

FIVE- TO SIX- MONTH TYPICAL DEVELOPMENT CHECKLIST (©Diane Bahr)

Place a check mark next to the characteristics you see in your five- to six- month-old baby

Typical 5- to 6- Month-Old Baby	YES	NO
MOUTH/FEEDING DEVELOPMENT		
Locates the breast nipple frequently without rooting reflex (3-6 months)		
Controls gag reflex during mouthing & feeding experiences (4-6 months)		
Controls phasic bite reflex (5-9 months); getting ready to take bites of/& chew foods		
Has increasing space in mouth, throat, & nasal areas due to cranial & jaw growth		
Has closed mouth & easy nose breathing during sleep & when mouth is inactive/empty		
Rests tongue in the roof of the closed mouth to help maintain palate shape		
Is free of tethered oral tissues (tongue, lip, &/or cheek tie)		
Has increased lip/cheek control & movement 4 to 6 months (<i>sucking pads reduce</i>)		
Uses increasingly independent jaw, lip, cheek, & tongue movement		
<i>Discriminatively mouths</i> appropriate objects & fingers throughout mouth between 5 & 9 months (crucial skill for feeding, eating, drinking, & speaking)		
Begins to get teeth with appropriate biting & chewing experiences		
Has good breastfeeding &/or bottle-feeding		
Places hands on the bottle around 4½ months & holds bottle with hand(s) around 5½ months; body held/positioned upright at 45+ degree angle to the horizon (not lying down when <i>bottle-feeding</i> , so liquid cannot go into <i>Eustachian tubes</i>)		
Takes sips <i>using lips</i> from an open cup held by the parent or care provider (tongue not under cup)		
Can learn to drink from a squeezable bottle with a straw <i>placed only on lips</i> (not on tongue) around 6 months		
Is ready for a soft baby cookie, baby cereal, as well as pureed & well-mashed foods with very small, soft lumps from a spoon <i>introduced appropriately</i> around 6 months (new foods introduced carefully over time to reduce chance of sensitivities)		
May initially use anterior tongue reflex (tongue pushing food out), but this resolves as becomes comfortable with closing lips on the spoon around 6 months		
Learns to hold the tongue & jaw still in anticipation of the spoon around 6 months		
Bites & chews on soft baby cookies, using rhythmic bite reflex or munching when cookie is held along with parent or care provider around 6 months		
May use diagonal rotary chewing pattern if appropriate food is placed on the side gum surfaces around 6 months		
Baby swallows food & liquid with upward jaw motion, as well as tongue cupping & wavelike motion (should be born with this)		
6-Month Foods/Liquids (unless advised otherwise by pediatrician, dietician, etc.)		
Fortified baby cereal mixed with breast milk or formula to start		
Non-wheat cereals, such as oat		
Pureed fruits & vegetables		
Sips of water (boiled for 3 minutes & cooled), formula or breast milk from an open cup held by parent or care provider		

Soft baby cookie held by parent/care provider & baby (e.g., <i>non-wheat</i> arrowroot or rice)		
Breast milk or formula from the breast or bottle, allowing baby to self-limit		
BODY DEVELOPMENT (Typical 5- to 6- Month-Old)		
When Lying on Each Side (Typical 5-Month Old)		
Lengthens body on weight-bearing side & has side-bending on unweighted side		
Has independent arm & leg movements & side of head on floor/surface		
Develops increasing trunk/core, spine, & shoulder stability, as well as hip/pelvis, & leg movement		
Can bring hands together, hands to knees & feet, as well as reach toward & interact with a toy		
When on Each Side (Typical 6-Month-Old)		
Lengthens weight-bearing side & flexes/bends unweighted side of body, so unweighted arm can grasp objects		
Has increasing control of head, neck, trunk/core, pelvis/hips, arms, & legs		
Can roll from each side to stomach		
When on the Stomach (Typical 5-Month Old)		
Is very active, may make swimming movements when body is stretching, & can roll from stomach to back		
Pushes body upward with arms extended & open hands, moves legs independently, & has front-back, side-side, & rotary movement increasing in the hips		
Reaches forward with one arm to grasp/corral toys while shifting & supporting weight on opposite side of body		
Plays with toys using both hands		
Moves head up-down, side-side, & left-right with increasing shoulder/arm support & just enough for the activity		
Shows visual interest & visually follows objects/people (increasing eye-hand coordination)		
When on the Stomach (Typical 6-Month-Old)		
Has fully developed head control (head moves in variety of directions independent of shoulders & trunk/core)		
Pushes body increasingly upward on arms bearing weight on heels of hands (increasing spine/hip lengthening, with abdominal muscles providing pelvic/hip support in the front of the body)		
Alternates between extended pivot body position & arm weight-bearing (increasing shoulder, arm, & hand control)		
Pushes up with arms, & sometimes moves body backward		
Develops symmetrical tonic neck reflex between 6 & 9 months (likely readiness for creeping/crawling with vision use)		
Can reach for a toy, grasp it with increasing finger control, & bring toy to the mouth		
Lengthens weight-bearing side of body, flexes/bends unweighted side, shifts weight in lower trunk/core & pelvis/hips to move legs (including knees) in an independent & coordinated manner (uses diagonal muscles in body - precursor to creeping/crawling)		

Rolls from stomach to back with control		
When Sitting (Typical 6-Month-Old)		
Circle/ring sits with head in midline/middle (increasing core & pelvic/hip control)		
Reaches for toys in front of the body, & brings them to the mouth		
Shifts weight following head movements, & may fall to the side with head turn		
Extends arms/hands in front of the body if begins to fall forward (protective extension)		
When on the Back (Typical 5-Month Old)		
Moro/Startle reflex seems to disappear (become integrated by the brain) between 3 & 6 months		
Asymmetric tonic neck reflex seems to disappear (become integrated by the brain) between 4 & 6 months		
Brings hands to feet (eyes-hands-feet connection) & feet to mouth (feet-hands-mouth connection)		
Has increasing body awareness, abdominal strength, & hip/pelvis stability/steadiness		
Develops diagonal body movement (e.g., using both hands to play with one foot)		
Uses eyes/vision independently from head movements		
Eyes & hands work together progressively (eye-hand coordination developing)		
Reaches with both arms to be lifted by care provider		
Develops increasing control of arms & hands to reach for & grasp objects		
Uses both arms/hands when object presented at midline/middle of body		
Uses one hand when object presented to the side (may roll onto side)		
Uses palmar grasp (object held firmly in palm by fingers)		
Explores objects with mouth (texture, shape, size, etc. – discriminative mouthing)		
Can move legs independently from arms & one leg separately from the other leg with relaxed knees		
When on the Back (Typical 6-Month-Old)		
Moro/Startle reflex seems to disappear (become integrated by the brain) between 3 & 6 months		
Asymmetric tonic neck reflex seems to disappear (become integrated by the brain) between 4 & 6 months		
Has improving body strength; abdominal & postural control; as well as shoulder stability/steadiness		
Reaches with one or both hands using palmer or radial palmer grasp (begins using thumb with grasp)		
Uses hands to play with feet & explore other hand; mostly explores appropriate objects with mouth & tongue		
Sways lifted legs from side-to-side using abdominal muscles for body rotation, rib cage maturity, & respiration/breathing development		
Can move one leg independently of the other		

Primary References

- Bahr, D. (2018). *Feed your baby and toddler right: Early eating and drinking skills encourage the best development*. Arlington, TX: Future Horizons.
- Bahr, D. C., & Hillis, A. E. (2001). Neurological and anatomical bases. In D. C. Bahr *Oral motor assessment and treatment: Ages and stages* (pp. 1-41). USA: Pearson College Division.
- Bly, L. (1994). *Motor skills acquisition in the first year: An illustrated guide to normal development*. USA: Psychological Corp.
- Feldenkrais, M. (1972). *Awareness through movement* (Vol. 1977). New York: Harper and Row.
- Morris, S. E., & Klein, M. D. (2000). *Pre-Feeding skills: A comprehensive resource for mealtime development*. (2nd ed.). San Antonio, TX: Therapy Skill Builders.
- Neuro Restart (2019). Primitive reflexes. Retrieved from <http://www.neurorestart.co.uk/primitive-reflexes/>
- Vulpe, S. G. (1994). *Vulpe assessment battery-revised: Developmental assessment, performance analysis, individualized programming for the atypical child*. East Aurora, NY: Slosson Educational Publications.

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