



PRINT STUDENT'S NAME: <i>LAST</i> _____ <i>FIRST</i> _____ <i>(M.I.)</i> _____			DATE (MM/DD/YY)	_____
_____			STUDENT ID. NO.	_____

**LEARNING ACCOMPLISHMENT PROFILE-DIAGNOSTIC (LAP-D)
ASSESSMENT SUMMARY**

D.O.B.: _____ HOME SCHOOL: _____

MONTHS

72

60

48

36

24

12

FM	FW	CM	CC	LN	LC	GB	GO	SELF HELP
FINE MOTOR		COGNITIVE		LANGUAGE		GROSS MOTOR		

Areas:

Range of Assessment Scores in Months

Initial (BLUE) Second (GREEN) Third (BLACK) Fourth (PURPLE)

Fine Motor: Manipulation	_____ ()	_____ ()	_____ ()	_____ ()
Fine Motor: Writing	_____ ()	_____ ()	_____ ()	_____ ()
Cognitive: Matching	_____ ()	_____ ()	_____ ()	_____ ()
Cognitive: Counting	_____ ()	_____ ()	_____ ()	_____ ()
Language: Naming	_____ ()	_____ ()	_____ ()	_____ ()
Language: Comprehension	_____ ()	_____ ()	_____ ()	_____ ()
Gross Motor: Body Movement	_____ ()	_____ ()	_____ ()	_____ ()
Gross Motor: Object Movement	_____ ()	_____ ()	_____ ()	_____ ()
Self Help	_____ ()	_____ ()	_____ ()	_____ ()
Chronological Age (Red)	_____ ()	_____ ()	_____ ()	_____ ()

() Initial column - months delayed from chronological age.

() Second-fourth column - progress made in months since prior assessment.

Evaluator _____ Initial Date _____

Evaluator _____ Second Date _____

Evaluator _____ Third Date _____

Evaluator _____ Fourth Date _____