

**TEACHER/THERAPIST EVALUATION FORM**

**Child's name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Type of school:** \_\_\_\_\_

**Number of children in class:** \_\_\_\_\_ **Teachers/adults in class:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Special services/therapies for this child:**

\_\_\_\_\_  
**Please compare this child developmentally to other children his/her age  
(including both strengths and areas which require support):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Development:**

A. General Appearance                      Normal \_\_\_\_\_                      Atypical \_\_\_\_\_

B. Physical Handicaps (describe): \_\_\_\_\_  
\_\_\_\_\_

C. Sensory Handicaps (describe): \_\_\_\_\_  
\_\_\_\_\_

	Good	Fair	Poor
D. Gross motor skills	_____	_____	_____
E. Fine motor skills	_____	_____	_____
F. Drawing skills	_____	_____	_____

G. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Speech and Language**

1. Does this child speak English? \_\_\_\_\_
2. Is this child bilingual? \_\_\_\_\_ What language? \_\_\_\_\_
3. Does this child understand and use gesture language? \_\_\_\_\_
4. Does this child use complete sentences? \_\_\_\_\_
5. Does this child use age-appropriate vocabulary? \_\_\_\_\_
6. Does this child maintain conversational exchanges? \_\_\_\_\_
7. Does the child appear to understand what is said to him? \_\_\_\_\_
8. Does the child follow directions only with gestures? \_\_\_\_\_
9. Does the child follow directions even without gestures? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavior and Affect**

Please describe strengths and as well as unusual or atypical behavior:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Social skills (ability to initiate and maintain interactions)**

**Relationship to adults**

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**Relationship to peers**

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**Play (ability to play with others, imaginative play, need for adult supervision, etc)**

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**Self Help (if appropriate for age)**

	Completely Dependent	Needs some help	Completely Independent
Toileting	_____	_____	_____
Feeding	_____	_____	_____
Dressing	_____	_____	_____
Washing	_____	_____	_____

