

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: ____ / ____ / ____
