## Present Level of Development

## Child’s Name: Date of Birth: Date:

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| --- |
| Child’s strengths and interests:How the child’s disability affects participation in appropriate activities: |
| Information considered in developing the IFSP:[ ]  Parent input and observations [ ]  Most recent evaluation dated [ ]  Staff input and observations [ ]  Other (specify): | Health Status: Vision Screening:Hearing Screening: |

**Present Levels of Development**

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| --- | --- | --- | --- |
| **Can Do** | **\*Needs to Learn** | **Can Do** | **\*Needs to Learn** |
| Cognitive: |  | Physical (gross motor): |  |
| Adaptive: |  | Physical (fine motor): |  |
| Social or Emotional: |  | Communication(receptive): |  |
|  |  | Communication(expressive): |  |
| **Early Intervention:** Does the child have receptive and or expressive communicationneeds?[ ]  No [ ]  Yes, communication needs are addressed in the IFSP.**The IFSP goals, objectives, and services address the child’s communication development in the following area(s):**[ ]  Spoken Language [ ]  Sign Language [ ]  Assistive Technology [ ]  Augmentative Communication  |

\*Note: For each developmental area under “Needs to Learn”, there must be corresponding goals and objectives.