

**Indiana First Steps
Multidisciplinary
Assessment Report
(Sample Report)**

Child Name: _____ Child ID#: _____ DOB: _____	
Chronological Age: _____ Adjusted Age: _____ Assess Date: _____	
Parent(s) Name: _____ Phone: _____	
Address: _____ City: _____ Zip: _____	
Location: _____ Intake/Service Coordinator: _____	
Primary Care Physician: _____ Phone: _____	
Confirmed Diagnosis: _____ Lead Assessment Member: _____	
Assessment Team Members:	
<small>* Please print discipline and name</small>	
Discipline/Name: _____	Signature of Assessment Member: _____
Time In: _____ Time Out: _____ F-to-F Time: _____ 15 Min Team Prep: Y / N	
Total Minutes: _____	
Discipline/Name: _____	Signature of Assessment Member: _____
Time In: _____ Time Out: _____ F-to-F Time: _____ 15 Min Team Prep: Y / N	
Total Minutes: _____	
Parent Signature: _____	
<small>*My signature verifies that I agree to the time billed for the assessment activity.</small>	

Important Background Information:

Name: _____ DOB: _____ Date: _____ ID#: _____

Domain Goal Score: Please place a checkmark (✓) in the appropriate Cut Off for each domain.

Fine Motor Score_____				
___ Above Cut Off	___ At/Below Cut Off	___ -1SD	___ -1.5 SD	___ -2 SD
Gross Motor Score_____				
___ Above Cut Off	___ At/Below Cut Off	___ -1SD	___ -1.5 SD	___ -2 SD
Adaptive Score_____				
___ Above Cut Off	___ At/Below Cut Off	___ -1SD	___ -1.5 SD	___ -2 SD
Cognitive Score_____				
___ Above Cut Off	___ At/Below Cut Off	___ -1SD	___ -1.5 SD	___ -2 SD
Social Communication Score_____				
___ Above Cut Off	___ At/Below Cut Off	___ -1SD	___ -1.5 SD	___ -2 SD
Social Score_____				
___ Above Cut Off	___ At/Below Cut Off	___ -1SD	___ -1.5 SD	___ -2 SD

Assessment Narrative: (Please include child strengths along with any concerns in all domains.)

Name: _____ DOB: _____ Date: _____ ID#: _____

Comments on Assessment/Observations:

Possible Outcomes/Strategies:

Member to attend IFSP Meeting: _____ **Date of IFSP:** _____