

<b>Name:</b>	<b>Date:</b>
<b>DOB:</b>	<b>Chronological Age:</b>
<b>Concern:</b>	
<b>Fine Motor/Self-Care/Sensory</b>	
<b>OBSERVE</b>	<b>ASK</b>
<input type="checkbox"/> Stack Blocks # _____ <input type="checkbox"/> 3-cube Bridge <input type="checkbox"/> 4-cube Train <input type="checkbox"/> Draw in Imitation I – O + <input type="checkbox"/> Hold Crayon with a Radial Grasp <input type="checkbox"/> Turn Pages of a Book <input type="checkbox"/> Point to Pictures in a Book <input type="checkbox"/> Sorts Shapes <input type="checkbox"/> Puzzle <input type="checkbox"/> String Beads <input type="checkbox"/> Open and Close a Threaded Lid	<input type="checkbox"/> Eat with Utensils <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Finger Feeds <input type="checkbox"/> Drink From a Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Sippy <input type="checkbox"/> Straw <input type="checkbox"/> Open <input type="checkbox"/> Potty Trained <input type="checkbox"/> No <input type="checkbox"/> Grooming Tasks <input type="checkbox"/> Bath <input type="checkbox"/> Teeth <input type="checkbox"/> Hair <input type="checkbox"/> Dresses/Undresses Self <input type="checkbox"/> Sensitivity to Sounds <input type="checkbox"/> Picky about Clothing <input type="checkbox"/> Transitions <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> No <input type="checkbox"/> Elopement <input type="checkbox"/> Food Preferences _____
<b>Speech</b>	
<b>OBSERVE</b>	<b>LANGUAGE SAMPLE</b>
<input type="checkbox"/> Label/ID Objects <input type="checkbox"/> Label/ID Body Parts <input type="checkbox"/> Label/ID Clothing Items <input type="checkbox"/> Follows ____ step directions <input type="checkbox"/> Responds to Name <input type="checkbox"/> Make Requests <input type="checkbox"/> Ask for Help <input type="checkbox"/> States Name/Age <input type="checkbox"/> Gestures <input type="checkbox"/> Yes/No <input type="checkbox"/> ____ Words <input type="checkbox"/> ____ Word Phrases	<input type="checkbox"/> Nonverbal

## Cognitive

### OBSERVE

### Behavior

- ☐ Eye Contact
- ☐ One/Some/All
- ☐ Picture/Object Matching
- ☐ Color Sorting (bears)
- ☐ Identify Colors
- ☐ Nesting/Stacking
- ☐ More/Less
- ☐ Know if Boy/Girl
- ☐ Same/Different
- ☐ Big/Little
- ☐ Light/Heavy
- ☐ Counts to \_\_\_\_\_
- ☐ Finger Play (songs)
- ☐ Pretend Play (feed the baby)
- ☐ 2 Related Actions (dump truck/blocks)
- ☐ Imaginative Play (stapler is a phone)

### Notes:

Hearing Concerns \_\_\_\_\_

Vision Concerns \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

- ☐ DNQ
- ☐ Referral ECSE
- ☐ Referral Speech Only
- ☐ ARD Planned for \_\_\_\_\_