

Name: _____

DOB: ____/____/____ IFSP: ____/____/____

Present Levels of Development

Health

Hearing

Vision

Gross Motor (strengths and needs related to body movement)

Name: _____

DOB: ___/___/___ IFSP: ___/___/___

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

Name: _____

DOB: ____ / ____ / ____ IFSP: ____ / ____ / ____
