



# About my Firsts

Date/Age

I focused my eyes: ..... / ..... I smiled: ..... / .....

I babbled: ..... / ..... I laughed: ..... / .....

I rolled over from front to back: ..... / .....

I rolled over from back to front: ..... / .....

I slept through the night ..... / .....

I sat up without support: ..... / .....

I grabbed something: ..... / .....

I was toilet trained: ..... / .....

I took my first step: ..... / .....

My first word was:

..... / .....

I ate solid food:

..... / .....

My first tooth:

..... / .....

I walked:

..... / .....