Clinical report writing for paediatric clients: A tutorial

Nicole Watts Pappas

KEYWORDS
FAMILY-CENTRED PRACTICE
FAMILY-FRIENDLY PRACTICE
PARENT PERCEPTIONS
REPORT WRITING

THIS ARTICLE HAS BEEN PEER-REVIEWED

Nicole Watts Pappas

While clinical reports represent a primary and sometimes the only form of communication between families and speech pathologists (SPs), some studies indicate that parents find allied health reports difficult to read, lacking practical information, and containing limited family input. Negative family experiences with reports can lead to a lack of engagement in their child's intervention and a disinclination to follow the recommendations of professionals. Creating reports that are informative, positive, and a focus of action for families is therefore of great importance in establishing a family–SP partnership. This tutorial reviews the literature investigating family members' perceptions of assessment reports and identifies key clinical implications and strategies that can be used by SPs to increase the acceptability and usefulness of their reports to families. A report-writing tool is presented to facilitate SPs' use of family-friendly practices in their report-writing.

Reports are one of the primary methods of communication of a child's assessment information to families and fulfil an important role as a permanent record of the assessment that parents can refer back to and share with others (Donaldson, McDermott, Hollands, Copley, & Davidson, 2004). The way in which assessment results are conveyed to families can have either a negative or positive effect on their perceptions of their child's difficulties and the formation of a family–professional partnership (Farrell, O'Sullivan, & Quinn, 2009). When assessment reports are written in a positive, accessible manner, with family input, family satisfaction with the speech pathology service and their engagement in their child's intervention may increase. Conversely, reports that focus only on the child's delays and/or are difficult for families to understand may hinder their ability and desire to fully participate in their child's intervention (Carroll, in press).

While, traditionally, families were allowed limited involvement in their child's care, allied health professionals are now encouraged to use models of practice that involve and support families (Rosenbaum, King, Law, King, & Evans, 1998; Watts Pappas & McLeod, 2009). The most dominant of these models, family-centred practice, considers the whole family as the client and promotes families as the primary decision-makers in their child's care (see Rosenbaum et al., 1998). Family-friendly practice is another approach in which families are respected and supported in the assessment and intervention process. In family-friendly practice the speech pathologist (SP) uses their expertise to guide the intervention process, supporting families to be involved in assessment, intervention planning, and intervention provision (see Watts Pappas & McLeod, 2009).

Although family-focused models of care are now acknowledged as best practice in early intervention, some studies have found that the reporting practices of health professionals (including SPs) could be described as more clinician-centred than family-centred (Donaldson et al., 2004). SPs' assessment reports have been described by parents as difficult to read, focused on the child's delays, and containing limited practical information (Donaldson et al., 2004; Flynn & Parsons, 1994). Family-centred practices such as asking the parent if they agree with the assessment findings and allowing parents to suggest changes to the report before it is finalised do not universally occur (Crais & Belardi, 1999; Crais, Poston Roy, & Free, 2006; Watts Pappas, McLeod, McAllister, & McKinnon, 2008). In some instances, while professionals indicate they are using family-friendly practices in their reporting, parents indicate that this is not the case (Crais et al., 2006).

Recently, Leitão, Scarinci, and Koenig (2009) highlighted the ethical responsibility that SPs have to make their reports readable and useful to clients. In fact, it has been suggested that if reports are difficult for parents to read this can limit their access to information about their child (Carrigan, Rodger & Copley, 2001). It is suggested therefore, that reporting may be one area of practice in which SPs can use family-friendly approaches to improve the acceptability and usefulness of their service to families. To create reports that are family-friendly, the needs and opinions of families should be considered. This paper expands on Leitão et al. (2009) by considering the findings from the literature which indicate what practices may influence families' positive and negative perceptions of reports. From these findings, practical strategies are identified that clinicians can use to make their reports more family-friendly.

Literature review

While a number of studies have been conducted investigating families' views of intervention for young children and their feelings about their interactions with allied health professionals (see Watts Pappas & McLeod, 2009 for a full

Table 1: Studies investigating family members' perceptions of clinical report writing (in chronological order)

Study	Type of investigation	No. of participants	Discipline of professionals
Flynn & Parsons, 1994	Parent and professional surveys	31 parents 80 professionals	SPs and special education teachers
Crais & Belardi, 1999	Family and professional surveys	23 families 58 professionals	Early intervention professionals (including SPs)
Band et al., 2002	Parent focus groups	65 parents	SPs
Carrigan, Rodger, & Copely, 2001	Parent focus groups	11 parents	Occupational therapists
Donaldson et al., 2004	Professional surveys Parental interviews Analysis of content and style of reports	15 parents 11 professionals	SPs and occupational therapists
Crais et al., 2006	Professional and family member surveys	134 professionals 58 family members	Early intervention professionals (including SPs)
Watts Pappas, 2008	Parent interviews Professional focus group	7 parents	6 SPs
Farrell, O'Sullivan, & Quinn, 2009	Parent focus groups	19 parents	Early intervention professionals (including SPs)
Carroll, in press	Parent surveys Parent focus groups	103 parents surveyed 17 parents participated in focus groups	SPs

review), there have been comparatively few studies which have focused on the assessment process, and of these only a small number examine families' views of reporting. A review of the literature from the past 20 years found 9 papers that included discussion of parental (or other family members') perceptions of reports written by allied health professionals (see table 1). The studies accessed family opinion via surveys (n = 3), individual interviews (n = 2), focus group interviews (n = 3) or a combination of those formats (n = 1). Many of the studies also included professionals' views of reporting (n = 5). The majority of the studies were investigations of parents' perceptions of intervention as a whole and had only a small focus on parents' and professionals' views of the reporting process specifically. Only two studies exclusively focused on parental views of report writing. While most studies investigated parents' (predominantly mothers') views, other family members, such as grandparents, were occasionally included in the studies.

In 1994 Flynn and Parsons conducted a survey study investigating 31 parents', 40 SPs' and 40 special education teachers' satisfaction with computer-generated reports versus traditional reports. For three case example children both a computer-generated (using a computer program entitled the Communicative Skills Assessment [COMA]) and a traditional report were produced. The participants were then required to comment via a survey about the clarity, individualisation, and usefulness of each report. The study found that all of the participants expressed increased satisfaction with the computer-generated reports, possibly because these reports contained additional information and explanations regarding the child's difficulties and the implications of these difficulties on their everyday functioning. The "traditional" reports produced in the study contained no explanations of technical terms, no recommendations other than that the child required intervention, and no descriptions of functional implications of the child's delays. Thus the reports may not have been representative of a typical report produced by an SP in the workplace. Additionally, the study did not include what could have been a third option – a report which was written for an individual child and family using family-friendly principles. The use of this form of reporting may have led to an even more useful and readable report than the computer-generated template.

The most thorough investigation of reports was conducted by Donaldson et al. (2004) who interviewed 15 parents regarding their perceptions of the SP and/or occupational therapy assessment reports they received when their child had attended a university clinic. In addition, 11 of the clinicians who supervised students in the clinic (8 SPs and 3 occupational therapists) completed surveys regarding their views on report writing. The study also included an analysis of the readability and style of a selection of reports from the clinic. Donaldson and colleagues found that the parents were dissatisfied with a number of aspects regarding the reports, particularly their readability, the lack of inclusion of practical strategies, and the limited information included regarding the functional implications of poor performance on the assessment tasks. While the reports were written by SP and occupational therapy students, they were supervised by clinicians and produced to a standard deemed acceptable for families (see table 1).

The remainder of this article will discuss the findings of this literature with regard to clinical implications for SPs in their report-writing practice.

Clinical implicati ns

In the studies reviewed, families identified a number of factors which impacted on their positive or negative perceptions of assessment reports. The clinical implications for these findings will now be discussed and presented in a framework of recommendations for SPs to consider when writing reports. Thus, to increase family satisfaction with reports, SPs should consider using the strategies which follow.

Ask parents what information they would like included in the report

Parents interviewed by Donaldson et al. (2004) found that the occupational therapy and speech pathology reports they received often varied substantially to what they expected the report would be like. To make reports as useful as possible to families, SPs should describe the usual content of assessment reports and ask if the family would like any additional information to be included. This discussion could take place at the end of the assessment session when time might be set aside to also discuss the families' perception of the assess-

ment, the SP's preliminary observations regarding the child's performance, and when to expect the assessment report.

Provide a verbal explanation of the report

A finding in many of the studies reviewed was that verbal discussion and explanation of the report facilitated the families' understanding (Carrigan et al., 2001; Donaldson et al., 2004; Watts Pappas, 2008). A dedicated assessment feedback session is an ideal venue for this to occur and provides a comfortable, unrushed time in which families can discuss the findings of the assessment with the SP. However, family and/or SP time and distance limitations may mean that a formal assessment feedback session is not possible. In these instances, a possible alternative is a pre-arranged verbal discussion of the assessment over the phone or internet.

Some studies have also found that providing a brief summary of initial findings at the assessment appointment aids parents' later understanding of the contents of the report (Carrigan et al., 2001; Donaldson et al., 2004). The findings given at this time may consist of initial clinical impressions of the child's abilities and the possible impact of their difficulties on their participation in daily tasks, rather than normed scores. While sharing preliminary findings immediately after the assessment may be daunting for some clinicians, Donaldson et al. (2004) suggest that the benefits to families make this a worthwhile skill to develop.

Ask the family if they agree with the information contained in the report

Some of the studies reviewed indicated that families would like to be asked if they agree with the findings outlined in the report and to be given the opportunity to suggest changes (Crais & Belardi, 1999; Crais et al., 2006). For example, the majority of parents surveyed in a study conducted by Crais and Belardi (1999) indicated they would like the opportunity to review intervention reports before they were finalised. An assessment feedback session can provide an ideal opportunity to both discuss the findings of the assessment and incorporate family changes. Presenting the report to families in a "draft" form (with the word "draft" written on the report) may make families feel more comfortable to suggest changes.

Write the report for the family – not for other professionals

Individualise the language used for the recipient family

The readability of reports was one of the one of the most frequently mentioned features which contributed to family satisfaction in the studies reviewed. Parents reported that the assessment reports they received were often difficult to understand, containing numerous, unexplained technical terms (Band et al., 2002; Donaldson et al., 2004; Watts Pappas, 2008). While the use of profession-specific terms or "jargon" is helpful for communication between professionals, it is possible that parents may feel uncomfortable or embarrassed if they do not understand the meaning of the terms (Donaldson et al., 2004). Donaldson et al. concluded that it may be helpful for reports to contain technical terms to facilitate families' discussion of their child's difficulties with other professionals. However, they also indicated that jargon should be followed by simple explanations of what these terms mean. SPs should attempt not only to reduce the use of professional jargon but also to consider the individual family that will receive the report. Different families (and individual members of families) have varying cultural, educational, and occupational backgrounds. Rather than using a 'one style fits all' approach, the SP should attempt to individualise the writing in the report to the unique needs and abilities of each family.

Individualise the structure of the report for the recipient family

Although models of best practice in early intervention have changed substantially, Flynn and Parsons (1994) reported that the format of SP reports has changed little over time. Another method of increasing the usefulness and readability of reports for families may be to consider individualising the overall structure of the report to each family. Donaldson et al. (2004) reported that the families they interviewed wanted the report to answer the questions they had about their child's functioning. Families may find assessment reports easier to follow and more useful if they are organised according to their expressed concerns about their child rather than in order of skills or assessment tools used.

Focus the report on the child's strengths as well as their weaknesses

In a bid to gain access to services, allied health professionals are often under pressure to write reports that highlight a child's weaknesses (Paikoff Holzmueller, 2005). However, this practice can be disheartening to families. While it is clear that information about the child's difficulties needs to be included in the report, parents identify they would prefer that their child's information be reported in a positive or neutral manner, with information about their strengths and abilities given similar emphasis to their weaknesses (Farrell et al., 2009; Paikoff Holzmueller, 2005). In this way a more holistic picture of the child is presented, and abilities or aspects of the child that may facilitate intervention are identified (such as a willingness to attempt difficult tasks).

The use of dynamic assessment can help to focus both the assessment session and the report on the child's potential for progress rather than their current delays. In dynamic assessment the clinician not only identifies what the child cannot do but also investigates what skills the child is able to achieve with varying levels of support (Law & Camilleri, 2007). So, for example, rather than listing which sounds the child could not produce, information about their stimulablility for error sounds and the support they required to produce those sounds would also be included. This helps create a document that not only provides a description of the child's difficulties but also highlights what the child can achieve with support.

Include information provided by the family in the report

If parents are to feel that their opinions and knowledge about their child's skills are valued by SPs then this information needs to be incorporated into the written report. Rather than being included in a separate section, information sourced from the family should be reported with and given as much weight as the findings of formal assessments. When families' knowledge about their child is disregarded, parents can feel disempowered, making the establisment of parent–professional partnerships difficult (Paikoff Holzmueller, 2005; Watts Pappas, 2008). Moreover, in disregarding parent's information about their child's skills, the information contained in reports could be inaccurate and misleading. For example, in her account of her own experiences of accessing occupational therapy intervention for her child, psychologist Paikoff Holzmueller (2005) described an incident in which "much was made of my child's lack of familiarity with having his hair combed, but relatively little was made of my comment that he was still bald and had never had his hair combed!" (p. 582).

It is important for clinicians to bear in mind that assessments take place in a brief period of time and often in

settings which are unfamiliar to the child. The child's performance in this situation may thus not be typical of their regular functioning. Formal assessments may also provide little information regarding how the child is able to participate in daily activities. Families are able to provide much important information to contribute to the assessment findings, such as their child's temperament on the day of the assessment, whether the child's performance is typical and whether the child's poor performance on tasks may be due to unfamiliarity with the materials used. Most importantly, families can also provide information about how the child functions in the activities of their daily life. Family involvement in the assessment can be facilitated in many ways. Some possible suggestions include providing assessment tasks that can be completed by the family before the formal assessment, consulting the family prior to the assessment regarding what may help the child perform best in the assessment setting, asking parents to write down observations during the assessment, and setting aside time at the end of the assessment session to discuss the families' perceptions (see Crais, 1993 for further suggestions).

Link the assessment results to functional activities and skills

Formal assessments often measure the child's ability to perform abstract tasks such as "recalling sentences", "sound segmentation", and "stimulability of sounds". However, the functional implications of poor performance on these tasks may not be immediately obvious to parents. To make the information provided in reports meaningful to families, it is important to provide a context for the assessment results by giving practical examples of how the child's difficulties may affect daily performance (Donaldson et al., 2004). For example, if a child performs poorly on a task designed to assess short-term auditory memory, indicate in the report that this may affect their ability to remember instructions given to them by family members or teachers. Linking the findings of the formal assessment to the family's report of their child's participation in daily activities may also help families understand why their child is having difficulty in certain areas. For example, the child may find it difficult to sit still when they are being read a story as they do not understand the longer, more complex sentences that occur in written language.

Provide functional strategies and information about resources that the family can use to help their child

The provision of information about resources has consistently been reported as an area of weakness in parents' perceptions of early intervention services (Raghvendra, Murchland, Bentely, Wake-Dyster, & Lyons, 2007). While information about the child's performance on assessment tasks is of interest to families, a report that highlights problems without offering solutions can be frustrating. Parents expect the professional to tell them about other resources that are available to them such as support groups, additional financial support, websites that may be of interest, different options for intervention and/or educational options (Donaldson et al., 2004; Watts Pappas et al., 2008). SPs could incorporate this into their practice by building up a bank of information regarding resources that may be of interest to families of children with different areas of delay. This information could then be inserted into individual reports as necessary.

Parents also report that they would like practical strategies that they could use to help their child included in the report (Donaldson et al., 2004). For example, in their study of parents' perceptions of SP and occupational therapy reports, Donaldson and colleagues (2004, p. 29) stated that the recommendations section of the SP reports in particular were "considered by most parents to be inadequate", identifying merely that the child required intervention. Rather than simply providing confirmation that the child has difficulties, the inclusion of functional strategies allows the report to act as a "focus for action" (Carrigan et al., 2001, p. 63) and gives parents some immediate actions they can take to begin helping their child.

Provide specific information regarding the intervention required

Parents report that they would like detailed information regarding the intervention required for their child to be included in assessment reports (Donaldson et al., 2004; Paikoff Holzmueller, 2005; Watts Pappas, 2008). This information would ideally include where they might access the intervention, the cost, what the intervention would involve, and how often they would need to attend. Not all families are confident drivers of the communication process between themselves and intervention services. Clear information about what actions they need to take next in the intervention process may allow them to play an active role in coordinating their child's intervention and to ensure that follow up occurs in a timely fashion.

Additionally, parents wish to know for how long intervention might be required. As a parent in a study conducted by Watts Pappas (2008, p. 224) indicated: "I would like an outline, I know it's hard because every child is individual, but maybe some sort of outline of expected progress."

If families are offered a certain number of intervention sessions they may assume that this is all the child requires. Clearly, the length of time that the child may need to spend in intervention needs to be discussed with parents even if this is not written in the report. It is acknowledged that it is often difficult to predict how much intervention a particular child might need. Moreover, it may be awkward to disclose to families that the service may not be able to provide all the intervention that their child may require. However, providing parents with a general idea about anticipated intervention time may help the family with future planning and, in cases where long-term intervention may be required, to come to terms with the extent of their child's difficulties.

Coordinate the report with other professionals

Children with developmental delays and disabilities are frequently involved with a number of different health and educational professionals. The complicated role of coordinating these services often falls to the family, whose job is made much more difficult when communication between the different professionals and services is inadequate. For example, parents in a study conducted by Band et al. (2002) felt that the professionals who saw their child did not always communicate with each other when reports were provided. These parents indicated that the reports they received from different professionals sometimes contradicted each other or were repetitive. If the child is assessed by more than one professional in a team, or sees professionals from another agency, it is useful to attempt to coordinate reports rather than write them in isolation. This could be achieved by writing a joint report with the other professionals or, alternatively, accessing reports to identify any areas of incongruity and address these in the report.

Putting it all t gether

While SPs report a willingness to use a more family-friendly approach in their practice, they often experience barriers to its use such as limited time and the restrictions of the service for which they work (Watts Pappas et al., 2008). Donaldson

et al. (2004) found that although clinicians may intend to use family-friendly reporting styles, this intention is often not realised in practice. While family-centred practices have been promoted in early intervention it appears that the report-writing practices of SPs and other allied health professionals may have undergone limited change. A number of solutions to this problem are suggested:

1. It is suggested that the use of standard report proformas, in which children's details are inserted into pre-written documents, may lead to a lack of individualisation of reports and limited consideration of the unique needs of each family. Alternatively, Donaldson et al. (2004) suggested that report guidelines should be established to encourage clinicians to individualise the report for each family. A bank of explanations and information regarding resources could be used to aid SPs; however, it is important that these insertions are individualised for each child. Expanding on Donaldson et al.'s suggestion, a report-writing guideline is presented in this article as a possible method to prompt the SP to gather important information from the family during the assessment and to ensure that the report produced is useful and accessible to families (see appendix 1). This tool could be used in tandem with other tools (such as example reports and banks of information) to ensure that reports are family-friendly while maintaining an individual focus for the recipient family. Applying the report checklist to a selection of previously written reports is suggested as a useful exercise for individual SPs to determine whether they use family-friendly approaches in their report-writing practice.
2. University training programs may need to consider whether SP students are provided with sufficient instruction to produce reports that meet families' needs.
3. The use of family-friendly reporting practices also requires the support of workplaces. Individual services could consider the use of quality assurance projects to evaluate the reporting practices of clinicians and to identify any barriers to the use of more family-friendly reporting styles.

Conclusion

Accessing family perceptions and experiences regarding assessment reports is a useful method by which to identify strategies to increase the family-friendliness of SP reports. This review of the literature has indicated that SPs and other allied health professionals may not always use family-friendly practices when writing reports. Family perceptions of assessment reports were synthesised to produce a number of clinical strategies for SPs to consider in their report-writing practice. A report writing guideline has been presented to facilitate SPs use of family-friendly practices in assessment and report-writing. However, changing SPs' report writing styles may require institutional as well as individual change. An increased focus on the use of family-friendly reporting styles in university training programs and the support of workplaces may also be required to align SPs reporting practices with current models of recommended best practice in early intervention.

References

Band, S., Lindsay, G., Law, J., Soloff, N., Peacey, N., Gascoigne, M., & Radford, J. (2002). Are health and education talking to each other? Perceptions of parents of children with speech and language needs. *European Journal of Special Needs Education*, *17*(3), 211–227.

Carrigan, N., Rodger, S., & Copley, J. (2001). Parent satisfaction with a paediatric occupational therapy service: A pilot investigation. *Physical and Occupational Therapy in Pediatrics*, *21*(1), 51–71.

Carroll, C. (in press). "It's not everyday that parents get a chance to talk like this": Exploring parents' perceptions and expectations of speech-language pathology services for children with intellectual disability. *International Journal of Speech-Language Pathology*. DOI: 10.3109/17549500903312107

Crais, E. (1993). Families and professionals as collaborators in assessment. *Topics in Language Disorders*, *14*(1), 29–40.

Crais, E. R., & Belardi, C. (1999). Family participation in child assessment: Perceptions of families and professionals. *Infant-Toddler Intervention*, *9*(3), 209–237.

Crais, E. R., Poston Roy, V., & Free, K. (2006). Parents' and professionals' perceptions of the implementation of family-centred practices in child assessments. *American Journal of Speech-Language Pathology*, *15*, 365–377.

Donaldson, N., McDermott, A., Hollands, K. Copley, J., & Davidson, B. (2004). Clinical reporting by occupational therapists and speech pathologists: Therapist's intentions and parental satisfaction. *Advances in Speech-Language Pathology*, *6*(1), 23–38.

Farrell, A. F., O'Sullivan, C., & Quinn, L. (2009). Parent perspectives on early childhood assessment: A focus group inquiry. *Early Childhood Services*, *3*(1), 61–76.

Flynn, M. C., & Parsons, C. L. (1994). A consumer view of computer generated versus traditional assessment reports. *Australian Journal of Human Communication Disorders*, *22*(1), 24–39.

Law, J., & Camilleri, B. (2007). Dynamic assessment and its application to children with speech and language learning difficulties. *Advances in Speech-Language Pathology*, *9*(4), 271–272.

Leitão, S., Scarinci, N., & Koenig, C. (2009). Ethical reflections: Readability of speech pathology reports. *ACQuiring Knowledge in Speech, Language and Hearing*, *11*(2), 89–91.

Paikoff Paikoff Holzmueller, R. L. (2005). Case report – Therapists I have known and (mostly) loved. *American Journal of Occupational Therapy*, *59*, 580–587.

Rahagvendra, P., Murchland, S., Bentely, M., Wake-Dyster, W., & Lyons, T. (2007). Parents' and service providers' perceptions of family-centred practice in community-based paediatric disability service in Australia. *Child: Care, Health and Development*, *33*(5), 586–592.

Rosenbaum, P., King, S., Law, M., King, G., & Evans, J. (1998). Family-centred service: A conceptual framework and research review. *Physical and Occupational Therapy in Pediatrics*, *18*, 1–20.

Watts Pappas, N. (2008). *Parental involvement in intervention for speech impairment*. Unpublished doctoral dissertation, Charles Sturt University, Bathurst, Australia.

Watts Pappas, N., & McLeod, S. (2009) *Working with families in speech-language pathology*. San Diego, CA: Plural Publishing.

Watts Pappas, N., McLeod, S., McAllister, L., & McKinnon, D. (2008). Parental involvement in speech intervention: A national survey. *Clinical Linguistics and Phonetics*, *22*(4), 335–344.

Dr Nicole Watts Pappas is the co-editor of *ACQ* and an adjunct lecturer at Charles Sturt University. Her research has focused on accessing parental views to identify family-friendly approaches to service delivery for SPs. She also works with families as a senior SP at Mt Gravatt Children's Developmental Service. Dr Watts Pappas is currently extending her research into families; she is conducting her latest study, "the lived experience of being a parent", while caring for her son on maternity leave.

Correspondence to:
Nicole Watts Pappas, PhD
Co-editor, ACQuiring Knowledge in Speech, Language and Hearing
Senior speech pathologist, Mt Gravatt Children's Developmental Service
Adjunct Lecturer, Charles Sturt University
email: nwattspappas@hotmail.com

Appendix 1: Report-writing guidelines

To be completed during the assessment session

Questions posed by the family:

1.

2.

3.

4

Family's report of the child's difficulties:

Family's perception of the child's performance during the assessment session (reflective of usual abilities?)

Information family would like included in the report:

1.

2.

3.

Preliminary findings given to family at assessment:		
Child's strengths	Areas for improvement	Possible impact on daily functioning

Report checklist	
Does the report?	Tick if correct
Answer the questions posed by the family?	
Include the information the family requested to be included in the report?	
Contain explanations of any technical terms used?	
Represent a readable document that is set out in a way that is easily accessible by the family it is written for?	
Include the family's report of the child's skills?	
Include the family's opinion regarding the accuracy of the findings?	
Provide information on the child's strengths as well as their weaknesses?	
Give information regarding the implications of the child's difficulties on their participation in the activities of their daily life?	
Provide detailed information regarding the child's therapy needs? Place When intervention should begin Length/structure of intervention sessions Possible family involvement Focus of intervention Expected length of intervention	
Provide information regarding the implications of the child's difficulties in the future?	
Provide information regarding other services the family may be able to access?	
Provide practical strategies the family or teachers can use to help the child? (or indicate that a home program will be provided)	
Coordinate with reports produced by other members of the early intervention team (if applicable)?	