



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

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)***

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Arrival Free Play | <input type="checkbox"/> Story or Circle Time | <input type="checkbox"/> Meals/Snacks | <input type="checkbox"/> Play with Peers |
| <input type="checkbox"/> Individual Play/Centers | <input type="checkbox"/> Outdoor Play | <input type="checkbox"/> Diaper Change | <input type="checkbox"/> Hand Washing |
| <input type="checkbox"/> Nap | <input type="checkbox"/> Sensory/Art Activities | <input type="checkbox"/> Transitions | <input type="checkbox"/> Departure |



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 participate 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.



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.