HEALTH BASICS

School-age children development

The physical, thinking, emotional, and social changes children make during the school years.

WHAT IT IS
Growth and learning during the school years

WHERE IT COMES UP
Checkups, school reports, family observations, and learning concerns

WHY IT MATTERS
Helps identify support needs in health, learning, and wellbeing

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Pediatrician, family doctor, school nurse, or school support team

HOW IT IS CHECKED
Growth measurements, developmental review, school information, vision and hearing checks

Overview

School-age development is the ongoing process of physical, thinking, emotional, and social change during the primary and middle-school years. School age commonly means about 5 or 6 through 11 or 12 years, although school systems and health services use different age ranges.

Children do not develop at one fixed speed. A child may be advanced in reading, need more time with coordination, and have age-expected friendships. Development can also happen in bursts, with periods when progress is less obvious.

Development is not a diagnosis and is not measured by one pass-or-fail test. Health professionals consider patterns over time, the child's everyday functioning, information from home and school, and factors such as language, culture, health, and learning opportunities.

Comparisons with other children can provide context, but they are not rigid rules. The most useful question is whether the child is making progress and managing the tasks expected in their daily life.

How it works

Several areas of development interact during the school years.

Physical development includes steady growth, stronger muscles, better balance, and more controlled movements. Fine motor skills support tasks such as handwriting, drawing, using tools, and fastening clothing. Puberty may begin during these years, especially toward the end of primary school. The timing differs widely among healthy children.

Thinking skills become more organized. Children usually become better able to follow several steps, understand cause and effect, use memory strategies, and consider another person's point of view. "Executive functions" also develop. These are mental skills used to plan, focus attention, remember instructions, manage time, and control impulses.

Language becomes more complex. Children learn new vocabulary, understand less literal meanings, explain ideas, and adapt how they speak or write for different situations. Reading, writing, and mathematics place new demands on language and memory.

Emotional development includes recognizing feelings, handling frustration, and building confidence. A child still needs adult support, even as they become more independent. Their view of themselves may be strongly affected by schoolwork, sport, friendships, family relationships, and feedback from adults.

Social development expands beyond the family. Friendships often become more stable and important. Children learn cooperation, negotiation, fairness, and how to manage disagreement. Peer approval may carry increasing weight.

These areas influence one another. For example, an uncorrected hearing problem can affect classroom learning and friendships. Anxiety can make concentration difficult. Problems with reading can affect confidence even when a child has strong abilities in other areas.

Why it matters for your health

Looking at development helps families, schools, and health professionals understand how a child functions rather than focusing only on marks or physical growth.

A pattern of difficulty may show that a child needs a vision or hearing check, a learning assessment, classroom adjustments, emotional support, or evaluation for a health or developmental condition. Finding the reason for a difficulty can help match support to the child's actual needs.

Developmental review also gives the child a chance to discuss sleep, friendships, bullying, school pressure, body changes, and mood. These subjects may not appear during a physical examination but can affect health and participation.

A child's strengths matter too. Interests, supportive relationships, problem-solving skills, and a sense of belonging can help them manage challenges.

What can go wrong

Differences in development do not always mean that something is wrong. A concern becomes more important when it is persistent, appears in more than one setting, causes distress, or interferes with learning, relationships, communication, or daily activities.

Conditions and situations that can affect school-age functioning include:

These cannot be identified from one behaviour or one school result. Formal evaluation may involve health history, observation, school information, questionnaires, and testing by appropriately trained professionals.

Arrange routine follow-up if a child is falling behind at school, losing confidence, avoiding activities, struggling with friendships, or having ongoing problems with attention, sleep, movement, hearing, vision, or communication. Loss of skills that the child previously used also needs prompt medical review.

Seek urgent help if there is sudden confusion, new weakness, trouble speaking, a first seizure, or an abrupt major change in behaviour with possible illness or injury. Contact emergency services if the child is in immediate danger, has attempted self-harm, or says they intend to harm themselves or someone else.

- Specific learning disorders , including difficulties with reading, written expression, or mathematics
- Attention-deficit/hyperactivity disorder , which affects attention, activity level, or impulse control
- Autism , which affects social communication and may involve restricted or repetitive interests and behaviours
- Language disorder or developmental coordination disorder
- Vision loss, hearing loss, sleep disorders, seizures, or other health conditions
- Anxiety, depression, grief, trauma, bullying, or ongoing family stress
- Limited access to food, stable housing, learning materials, or a safe school environment

What you can do

Keep a brief record of specific concerns. Note what happens, when it began, how often it occurs, and whether it appears at home, at school, or both. Include examples rather than labels. "Needs each instruction repeated and forgets the next step" is more useful than "does not pay attention."

Ask the teacher how the child is managing compared with classroom expectations. Useful questions include whether the concern affects one subject or several, whether it occurs during individual and group work, and which supports have already helped.

At a routine health visit, ask whether growth is following an expected pattern and whether vision, hearing, sleep, mood, or a medical condition could be contributing. Bring school reports, assessment results, medication lists, and relevant family history.

If learning remains difficult, ask the school what educational assessment and support processes are available. The names and legal rules for these services differ by location. A health diagnosis is not always required before a school can begin classroom support.

Support everyday health with regular sleep routines, opportunities for physical activity, meals that meet the child's needs, and time for play and social connection. Avoid presenting every activity as a test of development.

If the child is progressing, participating, and there are no concerns, there may be nothing extra to arrange. No single blood test, brain scan, or online checklist measures overall school-age development. Routine health care and ongoing communication with the school are generally the main ways it is followed.

Common questions

Is there a checklist of milestones for every school-age year?

Not in the same way as for babies and preschool children. School-age abilities are shaped by education, experience, language, and culture. Professionals focus more on progress and everyday functioning than on a single age-based checklist.

Does being late to read mean a child has dyslexia?

No. Reading difficulty has several possible causes, including differences in instruction, language, attention, hearing, and specific learning disorders. A reading or educational assessment can help identify the pattern and suitable support.

Should children be compared with siblings?

Sibling comparisons may highlight a concern, but they cannot establish what is happening. Children have different temperaments, opportunities, strengths, and health histories. Compare

the child's current functioning with their own earlier progress as well as age and school expectations.

Can puberty affect behaviour and learning?

Yes. Hormonal and physical changes, sleep timing, self-consciousness, and changing peer relationships can affect mood and concentration. Persistent distress, major functional decline, or safety concerns should not be dismissed as "just puberty."

Who can carry out an assessment?

The right professional depends on the concern. A pediatrician or family doctor can review health factors. Schools may assess academic skills. Psychologists, speech-language therapists, occupational therapists, audiologists, and eye-care professionals assess specific areas.

Sources

- American Academy of Pediatrics. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition
- American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care: Periodicity Schedule
- Centers for Disease Control and Prevention. Middle Childhood: 6-8 Years of Age
- Centers for Disease Control and Prevention. Middle Childhood: 9-11 Years of Age
- Eunice Kennedy Shriver National Institute of Child Health and Human Development. Learning Disabilities
- National Institute of Mental Health. Children and Mental Health: Is This Just a Stage?