

EDUCATION-RELIEF, INC.

Where your child always comes first

DEVELOPMENT REPORT

Child's Name: _____ Parent/Guardian: _____

Date of Birth: _____ Age _____ Address: _____

School District: _____ Home # _____

Address: _____ Work # _____

Phone # _____ Cell # _____

Attending School / Center:

Contractor:

Elaine B. Feigenbaum

EDUCATION-RELIEF, INC.

Phone #: 516-584-4886 Fax #: 516-496-1959

Special Education availability for:

Advocate, Consultant, Coordinator

Evaluator, Services Provider and/or

Parent / Teacher Training

Classroom Teacher Name(s): _____

<u>Area of Development</u>	<u>Circle</u>	<u>Comment(s):</u>
Social/Emotional Development	Y N N/A	_____
Work/Play Habits	Y N N/A	_____
Self-Help Skills	Y N N/A	_____
Physical Development	Y N N/A	_____
Language Development	Y N N/A	_____
a) Verbal	Y N N/A	_____
b) Cognitive	Y N N/A	_____
c) Written	Y N N/A	_____

KEY: Y = Yes (typical/normal development) N = No (weakness in area of development)
N/A = Not Applicable and/or not appropriate for your child's present age level.

Other comments/concerns: _____

Teacher Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____