Name: _____

DOB: ____/____/_____ *IFSP:* ____/____/_____

Present Levels of Development

Health

Vision

Hearing

Gross Motor (strengths and needs related to body movement)

Fine Motor (strengths and needs related to using hands and fingers)

Name: _____

DOB: ____/____/_____ *IFSP:* ____/____/_____

Present Levels of Development (cont...)

Cognitive (strengths and needs related to thinking and learning)

Receptive Communication (strengths and needs related to understanding words, gestures, and signs)

Expressive Communication (strengths and needs related to using words, gestures, and signs)

Social or Emotional (strengths and needs related to expressing and responding to feelings and interacting with others)

Adaptive (strengths and needs related to dressing, feeding, grooming, toileting, household responsibility)

Other Narrative