

<b>Child's Name:</b> Click here to enter text.	<b>DOB:</b> Click here to enter a date.
<b>Service Coordinator:</b> Click here to enter text. <b>Primary Provider:</b> Click here to enter text. <b>Provider Contact Information:</b> Click here to enter text. <b>Date Annual Report was Completed:</b> Click here to enter text. <b>Assessment Tool Used:</b> Click here to enter text.	<b>Date of Annual Review:</b> Click here to enter a date.
<b>Communication:</b> Level of Functioning / Age Equivalent: Click here to enter text.  Skills: Click here to enter text.  Things to work on: Click here to enter text.	
<b>Cognitive</b> Level of Functioning / Age Equivalent: Click here to enter text.  Skills: Click here to enter text.  Things to work on: Click here to enter text.	
<b>Social/Emotional:</b> Level of Functioning / Age Equivalent: Click here to enter text.  Skills: Click here to enter text.  Things to work on: Click here to enter text.	
<b>Adaptive:</b> Level of Functioning / Age Equivalent: Click here to enter text.  Skills: Click here to enter text.  Things to work on: Click here to enter text.	
<b>Motor:</b> Level of Functioning / Age Equivalent: Click here to enter text.	

Skills: [Click here to enter text.](#)

Things to work on: [Click here to enter text.](#)

**Strategies:** [Click here to enter text.](#)