increased interest in the opposite sex occurs (along with requests to go on dates). Although teenagers are not as moody as people believe, they may need time to themselves to think. Teenagers can think more abstractly and look at different sides of an issue.

**Things parents can do:**
- Talk to children about choices, especially about sex and drugs.
- Gradually allow children to make more decisions for themselves, but help them see all the consequences of their choices.
Common Medical Problems...

Common medical problems are sometimes difficult to recognize, particularly in infants and young children. These problems may affect your child's behavior. If your child appears to have any of the problems listed below, please consult your family doctor.

Gastrointestinal problems:
Gastrointestinal pain in infants is often shown by loud crying and/or body movements. Infants may draw their knees up or stretch their legs out stiffly. The most frequent cause of abdominal pain in infants is due to colic, which is a condition characterized by excessive air and gas in the stomach or intestinal tract. Colic most commonly occurs from birth to 3 months. Lactose intolerance, which is a difficulty in digesting milk and other dairy products, may cause abdominal pain. Children may be allergic to a number of different foods - if your child persistently tries to avoid a specific food, it may be due to a food allergy. A tendency toward having allergies may be inherited. If one or both parents have allergies, there is a greater likelihood that children will have allergies, although children may be allergic to completely different things than parents.

Ear infections:
Infants with ear infections may cry, be unable to sleep, or may attempt to rub their ears or turn their heads from side to side. Ear infections are sometimes accompanied by discharge from the ears or fever. Pain may occur before these other signs of an ear infection are observed.

Learning disability or learning disorder:
A learning disability consists of difficulty learning or an inability to learn certain content areas (reading, social skills) that is not explained by the child's overall intelligence and ability and that cannot be explained by other factors, such as sensory problems (blindness, deafness) or lack of opportunity to learn. Learning disabilities often go unnoticed until the child has difficulty in school. However, delays or problems in speech and language, perceptual, motor, and social-behavioral development during early childhood may be early indicators of a learning disability.

Attention-deficit/hyperactivity disorder:
Attention-deficit/hyperactivity disorder (ADHD) consists of difficulties paying attention and/or hyperactivity and/or impulsivity that is extreme when compared to same-aged children and causes difficulty in social/academic functioning. For the condition to be diagnosed, symptoms must be present before age 7. However, ADHD may not become apparent until the child begins school, where they are required to sit still, listen to the teacher, and work on schoolwork for long periods of time.