

Child's Last Name	Child's First Name	Birthdate	Service Coordinator Name	County

Evaluation/Assessment Summary

Evaluation/Assessment Date	<input type="checkbox"/> Initial	IFSP Start Date
	<input type="checkbox"/> IFSP Review	

(Full evaluation/assessment report is part of child's record on file)

1. The practitioner(s) observed the following **strengths** in your child during evaluation and/or assessment.

2. During the evaluation/assessment the family discussed the following **strengths** they have observed in their child.

3. The practitioner(s) observed the following **concerns** during the evaluation and/or assessment.

4. During the evaluation/assessment the family discussed the following **concerns** they have about their child.

Areas of Development	Evaluated/Assessed (Check)	Developmental Age Level/Range
Communication		
Cognitive		
Gross Motor		
Fine Motor		
Social Emotional		
Adaptive/Self-Help		

This page summarizes the full evaluation/assessment report and provides information for the IFSP.