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CDE SMALL VEHICLE/MULTIFUNCTION OPERATOR

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ELC FORM TEMPLATE

ASQ Answer Sheet Name of Center Observation Date Name of Child Date of Birth ASQ Level Person Completing Screening Relationship to Child Others That Helped Complete Screening SCREENING RESULT Circle responses below and add comments when applicable. COMMUNICATION GROSS MOTOR FINE MOTOR Question Yes Sometimes No Question Yes Sometimes No Question Yes Sometimes No 1. Y S N 1. Y S N 1. Y S N 2. Y S N 2...

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