$\mathcal{O}$	WV BIRTH TO THREE
(F)	Office of Maternal, Child and Family Health
Birth	Bureau of Public Health
to Three Growing Together	Office of Maternal, Child and Family Health Bureau of Public Health Department of Health and Human Services

Child Last Name
Child First Name
DOB:
FOLDER:

ID#: Date: MI

Child Full Name \_\_\_\_\_ Chronological Age: Assessment Date: Location of Observation/Assessment Activities: Name of Individuals Present and Role: \_ Date of Birth: Adjusted Age:

Assessment Tool/Method Used:

## Purpose:

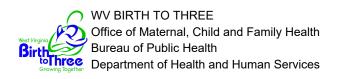
To determine need for support in the childcare setting

To provide information for the development of the Individualized Family Service Plan, if services are appropriate (*Click inside the appropriate box*) Initial Annual

Family/Child Care Provider's Priorities and Concerns About the Child's Development

# Routine(s) Observed: (check all that apply)

Arrival Free Play	Story or Circle Time	Meals/Snacks	Play with Peers
Individual Play/Centers	Outdoor Play	Diaper Change	Hand Washing
□ Nap	Sensory/Art Activities	Transitions	Departure



Child Last Name: Child First Name: DOB: FOLDER:

ID#: Date:

#### Child Development is Impacting the Child's Participation in the Everyday Routines and Activities of the Child Care in the Following Ways

**Gross Motor-** Provide a description of the child's strengths in this area or how the child's gross motor skills are impacting the child's ability to participate in the routines of the day.

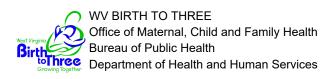
**Fine Motor**- Provide a description of the child's strengths in this area or how the child's fine motor skills are impacting the child's ability to participate in the routines of the day.

**Language/Communication-** Provide a description of the child's strengths in this area or how the child's language/communication skills are impacting the child's ability to partipcate in the routines of the day.

**Cognitive-** Provide a description of the child's strengths in this area or how the child's cognitive skills are impacting the child's ability to participate in the routines of the day.

**Social/Emotional-** Provide a description of the child's strengths in this area or how the child's social emotional skills are impacting the child's ability to participate in the routines of the day.

Adaptive/Self-Help- Provide a description of the child's strengths in this area or how the child's adaptive/self-help skills are impacting the child's ability to participate in the routines of the day.



ID#: Date: MI

### **Recommendations to Enhance Child's Participation in Child Care**

The following recommendations may be used for IFSP planning and development.

Child Care Routine/Activity	Recommendations	

## **Other Recommendations**

This report has been completed based upon assessment/observations of the child within the childcare setting and information gathered from the childcare staff. A copy of this report will be provided to the family and with written permission the childcare staff prior to the Individualized Family Service Plan (IFSP) meeting.

My printed name, credentials, signature below will affirm and attest to that fact:

Printed Name:

Contact Phone:

Signature:

Important: Once your signature has been added, unless you are the creator, no one will be able to alter this report.