***PEDS:DM–Assessment Level®* Report Template**

CLINIC/SERVICE NAME:

Child’s Name: Date of Birth:

Test Date: Child’s Age:

Age Corrected for Prematurity (if applicable):

Examiner’s Name:

**BACKGROUND INFORMATION:**

**MEASURES ADMINISTERED:**

 *PEDS:Developmental Milestones–Assessment Level®(PEDS:DM-AL®)*

**OBSERVATIONS:**

**RESULTS:**

PEDS:DM–Assessment Level® Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Domain** | **Raw Score** | **Age Equivalent** *(in months)* | **Age Equivalent Range** | **Percent of Skills Mastered** | **Percent of Delay** |
| **Fine Motor** (using hands and fingers) |  |  |  |  |  |
| **Self-help** (doing things for him/herself) |  |  |  |  |  |
| **Receptive Language** (listening and understanding) |  |  |  |  |  |
| **Expressive Language** (talking and making speech sounds) |  |  |  |  |  |
| **Gross Motor** (using arms and legs) |  |  |  |  |  |
| **Social-Emotional** (getting along with others) |  |  |  |  |  |
| **Academic** (preschool and school skills) |  |  |  |  |  |
| **Cognitive** (learning and problem-solving) |  |  |  |  |  |

**INTERPRETATION:**

**RECOMMENDATIONS:**

**Notes:**