

# Tracking the Evaluation Process **Firststep** Evaluations

The following is a form you may find helpful in keeping track of your child's evaluations.

Your Firststep Evaluation Coordinator is: \_\_\_\_\_

She can be reached at 718-431-0115

## I Medical Form:

A. Immunization Record

Gave to Doctor: \_\_\_/\_\_\_/\_\_\_

Completed: \_\_\_/\_\_\_/\_\_\_

Sent to Firststep: \_\_\_/\_\_\_/\_\_\_

B. OT/PT Prescription (where applicable)

Requested from Doctor: \_\_\_/\_\_\_/\_\_\_

Completed: \_\_\_/\_\_\_/\_\_\_

Sent to Firststep: \_\_\_/\_\_\_/\_\_\_

## II Evaluations:

Type of Evaluation	Name of Evaluator	Date of Evaluation	Location School/Home/Center	Notes
<b>Social History</b>				
<b>Psychological</b>				
<b>Speech Therapy</b>				
<b>Educational</b>				
<b>Audiological</b>				
<b>Occupational Therapy</b>				
<b>Physical Therapy</b>				

Additional comment/questions to ask

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