

# MINNESOTA DEVELOPMENTAL TIMELINE

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## PURPOSE

Most developmental tables and charts show developmental milestones without taking into account any sensory losses, hospitalizations, illnesses, educational interventions or major family events. The Minnesota Developmental Timeline shows the relationship of all these factors over time. The purpose is to understand more clearly the unique circumstances which affect a child's learning. This chart should be kept by the family with copies becoming part of a child's permanent educational and/or medical records. It should also be updated periodically on the parent's original with the chart copies being replaced as necessary. Some parents may decide they do not want to keep the original.

The chart is both succinct and approximate, i.e. exact dates and lengths of hospitalization, great detail on milestones are not necessary. The focus should be on the overall picture and the relationship of events. Details can be written on the back of the page or on separate sheets.

## WHO SHOULD PROVIDE THE DATA:

Parents or other caretakers usually can provide the most of the information. Medical and educational professionals can help make the descriptions more accurate and precise and help fill in the informational gaps.

## HOW TO CONSTRUCT THE CHART:

1. While a form is often provided and you can certainly use a handwritten form, you may also wish to develop your own chart using a drawing program such as Corel Draw or by using as a spreadsheet like Excel. The drawing programs produce pretty results but are more time-consuming to construct. The spreadsheet is more readily available and will make it easy to update the information yourself while keeping the information easy to read. Two drawbacks are that the age/date columns become uneven and the hospitalization lines will have to be drawn in by hand.
2. Enter child's name, birthdate and the date the chart was filled in at the top of each page used. Decide whether you want the hatch marks across the top of the chart to represent days, weeks, months or years. Sometimes having a whole year on one page will not give enough space to fill in all the important events. A young child might need one page to represent 6 months while an older child might need one page to depict the first 3 years of life. Write in the age at the larger marks and also put the date plus age at least twice on each page, e.g. 6 mo. (8/96). Having both makes it easier to fill in information. Sometimes parents remember an event occurred just after New Year's but would have to figure out how old the child was at that time.

3. Mark in all hospitalizations (see Figure 1). These are bars which span the entire page and are shaded or colored in. The reason for doing this is that children typically show delay or even regression in development during and sometimes after a hospitalization depending on the severity of the illness and the degree of perceived physical or emotional trauma experienced. Hospitalizations therefore have a major impact on all areas of development.
4. Write in precise terms the reason for hospitalization or major illnesses (see Figure 2). For instance, PE tubes, Nissen, pneumonia, EUA (exam under anesthesia), etc. Explain procedures or abbreviations on the reverse side. Under Other Illness write in medical problems like ear infection, swallowing problem, etc. A line can be drawn from the description across the page to the date or age at which the problem resolved. For instance, swallowing problems might last from birth to 3 ½ yr. so the words are written at the birth line and a line with an arrow is drawn across the entire first page and subsequent page(s) ending at 3 ½ as shown in Figure 2.
5. Fill in developmental milestones (see Figure 3). Motor and Mobility includes both gross motor milestones and O&M (orientation and mobility) milestones if applicable. Under Vision, Hearing, Taste and Smell note what sensory stimuli the child responded to at different ages and give numbers for visual acuity, degree of hearing loss, etc. when tests were given. Also note when glasses, hearing aids, FM system at home or school, or any other device was introduced. Use a line across the page to note how long the child used the device if it was discontinued. Use an asterisk or number to indicate an explanation on the reverse side as to how long the child used the device. For instance, a hearing aid might have been fitted at age 3 yr. but was only used during preschool Mon, Wed, Fri, for 2 ½ hr during the school year. A dotted or dashed line might indicate this kind of non-continuous use.
6. Under Educational Services note when teachers and therapists began and stopped working with a child. (See Figure 4) Use abbreviations like ECSE (early childhood special education), PT (physical therapy), etc. Note whether this is at home or school and duration of service, i.e. 2x/wk for 30 min. This kind of detail can be put in an explanatory note on the reverse side.
7. Major Family Events are entered next (see Figure 5). These should include anything that can affect development like the birth of another sibling, death of a grandmother, a move, foster placement, frequent changes in home health care aides, etc.
8. Color code major areas that need emphasis (see Figure 6). For instance, hospitalizations might be colored with yellow highlighter. Anything that affects hearing can be highlighted in pink such as hearing milestones, ear infections, PE tubes, deaf/hard of hearing teacher, deaf uncle moved into town. Please note that color coding does not show up on black and white copies so use this judiciously.

**POSSIBLE USES FOR THIS CHART:**

1. Summary for parents/guardians.
2. Summary of past history for child's education file. The chart can be amended periodically and available for all new staff to review.
3. Summary for medical file.
4. Summary for case managers in settings outside education or clinics.

Name: \_\_\_\_\_ B.D. \_\_\_\_\_ Date: \_\_\_\_\_

Age (yrs) (mo.)													
Ill or in Hospital													
Other Medical													
Motor & Mobility													
Fine Motor													
Tactile													
Vision													
Smell													
Taste													
Hearing													
Communi- cation													
Education/ Services													
Family Events													

Name \_\_\_\_\_

B.D. 3-8-94 Date: 10/5/98

Age (yrs) (mo.)	Ill or in Hospital	Other Medical	Motor & Mobility	Fine Motor	Tactile	Vision	Smell	Taste	Hearing	Communication	Education/ Services	Family Events
<b>Birth</b> 3-4-94	G-tube/Nissen Hi cath, ASP VSD, PDA, hypoplastic rt vent, unilateral (facial palsy)	Sivallowing problems Oral stim program started w/ unit (facial palsy)				Colobomas of both optic nerves L > R			Turn to voice, Rt hearing aid used until birth hospital		OT to home	No home nursing help
5/94	Pale, limp, tube to GER reflux	OT at home			Markedly defensive to all touch. Started on- going pro- gram of brushing	Tracked w/ both eyes when well						
7/94	Heart surgery Hemi-Porlain	Recurrent ear infections								Parents started learning sign lang		
9/94												
11/94	Respiratory infection ICU on vent.							Wrinkles face to picante sauce & sour pickles			SKI-HI lang teacher 1x/wk PT	
1/95	Respiratory infection											
3/95 (1 yr)	Bowel obstruction	On steroids stopped oral feed, "nasty" disposition										
5/95	Scope airway	Started oral stim again										
7/95	Decannu- lations x2								Reached for something on floor but would not around for it			
9/95												
11/95	PE Tubes #1 Trach closure											
1/96	Aspir. Barium Resp. arrest											
3/96 (2 yr)												

Name \_\_\_\_\_ B.D. 3-8-94 Date: 10/5/98

Age (yrs) (mo.)	3/96 (2 yr)	5/96	7/96	9/96	11/96	1/97	3/97 (4 yr)	5/97	7/97	9/97	11/97	1/98	3/98 (5 yr)
Ill or in Hospital				Heart surgery				Otoplasty Eye muscle surgery					
Other Medical	Swallowing problems	Recurrent ear infections								oral stim program at school			
Motor & Mobility		5-pt crawl Few steps holding on											Walked independently
Fine Motor				Held pencil fairly well w/ little drawing						Made circles w/ open bottoms			
Tactile										Refused to touch anything, e.g. fingerpaints			
Vision													
Smell	No definite reaction to any smell									Initiated smelling flowers but never discriminated among smells			
Taste													
Hearing									L hearing aid	FM unit at school			
Communication		2-word sentences increasing vocabulary & understanding		"Funny Daddy" on Father's Day									
Education/ Services									Summer school July	Started preschool w/ interpreter			
Family Events													

Name \_\_\_\_\_ B.D. 3-8-94 Date: 10/5/98

Age (yrs) (mo.)	3/98 (5 yr)	5/98	7/98	9/98	11/98	1/99	3/99 (6 yr)	5/99	7/99	9/99	11/99	1/00	3/00 (7 yr)
Ill or in Hospital	PE Tubes #2												
Other Medical				G-tube feeds but not aspirating									
Motor & Mobility	Falling - bruise on head			Can stand up in mid room Less falling									
Fine Motor			Makes triangle w/ round bottom	Letters-not interested. Draws face not body Closing circles									
Tactile				Now touches anything but the nose to initiate touch									
Vision			Rt: 20/50 Lt: 20/60 Upper fields partly missing	Can ID each kind of flower by color									
Smell	No definite reaction to any smell												
Taste													
Hearing		FM unit purchased for home use	Began responding more to voice										
Communication			Using both sign and voice.	Asking others to fingerspell everything. Uses 7-8 word sentences									
Education/ Services		Summer school July	PT all summer for balance										
Family Events													