A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___ A2. Date:___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year) A3. Study Staff ID/Initials: ___ ___ ___

A4. Age: ___ ___ mo To DCC ☐

SECTION B: BAYLEY SCALES OF INFANT DEVELOPMENT – SECOND EDITION

B1. Date of testing: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year) B2. Initials of administrator of test: ___ ___ ___

Scale	Raw Score	MDI	PDI
B3. Mental Scale	___ ___ ___	___ ___ ___	
B4. Motor Scale	___ ___ ___		___ ___ ___