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Incredible
Years®

*Helping Parents Promote Babies'
Development During Well-Baby Vists*

Agendas/Checklists ONLY

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Video-based instruction for child and family guidance

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Incredible Babies
Health Care Provider Visit Checklist
Helping Parents to Promote their Baby's Development

Parent Name(s): _____

Baby's Name: _____

Newborn Visit: Becoming a Parent and Gaining Support

Date: _____ Health Care Provider: _____

VIGNETTES COVERED: Intro 1 2 3
(Circle vignettes shown.)

DISCUSS

	YES	NO
1. Experiences with new baby	_____	_____
2. Parent sleep, level of fatigue	_____	_____
3. Parent feelings (depression, family stress)	_____	_____
4. Parent support network/changes in family (use handouts)	_____	_____
5. Baby feeding frequency, success/difficulties	_____	_____
6. Safety Proofing Tips (car seat, crib safety, baby on back)	_____	_____
7. When to call doctor/health care provider	_____	_____
8. Give out IY baby book	_____	_____
9. Review handouts	_____	_____

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:



Incredible Babies

Health Care Provider Visit Checklist Helping Parents to Promote their Baby's Development

Parent Name(s): _____

Baby's Name: _____

One Month Visit: Getting to Know Your Baby & Responding to Crying

Date: _____

Health Care Provider: _____

VIGNETTES COVERED: 4 5 6 7

(Circle vignettes shown.)

DISCUSS

	YES	NO
1. Experiences since last visit (questions, goals for visit)	_____	_____
2. Parent sleep and level of fatigue	_____	_____
3. Baby sleep times, location	_____	_____
4. Parent feelings (depression, family stress)	_____	_____
5. Parent support network/Taking care of self (see handouts newborn section)	_____	_____
6. Baby feeding frequency, success/difficulties	_____	_____
7. Approach to baby crying, calming strategies	_____	_____
8. Baby developmental progress (likes, dislikes, tummy time)	_____	_____
9. Importance of talking to babies, playing and cuddling	_____	_____
10. Safety Proofing Tips (car seat, crib safety, baby sleeps on back, bath safety)	_____	_____
11. Practice & Modeling with baby (responding to rattle/toy)	_____	_____
12. Review handouts and home activity	_____	_____

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:

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Parent Name(s): _____

Baby's Name: _____

Two Month Visit: Babies as Intelligent Learners & Parents as Responsive Communicators—Speaking Parent-ese

Date: _____ Health Care Provider: _____

VIGNETTES COVERED: 8 9 10

(Circle vignettes shown.)

DISCUSS

	YES	NO
1. Experiences since last visit (questions, goals for visit)	_____	_____
2. Parent sleep/self-care efforts/partner time	_____	_____
3. Baby sleep times/position in bed	_____	_____
4. Parent feelings (depression, stress, partner support)	_____	_____
5. Parent support network/finding child care (see handouts newborn section)	_____	_____
6. Baby feeding frequency, success/difficulties	_____	_____
7. Approach to baby crying (ability to calm baby)	_____	_____
8. Baby developmental progress ("Thing I Can Do" Handout 0-3 months)	_____	_____
9. Benefits of talking to babies (speaking "parentese")	_____	_____
10. Practice & Modeling with baby (speaking "parentese")	_____	_____
11. Safety Proofing Tips (water temp. safety, baby sleeps on back)	_____	_____
12. Review handouts and home activity	_____	_____

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:

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Parent Name(s): _____

Baby's Name: _____

Four Month Visit: Providing Physical, Tactile, & Visual Stimulation for Your Baby

Date: _____

Health Care Provider: _____

VIGNETTES COVERED: 11 12 13 14 15
 (Circle vignettes shown.)

DISCUSS

	YES	NO
1. Experiences since last visit (questions, goals for visit, family changes)	_____	_____
2. Parent sleep, time for self, partner/other children	_____	_____
3. Baby sleep times and nap routines	_____	_____
4. Parent mental health (depression)	_____	_____
5. Parent support network/responsible babysitter (see handouts newborn section)	_____	_____
6. Baby feeding frequency, success/difficulties (use of pacifiers, no bottle in bed)	_____	_____
7. Signs baby is ready for solid foods	_____	_____
8. Approach to baby crying (ability to calm baby)	_____	_____
9. Baby developmental progress ("Thing I Can Do" Handout 3-6 months)	_____	_____
10. Experiences speaking "parentese"	_____	_____
11. Benefits of baby massage, aerobics, visual stimulation, singing and reading to baby	_____	_____
12. Practice & Modeling with baby (exercises, reading, massage, singing, play times)	_____	_____
13. Safety Proofing Tips (review baby proofing safety checklist and bath safety handout)	_____	_____
14. Review handouts and home activity	_____	_____

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:

Incredible Babies
Health Care Provider Visit Checklist
Helping Parents to Promote their Baby's Development

Parent Name(s): _____

Baby's Name: _____

Six Month Visit: Promoting Baby's Security – Regular Routines


Date: _____ Health Care Provider: _____

VIGNETTES COVERED: 16 17 18 19
 (Circle vignettes shown.)

DISCUSS

	YES	NO
1. Experiences since last visit (questions, goals for visit)	_____	_____
2. Baby developmental progress ("Thing I Can Do" Handout 6-9 months)	_____	_____
3. Experiences speaking "parentese", singing, reading, playing and providing visual stimulation	_____	_____
4. Parent stress, self-care & support level (see handouts newborn section)	_____	_____
5. Involving partner, other family members, and/or friends in baby's life	_____	_____
6. Finding good child care/joining play groups	_____	_____
7. Baby crying with new people	_____	_____
8. Calming baby, night time sleep routines, success/difficulties (review sleep habits handout)	_____	_____
9. Response to baby crying (helping baby calm)	_____	_____
10. Begin feeding solid foods as ready (how to add new foods, breast milk)	_____	_____
11. Baby feeding schedule (regular schedule)	_____	_____
12. Practice & Modeling with baby (baby-led feeding)	_____	_____
13. Start Toddler Safety Checklist	_____	_____
14. Review handouts and home activity	_____	_____

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:



Incredible Babies
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Helping Parents to Promote their Baby's Development

Parent Name(s): _____

Baby's Name: _____

Nine Month Visit: Baby's Emerging Sense of Self

Date: _____ Health Care Provider: _____

VIGNETTES COVERED: 20 21 22 23 24 25
 (Circle vignettes shown.)

DISCUSS

	YES	NO
1. Experiences since last visit (questions, goals for visit)	_____	_____
2. Baby developmental progress ("Thing I Can Do" Handout 9-12 months)	_____	_____
3. Experiences speaking "parentese," singing, reading, and playing games	_____	_____
4. Parent self-care and support (see handouts newborn section)	_____	_____
5. Involving partner, other family members, and/or friends in baby's life	_____	_____
6. Predictable baby naps and bedtime routines	_____	_____
7. Feeding success/difficulties with first solids (safe foods, baby-led approach, self-feeding)	_____	_____
8. Response to baby crying and separation anxiety	_____	_____
9. Review baby temperament checklist (in 6 months section)	_____	_____
10. Practice & Modeling with baby (baby led play times with hand puppets)	_____	_____
11. Review Toddler Safety Checklist (see handouts section)	_____	_____
12. Review handouts and home activity	_____	_____

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS: