**WV Birth to Three**

**Child Care Observation/Assessment Summary Report**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child Full Name (MI) | |  | | | | | | Date of Birth: |  |
| Chronological Age: | | |  | | | | Adjusted Age: | |  |
| Evaluation Date: | |  | | | | | | | |
| Location of Evaluation/Assessment Activities: | | | | |  | | | | |
| Individuals Present and Participating (Relationship to Child): | | | | | |  | | | |
| Evaluators: |  | | | | | | | | |
| Assessment Tool 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  Initial  Annual ***(Click inside the appropriate box)***

**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 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**

Click or tap here to enter text.

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:*** *Please save this Child Care Assessment as a .pdf* ***PRIOR*** *to adding your signature. Once your signature has been added to the .pdf, unless you are the creator, no one will be able to alter this report.*