

# CHILD SERVICE REPORT

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

This report describes your child's growth and development in the context of the services provided by our facility. You are to receive this report about your child every six months. The areas of observation in each area align with Pennsylvania's Learning Standards for Early Childhood and the Pennsylvania Academic Standards.

**Your child's strengths, as age appropriate, in the following areas are:**

|                                                                                  |
|----------------------------------------------------------------------------------|
| Physical (fine motor and gross motor):                                           |
| Knowledge and Skills (approaches to learning, math, science and social studies): |
| Social Emotional (personal-social):                                              |
| Communication, Language and Literacy:                                            |

**The next developmental milestones, as age appropriate, we're working on are:**

|                                                                                  |
|----------------------------------------------------------------------------------|
| Physical (fine motor and gross motor):                                           |
| Knowledge and Skills (approaches to learning, math, science and social studies): |
| Social Emotional (personal-social):                                              |
| Communication, Language and Literacy:                                            |

**You can help your child grow and develop, as age appropriate, at home by:**

|                                                                                  |
|----------------------------------------------------------------------------------|
| Physical (fine motor and gross motor):                                           |
| Knowledge and Skills (approaches to learning, math, science and social studies): |
| Social Emotional (personal-social):                                              |
| Communication, Language and Literacy:                                            |

**Facility person who completed this child's report:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**This report was reviewed with and a copy given to the following parent/guardian:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_