



MR#:
Name:

The following are supplemental questions to the Youth (17 Years and under) Assessment. This supplement is **only required for staff in the Pre-To-Three Program**. Submit this page together with the main assessment form.

② = Required for Initial Assessment – Pre To Three

Date of this Supplement should match date on main Youth Assessment.

Client Information			②			LPHA Only
Client Legal Name		Medical Record #				
Birth Date		Age				
Agency/Program		Assessment Date				

Prenatal to Three Assessment					②			LPHA Only
Developmental Tools Used	<input type="checkbox"/> FIRST (Under 6 Months) <input type="checkbox"/> Ages and Stages (ASQ) <input type="checkbox"/> Emotional ASQ	<input type="checkbox"/> CBCL (2-3 years old) <input type="checkbox"/> PRQP (Parent Relationship Questionnaire)	<input type="checkbox"/> Sensory Profile <input type="checkbox"/> Other _____					
Physical Appearance	<input type="checkbox"/> Age Appropriate <input type="checkbox"/> Disheveled <input type="checkbox"/> Physical Abnormalities	<input type="checkbox"/> Hygiene Problems <input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Other _____					
Reaction to Environment								
Physiologic Development								



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Prenatal to Three Assessment	②	LPHA Only
Effects of Self-Regulation on Organized/Disorganized Behaviors		
State Regulation		
Sleep Schedule and Concerns (reported or observed, caregiver's concerns)		
Feeding Schedule and Concerns (reported or observed)		



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Prenatal to Three Assessment		②		LPHA Only
Describe Sensory Regulation (See Mini Sensory Profile Scanned)				
Play				