

# Your Child's Development

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**Child's Name**

**Child's Birth Date**

Please comment on your child's current development for each of the following items:

Allergies:

Behavioral concerns:

Fine Motor Skills:

Health concerns:

Hearing:

Special needs:

Does your child have an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?  Yes  No If yes, please provide a copy.

Speech/Language:

Toileting:

Vision:

Walking: