HEALTH BASICS

Developmental milestones record - 2 years

A record of the communication, social, learning, and movement skills seen around age 2.

WHAT IT IS
A snapshot of a child's development around age 2

WHERE IT COMES UP
Health reviews, childcare discussions, and developmental screening

WHY IT MATTERS
Helps identify strengths and areas needing closer assessment

WHAT IT IS NOT
Not a diagnosis or pass-or-fail test

WHO TO ASK
A pediatrician, family clinician, nurse, or health visitor

HOW IT IS CHECKED
Parent report, observation, and standardized developmental screening

Overview

A developmental milestones record describes skills that a child shows around their second birthday. It may be part of a personal child health record, a routine health visit, a childcare report, or a milestone checklist.

Development covers several connected areas: communication, social interaction, learning, movement, and everyday skills. Milestones are examples of what children commonly do by a certain age. They are not a complete measure of intelligence, parenting, personality, or future ability.

Children do not gain every skill on the same day or in the same order. Language exposure, opportunities to practise, premature birth, hearing, health conditions, and other factors may affect the picture. A record is most useful when it includes clear examples rather than a simple "yes" or "no."

A milestone checklist is not a diagnosis. It can show that a fuller conversation or assessment would be helpful, but it cannot explain why a skill has not yet appeared.

How it works

At a routine review, you may be asked what your child does at home and in other familiar settings. The clinician may also watch how your child moves, plays, communicates, and responds to people.

Examples of milestones listed by the US Centers for Disease Control and Prevention for age 2 include:

These examples are a guide, not a test that a child must perform on demand. A child may demonstrate a skill at home but not during an unfamiliar appointment.

A developmental record may combine three approaches. Developmental surveillance is the ongoing discussion and observation that happens across visits. Developmental screening uses a structured questionnaire or tool with set scoring rules. A developmental assessment is a more detailed evaluation by one or more professionals when there is a concern.

Screening may cover overall development or focus on an area such as communication or social interaction. An autism screening questionnaire, for example, estimates whether further assessment may be useful. It does not diagnose autism.

Clinicians interpret the record in context. They may ask which languages your child hears and how they communicate in each one. Learning more than one language does not itself cause a language disorder. They may also consider birth history, medical conditions, family observations, and reports from nursery or childcare.

- Noticing when another person is hurt or upset
- Looking at your face to see how to react in a new situation
- Pointing to something in a book when asked
- Putting at least two words together, such as "more milk"
- Pointing to at least two body parts when asked
- Using gestures beyond waving and pointing
- Holding an object with one hand while using the other hand
- Trying switches, knobs, or buttons on toys
- Playing with more than one toy at the same time
- Running, kicking a ball, eating with a spoon, and using some stairs

Why it matters for your health

A two-year record can help you and your child's healthcare team notice development over

time. One isolated entry is less informative than a pattern across several months.

Recording strengths matters as much as recording concerns. It shows what your child can already do and may help professionals choose an appropriate next step.

When a concern is identified early, a child can be assessed for possible reasons and offered support suited to their needs. This might include a hearing test, speech and language assessment, vision assessment, physical therapy evaluation, or broader developmental assessment.

The record can also prevent unnecessary concern. A detailed example may show that a child has a skill but expresses it differently from the wording on a checklist.

What can go wrong

A milestone record can be incomplete or misleading. Memory is not always exact, and a child may behave differently when tired, unwell, anxious, or in an unfamiliar place. Checklists from different organizations may also use different milestone definitions.

A concern in the record may relate to developmental delay, meaning that one or more skills are developing later than expected. A delay may affect a single area, such as language, or several areas.

Possible related situations include hearing loss, vision problems, speech or language disorders, autism, movement disorders such as cerebral palsy, or broader developmental disability. Social circumstances and limited opportunities to practise a particular task can also affect what has been observed. The record alone cannot distinguish among these possibilities.

Missing one milestone does not establish any of these conditions. Likewise, completing every item does not rule out all developmental or health concerns. Your own observations remain important even when a checklist score is reassuring.

Loss of a skill that your child previously used is different from not yet gaining it. Contact your child's healthcare service promptly if you notice a clear loss of language, social, movement, or self-care skills.

A milestone concern by itself is rarely an emergency. Use emergency services for an ongoing seizure, unresponsiveness, serious breathing difficulty, sudden one-sided weakness, or another acute medical emergency. These are emergency signs because of the sudden illness they may represent, not because of the milestone record.

What you can do

Keep brief, specific notes about skills you observe. Instead of writing "language good," record an example such as "said 'Daddy go work' without prompting." Add the date and the setting.

Useful information to bring to a review includes:

A short video of an everyday behaviour may help if the skill does not appear during the appointment. Recordings should be made and shared in a way that protects your child's privacy.

If you are concerned, ask whether a standardized developmental screen is appropriate and whether hearing or vision should be checked. You can also ask what skill should be reviewed again, when follow-up should happen, and what change would justify earlier contact.

You do not need to train your child to "pass" a checklist. Ordinary talking, reading, play, movement, and shared routines provide useful opportunities to observe development, but they are not substitutes for assessment when there is a concern.

Arrange routine follow-up if your child is not showing one or more expected skills, if childcare staff share a concern, or if you remain worried despite a reassuring checklist. Seek more prompt advice for loss of previously used skills.

- Words, gestures, or signs your child uses spontaneously
- How they ask for help or share an interest
- How they play and respond to familiar people
- How they walk, run, climb, eat, and handle objects
- Skills seen by relatives, nursery staff, or other caregivers
- Any skill that appeared and was later lost
- Concerns about hearing, vision, sleep, feeding, or movement

Common questions

Does a two-year-old need to show every listed milestone?

No. Milestones describe skills commonly seen by an age, not a required performance list. A clinician considers the overall pattern, the child's history, and your observations.

Does saying fewer words mean a child has autism?

Not by itself. Language differences can have many explanations, including hearing loss or a speech and language delay. Autism involves a broader pattern of social communication and

behaviour and requires a proper assessment.

Do words in more than one language count?

Yes. Tell the clinician about words, signs, and phrases used across all languages. Multilingual exposure should be included when the child's communication is reviewed.

What if my child will not perform a skill at the appointment?

Explain what you have seen at home and give a specific example. Notes, childcare observations, or a short video may add useful context.

Is developmental screening the same as developmental assessment?

No. Screening is a structured first check that identifies children who may benefit from closer evaluation. Assessment is more detailed and may involve specialists from several professions.

Should age be adjusted after premature birth?

Premature birth can affect how early development is interpreted. Tell the clinician how many weeks pregnant you were when your child was born so they can apply the appropriate approach.

What happens after a concern is recorded?

The next step may be observation over a defined period, repeat screening, hearing or vision testing, or referral for a focused assessment. Ask who will arrange the follow-up and when you should expect it.

Sources

- Centers for Disease Control and Prevention: Milestones by 2 Years
- American Academy of Pediatrics: Promoting Optimal Development-Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening , Pediatrics , 2020
- American Academy of Pediatrics: Identification, Evaluation, and Management of Children With Autism Spectrum Disorder , Pediatrics , 2020
- NHS: Your Child's 2 to 2½ Year Review
- National Institute for Health and Care Excellence: Suspected Neurological Conditions-Recognition and Referral