|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| North Carolina Infant-Toddler Program Eligibility Evaluation/Assessment Report  |

|  |
| --- |
| CHILD'S PRESENT SKILLS AND ABILITIESThis evaluation provides a picture of your child's strengths and needs, the people, places and things that interest and motivate your child, and his/her likes and dislikes. The CDSA used several methods to look at your child's development: standardized testing, record review, clinical observation, and parent report. The information that we gathered informs us about the skills and behaviors that your child has developed so far and how your child combines and uses these skills and behaviors to participate in daily activities. The skills and behaviors are divided into five domains (areas of development). |
| **Child's Name:**  | **Date of Birth:**  |
| **Chronological Age of Child at Evaluation:**  | **Adjusted Age:**  |
| **Evaluation/Assessment Date:**  | **Evaluation Instruments:**  |
| **Evaluator(s):**  | **Assessment Method:**  |
| **Individuals Present (List Interpreter, if present):**  |
| **CHILD HEALTH INFORMATION SUMMARY:** Summary of child's health status based on review of pertinent records and/or parent report which may include, child's birth history, medical conditions or diagnoses, illnesses, hospitalizations, medications, vision and hearing status, or other information.       |
| **Summary of Evaluation Results:**       |

|  |
| --- |
| Summary of Test Results |
| **Developmental Area** | **Standard Score** |
| **Communication/Language (Receptive & Expressive)** | **Combined:**      **Expressive:**      **Receptive:**        |
| **Cognitive/Early Learning** |       |
| **Physical Development (Gross Motor & Fine Motor)** | **Combined:**      **Gross:**      **Fine:**       |
| **Social-Emotional** |       |
| **Adaptive/Self-Help** |       |
| **Child Developmental Outcomes**  | **Things Your Child Can Do** | **Next Steps** |
| Positive social-emotional skills (including social relationships) (relating to adults and other children, showing emotions and feelings appropriately for age, cooperating in daily routines)  |       |       |
| Acquiring and using knowledge and skills (thinking and problem-solving through play, communicating, developing interest in books) |       |       |
| Taking appropriate action to meet needs(learning to take care of self, using hands and fingers in play and daily living activities, moving around independently, using language to express wants and needs) |       |       |

 |
|

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |

 |
|

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |

 |
|

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |

 |