



Children's Developmental Clinic  
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## School Data Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Teachers: Please answer the questions below to help our clinicians form an individualized program based on this child's needs. Please check all that apply. Our program includes children from ages one to thirteen so some areas may not apply to this child. Thank you for assisting us.

### Locomotors Skills

Can the child:

Crawl \_\_\_\_\_

Walk \_\_\_\_\_

Run \_\_\_\_\_

Jump (two feet) \_\_\_\_\_

Hop (one foot) \_\_\_\_\_

Walk up/down stairs \_\_\_\_\_

### Language Skills

Is the child verbal or nonverbal (circle one)

Can the child:

Babble \_\_\_\_\_

Articulate sounds \_\_\_\_\_

Express their wants/needs \_\_\_\_\_

Follow simple directions \_\_\_\_\_

Follow 2/3 step directions \_\_\_\_\_

### Child Has:

Low self-esteem \_\_\_\_\_

High self-esteem \_\_\_\_\_

### Ball Skills

Can the child:

Throw a ball \_\_\_\_\_

Catch a ball \_\_\_\_\_

Kick a ball \_\_\_\_\_

### Reading Skills

Can the child:

ID the letters in name \_\_\_\_\_

ID other letters of alphabet \_\_\_\_\_

ID letter sounds \_\_\_\_\_

ID sight words \_\_\_\_\_

Read 4-6 word sentences \_\_\_\_\_

Comprehend short stories \_\_\_\_\_

Reading Grade Level \_\_\_\_\_

Reading Comprehension Level \_\_\_\_\_

### Child Exhibits:

Self control \_\_\_\_\_

inappropriate behavior \_\_\_\_\_

**Comments:** (medical limitations, management techniques, helpful hints, reading skills)

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