Understanding Your Child's Growth — A Caregiver Worksheet

A gentle worksheet to help you notice, measure and note what matters — so your child's doctor can look into short stature and bone-growth (skeletal dysplasia) conditions, and get your child the right care.

About short stature. Being short is not a problem in itself — most short children are perfectly healthy, and it often simply runs in the family.[2] Sometimes, though, short height is a clue to a difference in the way bones grow, called a **skeletal dysplasia** (for example, achondroplasia or hypochondroplasia). Noticing the signs early helps your child get the right care.[2,3]

Why your child's shape matters. One of the most helpful clues is your child's proportions — how the arms, legs, trunk and head compare. If some parts look short for the rest of the body, or the head looks a little large, that can point toward a bone-growth cause. It is worth checking with a few measurements, some X-rays and, sometimes, a simple test.[1,3]

How to use this sheet: Tick a box for anything you've noticed and add a quick note. Then bring the sheet to your child's appointment. Feeling worried is normal — there are no wrong answers, and no one knows your child better than you.

WHAT TO LOOK FOR	WHAT YOU MIGHT NOTICE	YOUR NOTES (type or write)
☐ **Height vs other children** *Growth*	Shorter than most children the same age — for example near the bottom of the growth chart, or wearing clothes made for younger children.[2,5]	
☐ **Growth over time** *Growth*	Growth seems to have slowed, or clothes and shoes haven't changed size in a long time. Old photos and past heights really help — bring them if you can.[2]	
☐ **Short arms or legs — and where** *Proportion*	Arms and/or legs look short for the body. If you can, note where it's shortest: the upper arms & thighs, the forearms & shins, or the hands & feet.[3]	
☐ **Trunk, back & arm span** *Proportion*	A long body with short limbs, or a short body; a curve in the back. Tip: with arms stretched wide, the fingertip-to-fingertip width may look shorter than their height.[2,5]	
☐ **Head, hands & feet** *Proportion*	A head that looks a little large for the body, or short, broad hands and feet. Note if any of these have been measured — head size is a useful clue.[2,3]	
☐ **Family & birth history** *History*	Anyone in the family who is short or has a bone/growth condition; both parents' heights; and whether your child was born small.[1,2]	

Anything else you've noticed? (ear infections, snoring, stiff or bendy joints, bowed legs, slower milestones…)

Why this matters. *Your notes help the doctor see whether your child's growth is even (proportionate) or uneven (disproportionate). Uneven growth — even when the height difference is only mild — is the clue that most often leads to X-rays and, if it helps, a test to find the cause.*[1,3]

Bring this to your appointment

Fill in what you can before you go — even a little helps. It lets your child's team measure the right things and, if it's useful, move ahead with X-rays or a test.

Finding the cause — the usual path, and why it helps

1 The doctor plots your child's height, weight and head size on a growth chart, and estimates how tall they might grow from your heights.[2] **2** They gently measure body proportions — how the arms, legs, trunk and head compare — to see if growth is even or uneven.[2,3,5] **3** If proportions look uneven, or there are other clues, the next steps are a few X-rays and, when it's helpful, a simple test (often a blood or cheek-swab sample) to find the cause.[1,2,3]

Good to know: the doctor is more likely to look for a genetic cause when a short child also has another clue — like a head that's a little large for the body, or arms and legs that look short — even if the height difference is only mild.[1] Finding a cause isn't something to fear — it's useful, hopeful information. It can guide the right care and check-ups, connect you with other families, and bring the peace of mind of knowing what's going on.[1]

1 About my child & family

CHILD'S NAME

DATE OF BIRTH / AGE

TODAY'S DATE

CURRENT HEIGHT

CURRENT WEIGHT

HEAD SIZE (IF MEASURED)

YOUR HEIGHT (PARENT 1)

YOUR HEIGHT (PARENT 2)

AN EARLIER HEIGHT + AGE

☐ Born smaller than usual

Anyone in the family short, or with a bone/growth condition? ☐ No ☐ Yes

2 What we've noticed about their body

- ☐ Arms and/or legs look short for the body
- ☐ With arms out wide, the span looks shorter than height
- ☐ Short, broad hands or feet
- ☐ The body (trunk) looks long next to the limbs
- ☐ The body (trunk) looks short
- ☐ The head looks a little large for the body

If arms or legs look short, where most? ☐ upper arms & thighs ☐ forearms & shins ☐ hands & feet

No need to be sure — your child's doctor can check all of this with a few simple measurements.[2,3,5]

3 What I'd like from this visit

- ☐ Plot my child's growth on the chart & estimate their expected height
- ☐ A few X-rays (a skeletal survey) if proportions look uneven
- ☐ A simple test to look for a cause, if it's the right step
- ☐ Measure body proportions (arms, legs, trunk, head)
- ☐ A referral to genetics or a bone-growth (skeletal dysplasia) clinic
- ☐ Information about support groups & other families

These are the usual steps a doctor uses to find the cause of short stature.[1,2]

For our healthcare team

Proportion findings / growth review / X-rays / referrals / tests ordered:

References. 1. Dauber A, Jorge AAL, Nilsson O, et al. International guideline on genetic testing of children with short stature. Eur J Endocrinol. 2026;194(2):R17–R36. 2. Sharma L, Rani D, Kanchan T, Krishan K. Short Stature. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; updated 2025 May 4. 3. Chaudhary V, Bano S. Imaging in short stature. Indian J Endocrinol Metab. 2012;16(5):692–697. 4. Seema, Abbas S, Ahsan MN, Asghar MS. Frequency of skeletal dysplasia in children with short stature presenting to endocrine clinic. J Family Med Prim Care. 2022;11(6):3143–3147. 5. Nwosu BU, Lee MM. Evaluation of short and tall stature in children. Am Fam Physician. 2008;78(5):597–604.

You're not alone in this, and noticing changes and asking questions is exactly the right thing to do. This sheet is general information to help you get support — it isn't a diagnosis or medical advice, and it doesn't replace your child's doctor. Evidence current as of June 2026.