

DIAL-4 Screening Results

Child's name: _____ Age: _____ Birthdate: _____

Parental Questionnaire completed? Yes _____ No _____

Person Completing Report: _____

DIAL-3

Area	Potential Delay	OK	Comments
Motor			
Concepts			
Language			
Overall			
Self-help			
Social			

Results:

___ Your child's current developmental skills are appropriate for his/her age.

___ Your child will be rescreened.

___ Your child may benefit from further evaluation in the following (areas):

___ Motor ___ Speech/Language

___ Cognitive ___ Self-help

___ Social/Behavioral

Recommendations:

Thank you for your participation in this important activity.

Parent Signature

Staff Signature