ELEVEN- TO TWELVE- MONTH TYPICAL DEVELOPMENT CHECKLIST (©Diane Bahr)

Place a check mark next to the characteristics you see in your eleven- to twelve-month-old baby.

Typical 11- to 12- Month-Old Baby	YES	NO
MOUTH/FEEDING DEVELOPMENT		
Integrates involuntary suckling reflex (seems to be disappearing 6-12 months)		
Has integrated gag reflex (now found on back of the tongue secondary to appropriate		
feeding & mouthing experiences)		
Integrates transverse (side) tongue reflex (seems to be disappearing 9-24 months)		
Integrates phasic (up-down) bite reflex (seems to be disappearing 9-12 months)		
Uses increasing diagonal rotary jaw movement (6-11 months)		
Uses mirror neurons in feeding making it important for care-providers to participate in		
& demonstrate eating & drinking activities (This is a social, interactive process)		
Gets top 2 front teeth (central incisors) between 8 & 12 months; removes food from		
bottom lip with top front teeth		
Gets bottom lateral incisors (10-16 months)		
Gets top lateral incisors (9-13 months)		
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 ties)		
Sucks liquid from breast &/or bottle with up-down tongue & jaw movement		
Increases suck, swallow, breathe sequences on the breast &/or bottle (different on		
breast than bottle)		
Learns to manage appropriate food & liquid textures; relies <i>less</i> on breastfeeding &		
bottle-feeding over time		
Drinks from an open or recessed-lid cup placed at lips, but not into lip corners		
Drinks more than 3 consecutive sucks from open or recessed-lid cup with improving jaw control (9-15 months)		
Drinks from a straw with straw placed <i>only on lips</i> (6-12 months)		
Uses 3 or more continuous, consecutive sucks during proper straw-drinking (6-12		
months)		
Removes food from a spoon with upper lip movement		
Moves lower lip inward when spoon removed (6-12 months)		
Can close lips when swallowing		
Holds spoon, and can pass a food pieces from one hand to the other		
Uses up-down tongue movement when sucking food from spoon (11 months)		
Picks up small food pieces with thumb and fingers (9-12 months)		
Uses jaw movements matching shape & size of the food when taking bites & chewing		
Tightens lips & cheeks to keep food in place during chewing on side where food is		
placed		
Moves lips with chewing		
Moves lips inward slightly when food remains on them; moves lip corner & cheek		
inward on the side of chewing (8-11 months)		
Moves upper lip forward & downward during chewing (8-12 months)		
Moves lower lip inward while removing food with upper incisors (9-21 months)		
Uses lips & cheeks to control & move food (8-18 months)		

Uses up-down biting & chewing/munching on a hard cookie (6-19 months)	
Uses diagonal rotary chewing on the side where food is placed	
Bites through a soft cookie (7-12 months)	
Moves tongue up & down with the jaw, and moves tongue toward small pieces of food	
on the side gums	
Begins to move the tongue independently from the jaw during sucking (7-11 months);	
transfers food from center of tongue to both sides of mouth (7-12 months)	
9-12 Month Foods/Liquids (unless advised otherwise by pediatrician, dietician, etc.)	
Soft, cut-up cooked and safe, soft, cut-up uncooked foods (such as bananas, skinned	
peaches, peeled avocado, etc.); introduce citrus slowly.	
Cooked fruit or vegetable strips.	
Soft, chopped meats (such as stewed chicken, no bone; ground meat; no fish).	
Casseroles with noodles, pasta, or rice.	
Bread, toast, crackers, dry cereal without sugar (no chocolate).	
Eggs (yolks at 9 months, whites at 12 months) and cheese (soft cheese strips, cottage	
cheese, yogurt formulated for babies).	
Sips of water, formula, or breast milk from an open-, recessed lid-, or straw-cup	
Breast milk or formula from breast or bottle, allowing baby to self-limit.	
BODY DEVELOPMENT (Typical 11- to 12- Month Old)	
Full Body Reflexes	
Tonic Labyrinthine Reflex/Response: The flexion part of this response is usually	
integrated by the brain by 4 months; the extension part of this response may take as	
long as 3 ½ years	
Symmetrical Tonic Neck Reflex/Response: Develops between 6 and 9 months ; seems to	
disappear (become integrated by the brain) around 12 months	
When Sitting (Typical 11-Month-Old)	
Long-leg, side, and ring/circle sits quietly during dressing and fine-motor activities (i.e.,	
eating, drinking, speaking, vision use, and hand use)	
Side-sits in a variety of ways, as well as rotates trunk/core when reaching for objects	
Imitates and does activities in unison with others (mirror neurons engaged), and helps	
with dressing/undressing	
Handles and inspects toys with hands and eyes using hands in an increasingly	
sophisticated manner (e.g., placing one container into another)	
Moves easily from sitting to crawling	
When Sitting (Typical 12-Month-Old)	
Has increasing shoulder stability and reaches for toys across middle of body (midline)	
using trunk rotation	
Spends considerable amounts of time examining and exploring many toys	
Favors container play, putting pegs in holes, as well as turning objects and pages	
Imitates everyday activities such as dressing and cooking with clothing, pots, and pans	
Uses two hands to put similar objects together (e.g., blocks)	
Coordinates hand and wrist movements using bilateral integration, touch, and	
proprioception (inner awareness in muscles and joints)	

Uses fingertips and thumb for increasingly refined pincer grasp	
Releases large objects easily from hands, but is awkward when releasing small objects	
from hands	
Moves effortlessly from sitting to crawling, kneeling, squatting, and standing	
From Hands and Knees (Typical 11-Month-Old)	
Uses crawling as the primary means of movement toward objects and people	
Will crawl in and out of appropriate large containers (e.g., stable laundry baskets placed on the side)	
Improves motor planning, perception, and body awareness via movement and interaction with the environment	
Moves easily from crawling to kneeling (often used as part of reaching for objects or people)	
Brings one leg forward from crawling to partial half-kneeling, places weight on hands and one foot, and brings other leg forward to play in squatting	
Can move easily from standing to squatting to standing	
From Hands and Knees (Typical 12-Month-Old)	
Can crawl (primary means of moving), half-kneel, and squat (dissociation increasing in hips and legs)	
Uses kneeling and half-kneeling for reaching (dynamic stability in trunk, hips, and legs)	
Squats with improved hip and knee mobility using ankles and feet to balance	
When Climbing (Typical 11-Month-Old)	
Prefers climbing as a favored activity and moves easily from climbing to sitting	
Can be taught to move downward from furniture and stairs	
Practices climbing and descending from a variety of surfaces of differing heights and textures (increasing problem-solving skills)	
When Climbing (Typical 12-Month-Old)	
Climbs into/onto anything considered explorable (challenges/stimulates sensory-motor skills)	
Uses sensory processing and motor planning for intentional movement	
Places foot on a step/lifts body onto step with arms from standing	
Raises leg over a rail stabilizing with hands	
When Standing (Typical 11-Month-Old)	
Rises from a squat position with symmetry and wide base of support (feet apart) without using hands	
Rises from half-kneeling with one hand placed on furniture	
Can play with a toy using two hands while standing with a wide base of support	
When Standing (Typical 12-Month-Old)	
Rises to stand from hands and knees (without help) by shifting weight toward hips,	
freeing hands/arms, raising the trunk, and symmetrically straightening hips and knees	
Uses a wide base of support (feet apart) to stand without assistance	
Lowers to sitting by shifting weight toward the hips while bending the hips and knees	

Begins playing with toys formerly used in sitting	
May initially fix upper trunk/shoulders/arms limiting toy play	
Shifts weight from leg-to-leg, lifts unweighted leg placing it into a container, uses motor	
planning to place other leg into container (initially fixes upper trunk/shoulders/arms)	
Explores/experiments with reaching forward with unweighted leg (motor plan needed	
for walking)	
When Walking (Typical 11-Month-Old)	
Cruises furniture and tries walking with one hand held or holding onto adult's arm	
Continues fixing shoulder girdle and upper trunk/core for stability, but shifts weight	
with increasing ease on supported side of body (i.e., while holding hand or arm of care	
provider)	
Begins to attempt unsupported walking with a feet apart (wide base); fixing/tightening	
of upper trunk, shoulders, and arms; and leaning the trunk/core toward the weight-	
bearing leg	
Initially moves quickly, has poor balance, and falls or is caught by parent or care	
provider	
When Walking (Typical 12-Month-Old)	
Walks fast with short stride/step length, wide base, and no alternating arm swing (fixing	
of upper trunk and arms decreases over time with practice)	

Primary References

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