**WV Birth to Three**

**Evaluation/Assessment Summary Report**



Submitted by:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Contact Info: Click or tap here to enter text.

Add Agency Logo if appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| Child Full Name (MI): | Click or tap here to enter text. | Date of Birth: | Click or tap here to enter text. |
| Chronological Age: | Click or tap here to enter text. | Adjusted Age: | Click or tap here to enter text. |
| Evaluation Date: | Click or tap here to enter text. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent(s) Name: | Click or tap here to enter text. | *(if applicable)*Parent(s) Name: | Click or tap here to enter text. |
| Mailing Address: | Click or tap here to enter text. | Mailing Address: | Click or tap here to enter text. |
| Contact Number: | Click or tap here to enter text. | Contact Number: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Email Address: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Location of Evaluation/Assessment Activities: | Click or tap here to enter text. |
| Individuals Present and Participating (Relationship to Child): | Click or tap here to enter text. |
| Evaluators: | Click or tap here to enter text. |
| Assessment Tool Used: | Click or tap here to enter text. |

**Purpose:**

[ ]  To gather information to determine eligibility for WV Birth to Three and plan for Individualized

Family Service Plan.

 [ ]  Initial [ ]  Annual ***(Click inside the appropriate box)***

[ ]  To provide additional information to the IFSP Team regarding the following area of concern:

 Click or tap here to enter text.

**Parent Reported Priorities and Concerns Regarding Child's Development**

Click or tap here to enter text.

**Family Information**

Click or tap here to enter text.

**Developmental History**

Click or tap here to enter text.

**Medical History/Current Health Status**

Click or tap here to enter text.

**Vision/Hearing Information**

Click or tap here to enter text.

**Observation and Assessment Results Across Settings**

Click or tap here to enter text.

**Child Development is Impacting Their Participation**

**in the Family's Everyday Routines and Activities in the Following Ways**

Click or tap here to enter text.

**Summary of Developmental Domains Evaluated and Developmental Scores**

| **Domain** | **Test Used** | **Score(s)** | **Developmental Delay** |
| --- | --- | --- | --- |
| **ADAPTIVE** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| **COGNITIVE** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| **COMMUNICATION** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| **MOTOR** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| **SOCIAL EMOTIONAL** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

**Established Conditions**

|  |  |
| --- | --- |
| **Established Conditions Category** | **List Medical Condition** |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |

**At-Risk Conditions**

|  |  |
| --- | --- |
| **At-Risk Category** | **List Biological and/or Family At-Risk Factor****from Eligibility Policy** |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |

**Recommendations to Enhance Child's Participation**

The team will meet and review all information to make a final determination regarding eligibility. The following recommendations may be used for IFSP planning and development.

|  |  |
| --- | --- |
| **Family Routine/Activity** | **Recommendations** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Other Recommendations**

Click or tap here to enter text.

This report has been completed based upon the information gathered from a valid, recognized WVBTT assessment or evaluation tool and additional information has been gathered from the family.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name: |  | Contact Phone: |  |
| Signature: |  |