

I am 3 years old

My development – *Learn the Signs. Act Early.*

(what most children do at this age)

Social/Emotional Milestones

- Calms down within 10 minutes after you leave them, like at a childcare drop off
- Notices other children and joins them to play

Language/Communication Milestones

- Talks with you in conversation using at least two back-and-forth exchanges
- Asks “who,” “what,” “where,” or “why” questions, like “Where is mummy/daddy?”
- Says what action is happening in a picture or book when asked, like “running,” “eating,” or “playing”
- Says first name, when asked
- Talks well enough for others to understand, most of the time

Cognitive Milestones (learning, thinking, problem-solving)

- Draws a circle when you show them how
- Avoids touching hot objects, like a stove, when you warn them

Movement/Physical Development Milestones

- Strings items together, like large beads or macaroni
- Puts on some clothes by themselves, like loose pants or a jacket
- Uses a fork

Other important things to share with your Child and Family Health Nurse or GP

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills they once had?
- Does your child have any healthcare needs or were they born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your Child and Family Health nurse or GP, share your concerns, and ask about developmental screening.

Download the Love, Talk, Sing, Read, Play app for ideas to spending time with your child. Available on Android and iPhone.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's *Learn the Signs. Act Early.* Program (www.cdc.gov/ActEarly; February 2022).

For more great ideas on how to support my development, download the Bright Tomorrows app <https://www.brighttomorrows.org.au/>

Additional questions for parents/carers

Answer these questions before you visit your nurse or doctor for the 3 year health check.

I have completed the health risk factor questions on page 22	No Yes
I have completed the dental risk factor questions on page 84	No Yes
I am concerned about my child's hearing	Yes No
Others have said they are concerned about my child's hearing	Yes No
I am concerned about my child's vision	Yes No
My child has a turned or lazy eye (squint or strabismus)	Yes No
My child has difficulty seeing small objects	Yes No
My child recognises familiar objects and people from a distance	No Yes
My child is exposed to smoking and/or vaping in the home/car	Yes No
I am concerned about my child's teeth	Yes No
My child has pain in their mouth	Yes No
My child has sweet drinks and snacks throughout the day	Yes No

If you circled any answer in the first column, please tell your doctor or child and family health nurse.

Health professional to complete:	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>