

# one month



A

B

Alert	Yes	No
Content	Yes	No
Sleeps frequently	Yes	No
Lifts head	Yes	No
Stares at faces	Yes	No
Cries frequently	Yes	No
Responds to sounds	Yes	No
Grasps fingers	Yes	No
Makes throaty sounds	Yes	No
Moves all extremities	Yes	No
Likes bathtime	Yes	No

C

D

I start my day at \_\_\_\_\_ At night I sleep \_\_\_\_\_ hours at a time

My nap times are \_\_\_\_\_

The liquids I like in my bottle are \_\_\_\_\_

I eat \_\_\_\_\_ ounces every \_\_\_\_\_ hours

I smile when \_\_\_\_\_

I go to sleep best when \_\_\_\_\_

When I cry I'm probably \_\_\_\_\_

I'm frightened when \_\_\_\_\_

I'm fascinated when \_\_\_\_\_

Interesting things about me are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_