



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

**BRIGANCE INVENTORY OF EARLY DEVELOPMENT  
ASSESSMENT SUMMARY**

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

MONTHS	24	_____
	_____	_____
	21	_____
	_____	_____
	18	_____
	_____	_____
	15	_____
	_____	_____
	12	_____
	_____	_____
	9	_____
	_____	_____
6	_____	
_____	_____	
3	_____	
_____	_____	

GROSS MOTOR	FINE MOTOR	SELF- HELP SOCIAL	SPEECH & LANGUAGE	GENERAL KNOWLEDGE & COMPREHENSION
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**Areas:**

**Range of Assessment Scores in Months:**

	<u>Initial</u> (Blue)	<u>Second</u> (Green)	<u>Third</u> (Black)	<u>Fourth</u> (Purple)
Gross Motor Skills	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Fine Motor Skills	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Self-Help/Social Skills	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Speech & Language	_____ ( )	_____ ( )	_____ ( )	_____ ( )
General Knowledge & Comprehension	_____ ( )	_____ ( )	_____ ( )	_____ ( )
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 _____