

# Infant Motor Skills Observation Form

Observer Name

Observation Date

Infant Name

Infant Age (months)

Motor Skill	Observed	Comments
Head control	<input type="text"/>	<input type="text"/>
Rolling over	<input type="text"/>	<input type="text"/>
Sitting (with/without support)	<input type="text"/>	<input type="text"/>
Crawling	<input type="text"/>	<input type="text"/>
Standing	<input type="text"/>	<input type="text"/>
Walking	<input type="text"/>	<input type="text"/>
Reaching/grasping	<input type="text"/>	<input type="text"/>

Additional Notes