

## Initial Contact/ Assessment Planning

**Date:**

**Child:**

**Parent/Guardian:**

**Information gathered by:**

<b>Referring Concern:</b>	
<b>Description of child's interactions, response to interactions, and relationships with other adults and children</b>	
<b>Description of child's use of objects in play, problem solving actions, understanding of concepts, understanding and development of language/communication, ability to follow direction</b>	
<b>Description of how the child indicates or communicates wants and needs, uses motor skills to move or get to desired object, person, or location, eats, drinks, dresses, undresses</b>	

**Other information shared:**