

**ASSESS: EARLY CHILDHOOD ASSESSMENT 3-5**[Back](#)**Wellbeing Assessment**

Child Name [REDACTED]

Questions:

1. Consult the CDC or other milestone development checklists, if needed. Some are available under resources on website and Tab 6 of training manual

Ok, Got it!

2. Is the child up-to-date on immunizations and any well-child care?

Yes

No

3. Does the child generally appear to be developmentally on target when you visit?

Yes

No

4. Does the child generally display age appropriate behaviors?

Yes

No

5. Has the foster parent/caregiver expressed any concerns regarding the child's development or behavior in the past 6 months?

Yes

No

6. If recommended, has the child undergone an Early Childhood Assessment through the school district?

Yes

No

No referrals or recommendations for such service/evaluation needed at this time.

7. Is the child enrolled in pre-school or attending daycare?

Yes

No

8. Is the child receiving all interventions that have been recommended by a medical or clinical professional, such as speech, physical or occupational therapy?

Yes

No

No referrals or recommendations for such service/evaluation needed at this time.

9. Does the child appear comfortable with caregivers?

Yes

No

10. Is the child able to engage with you in an age appropriate manner during visits?

Yes

No

13. Does the child have an adequate sleeping space?

Yes

No

14. Does the child appear to be provided appropriate food and clothing?

Yes

No

Has all possible been done for child?

Notes

(0 out of 5000)

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