

## I am 4 years old

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

(what most children do at this age)

#### **Social/Emotional Milestones**

- Pretends to be something else during play (teacher, superhero, dog)
- Asks to go play with children if none are around, like “Can I play with Alex?”
- Comforts others who are hurt or sad, like hugging a crying friend
- Avoids danger, like not jumping from tall heights at the playground
- Likes to be a “helper”
- Changes behaviour based on where they are (place of worship, library, playground)

#### **Language/Communication Milestones**

- Says sentences with four or more words
- Says some words from a song, story, or nursery rhyme
- Talks about at least one thing that happened during their day, like “I played soccer.”
- Answers simple questions like “What is a coat for?” or “What is a crayon for?”

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- Names a few colours of items
- Tells what comes next in a well-known story
- Draws a person with three or more body parts

#### **Movement/Physical Development Milestones**

- Catches a large ball most of the time
- Serves themselves food or pours water, with adult supervision
- Unbuttons some buttons
- Holds crayon or pencil between fingers and thumb not a fist

## Other important things to share with your health professional

- 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 health professional, share your concerns, and ask about developmental screening.

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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](http://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 health professional for the 4 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 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 health professional.**

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