

Developmental Delay

Client name Date of Evaluation

Type: **Seizure Disorder**

Breakthrough Seizures

Last Seizure

Surgeries

Performed

Anticipated

Therapy/Education

Therapeutic/Educational Programs Since Onset

Present Therapy Schedule

School Program

Developmental Delay

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School Teacher

Time of Pickup

Time School Begins

Time School Ends

Time of Arrival Home

Summer School Schedule

After School Care

Transportation To/From School

Daily Care

Current Attendant and / or Nursing Care:

Bowel/Bladder Program:

Self-stimulating Behaviors

Motor Skills

Bring Hands to Midline

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Grasp (Left/Right)

Grasp with thumb & forefinger

Voluntary purposeful movements (upper & lower extremities)

Sit unassisted

Hold head erect

Roll Front to back

Roll Back to front

Pull self upright

Drink from cup

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Drink from bottle

Tube feeding schedule

Ambulate

Assist in dressing

Perform household chores

Perform personal hygiene

Crawl

Ascend/descend stairs

Social Skills

Smile

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Laugh out loud

Distinguish family from strangers

Demand personal attention

Cognitive Skills

Imitate sounds

Talk in 1 or 2 word sentences

Follow simple 1 or 2 step instructions

Avoid hazards

Communicate wants and/or needs

Attention to task

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Long-Term Care Options

Facility/Home Care