



PRINT STUDENT'S NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

DATE (MM/DD/YY)	_____
STUDENT ID. NO.	_____

**EARLY LEARNING ACCOMPLISHMENT PROFILE (EARLY LAP)  
ASSESSMENT SUMMARY**

D.O.B.: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_

MONTHS

- 36 \_\_\_\_\_
- 34 \_\_\_\_\_
- 32 \_\_\_\_\_
- 30 \_\_\_\_\_
- 28 \_\_\_\_\_
- 26 \_\_\_\_\_
- 24 \_\_\_\_\_
- 22 \_\_\_\_\_
- 20 \_\_\_\_\_
- 18 \_\_\_\_\_
- 16 \_\_\_\_\_
- 14 \_\_\_\_\_
- 12 \_\_\_\_\_
- 10 \_\_\_\_\_
- 8 \_\_\_\_\_
- 6 \_\_\_\_\_
- 4 \_\_\_\_\_
- 2 \_\_\_\_\_

BIRTH

GROSS MOTOR	FINE MOTOR	COGNITIVE	LANGUAGE	SELF-HELP	SOCIAL/EMOTIONAL
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**Areas:**

**Range of Assessment Scores in Month:**

	Initial (Blue)	Second (Green)	Third (Black)	Fourth (Purple)
Gross Motor	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Fine Motor	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Cognitive	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Language	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Self-Help	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Social/Emotional	_____ ( )	_____ ( )	_____ ( )	_____ ( )
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 \_\_\_\_\_