

5. Please note if the child's function/behavior is age-appropriate; if not, note actual age level and describe basis for your observation.

a. fine/gross motor skills Yes No _____Years _____Months

b. sensory abilities Yes No _____Years _____Months

c. communication skills Yes No _____Years _____Months

d. cognitive skills Yes No _____Years _____Months

e. social/emotional skills Yes No _____Years _____Months

Signature _____ M.D. _____
(Print Name)

Specialty, if any: _____

Office Address: _____

Telephone Number: _____

Date Signed: _____