## Present Level of Development

## Child’s Name: Date of Birth: Date:

|  |  |
| --- | --- |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.