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| **Child Information** | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Child Name:** |  | **Service Coordinator:** |  | |  |  |  |  | | **Child DOB:** |  | **Date of Assessment:** |  | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| **Assessment/Eligibility Information** | | | | | | | | | | | | | | | | | | | | |
| For children to be active and successful participants at home and in the community, they need to develop skills in the three functional areas described below. We use this information about your child’s abilities and your concerns and priorities to understand your child’s progress. | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | | |  | | | | | | | | |
| **Type of Report:** | | | **6 Month/Periodic** | | | | | | **12 Month/Annual** | | | **Service change request** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Instruments/Sources Used:** (ASQ, HELP, Parent Report, Observation, Other) | | | | |  | |  | | | | | |  | | | | | | | |
| 1. | | | | | | 2. | | | | | 3. | | | | | | | | | |
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| **Functional Areas** | | | | **Activities Your Child Does Well**  What are some things your child likes to do? What skills does your child demonstrate or is beginning to demonstrate? | | | | | | **Activities Your Child Finds Difficult**  What are skills that your child does not do or skills that are difficult for your child? In what activities or skill areas does your child need support and/or practice? | | | | | | Your Child’s developmental levels based on the evaluation and assessment: | | | | |
| **DEVELOPLING POSITIVE SOCIAL-EMOTIONAL SKILLS** | | This includes your child’s ability to engage others including developing relationships, self-soothing strategies for becoming and remaining calm, getting along with others, and expressing feelings. | |  | | | | | |  | | | | | | **Social/Emotional:** | | | | |
|  | |  | Score | |
| Or age equivalent | | | | |
| **ACQUIRING AND USING KNOWLEDGE AND SKILLS** | | This refers to your child’s ability in areas such as thinking, reasoning, remembering, problem solving, number concepts, and counting. It also includes skills related to language and literacy. | |  | | | | | |  | | | | | | **Communication:** | | | | |
|  |  | | Score | |
| Or age equivalent | | |  | |
| **Cognitive:** | | | | |
|  |  | | Score | |
| Or age equivalent | | |  | |
| **USING APPROPRIATE ACTIONS TO MEET NEEDS** | | This includes your child’s ability to take care of basic needs such as getting from one place to another, dressing, feeding, toileting, and using tools (forks, toothbrushes, crayons). | |  | | | | | |  | | | | | | **Fine Motor:** | | | | |
|  |  | | Score | |
| Or age equivalent | | |  | |
| **Gross Motor:** | | | | |
|  |  | | Score | |
| Or age equivalent | | |  | |
| **Self Help:** | | | | |
|  |  | | Score | |
| Or age equivalent | | |  | |
| **Additional Information Regarding Eligibility/Assessment:** | | | | | | | | | | | | | | | | | | | | |
| *Progress toward current outcomes & goals, suggestions for new outcomes, next steps, and/or any other new concerns or important information:* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| *New/Updated demographic, health/medical information or other updates:* | | | | | | | | | | | | | | | | | | | | |
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|  | *Provider Name and Credentials* | | | | | |  | *Provider Signature* | | | | | |  | *Date* | | | | |  |