

ECD ASSESSMENT

Name:		PARIS ID:	
DOB:	Age:	PHN:	
Gender:		Phone:	
Home Address:		GP/NP:	GP/NP Phone:

Assessment Start Date:
Reason For Assessment:

Assessment End Date:
Carried Out By:

Other People Involved

Copies To Be Sent To

Early Childhood Development Assessment

Assessed By	
Date Assessed	
Team Name	
Age of Child	
Contact Type	
Location	
Information Provided By	

Assessment Items

**Client Outcomes NC (Normal or No Concern),
 C (Concern), X (Not Assessed)**

Physiological

General Health	
Head	
Eyes/Vision	
Ears/Hearing	
Mouth/Dental	
Skeletal/Neuromuscular	
Skin	
Elimination	
Vital Signs	

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Early Childhood Development Assessment (continued)

Growth & Nutrition

Growth	Growth	
Nutrition	Method of Feeding	
	Complimentary Foods	
	Healthy Feeding Relationships	

Development Screening Tool

Assessment Tool Administered [?]	
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Development

	Gross Motor	
	Fine Motor	
	Social Emotional	
	Speech/Language	

Health Follow-up

	Access to Primary Health Care Provider	
	Date	
	Communicable Disease and Immunization	

Safety And Injury Prevention

Safe Sleep	Sleep Position	
	Safe Sleep Environment	
	Sleep Surfaces	
Lifestyle	Exposure to Substance Use	
	Smoke Free Environment	
	Shaken Baby Syndrome (0-12 months)	
	Environmental Safety Risks	

Behaviour

	Attachment	
	Physical Activity/Play	
	Sleep	

Family Health

Resources	Housing	
	Adequate Finances	
	Community Resources	
Healthy Relationships	Support Systems	
	Emotional Health	

OTHER

If Other, Specify	
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Section Complete? <input type="checkbox"/>	
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Comments	

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Early Childhood Development Assessment (continued)

Weight And Growth Chart

Date Measured	Age	--- Weight --- kg %ile	--- Height --- cm %ile	--- BMI --- %ile	----- Head ----- Circumference cm %ile	---% Birth --- Wgt Lost	-- Wgt for -- Length %ile	--- Waist --- Hip cm ratio

Comments:

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Vital Signs

Recorded	BP	BP	BP	Heart	Resp	Cel.	Fah.	Comments	Recorded By
Date	Sitting	Standing	Lying	Per Min.	Rate				

----- End of Report -----