**ETR Evaluation Team Report**

**CHILD’S INFORMATION**

NAME:       ID NUMBER:       DATE OF BIRTH:

**I** **INDIVIDUAL EVALUATOR’S ASSESSMENT**

EVALUATOR NAME:       POSITION:

**AREAS OF ASSESSMENT: OBSERVATION**

OBSERVATION SETTING:

ACTIVITY OBSERVED:       NUMBER OF PEERS IN SETTING:

DATE:       START/END TIME:       NUMBER OF ADULTS IN SETTING:

**OBSERVATION (The following behaviors are noted as compared to the same age typical peer)**

1. Interactions with peers:

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2. Interactions with adults:

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3. Attention:

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| --- |
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4. Work habits and organizational skills:

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| --- |
|  |

5. Other:

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| --- |
|  |

**EVALUATOR SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**