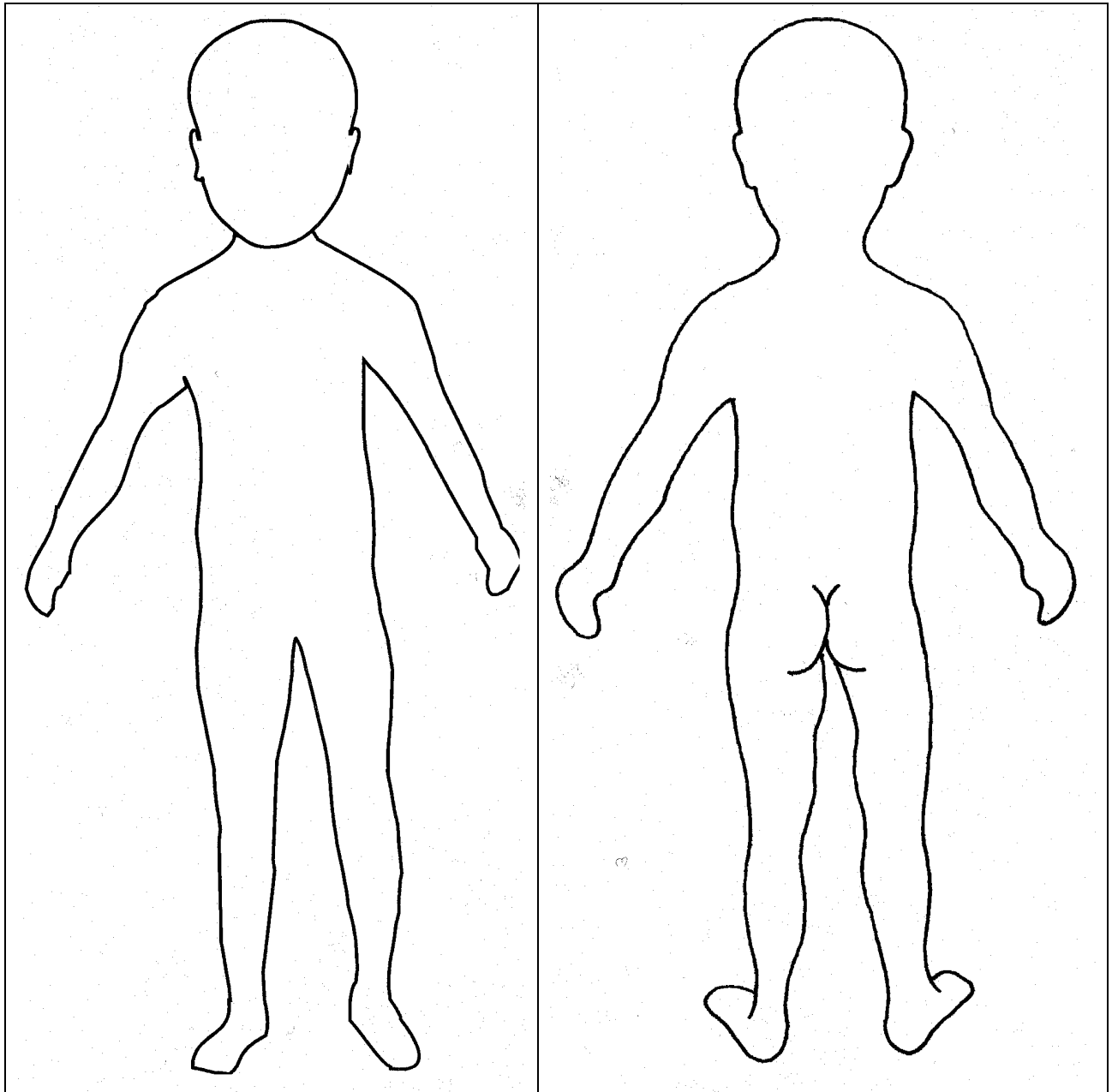


BODYMAP

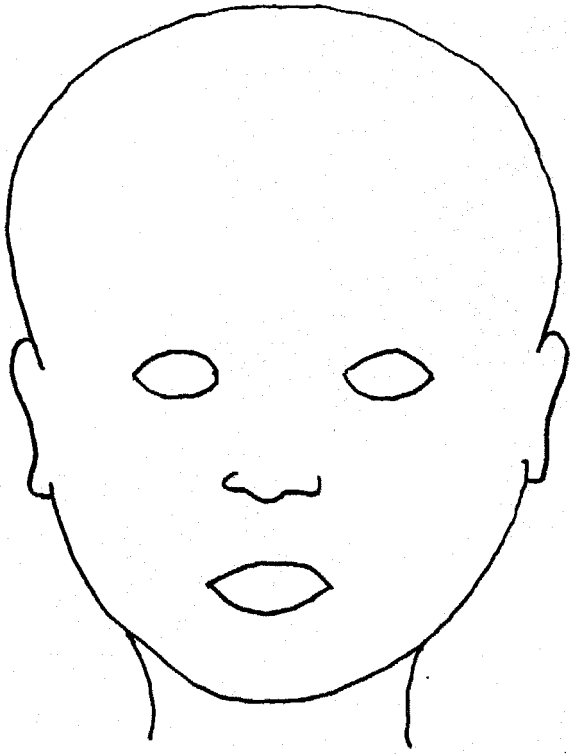
(This must be completed at time of observation)

Names for Child:		Date of Birth:	
Name of Worker:		Agency:	
Date and time of observation:			

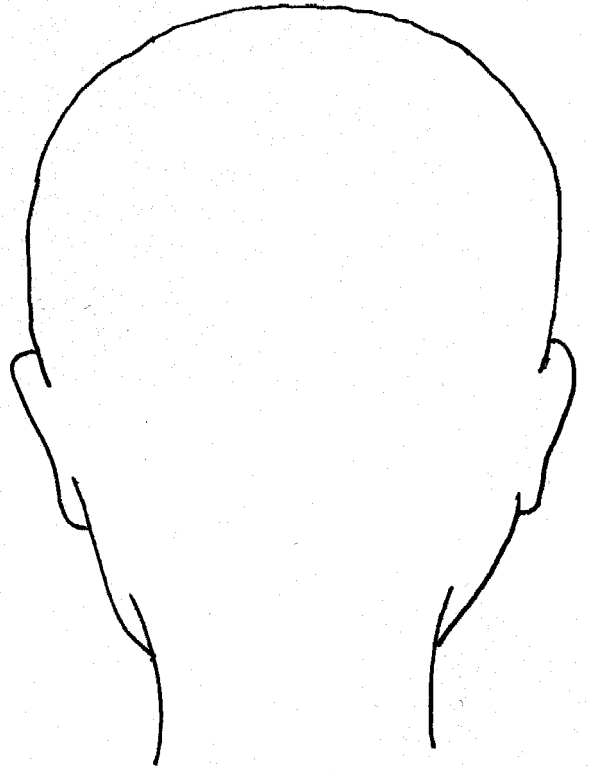


Name of Child:

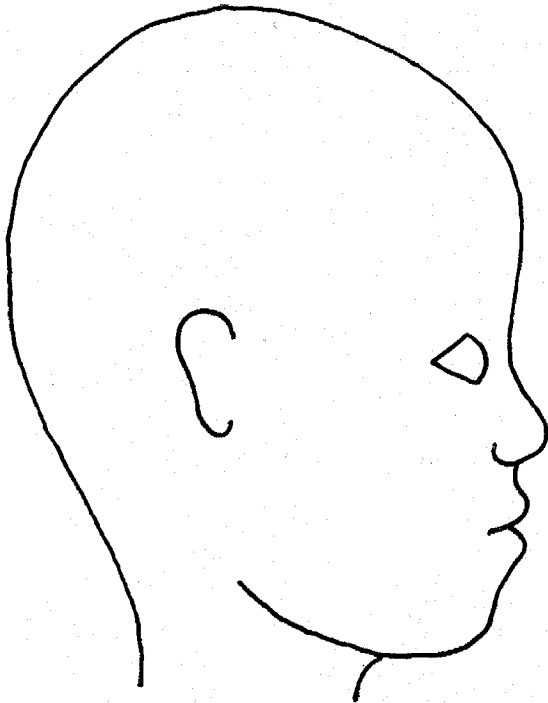
Date of observation:



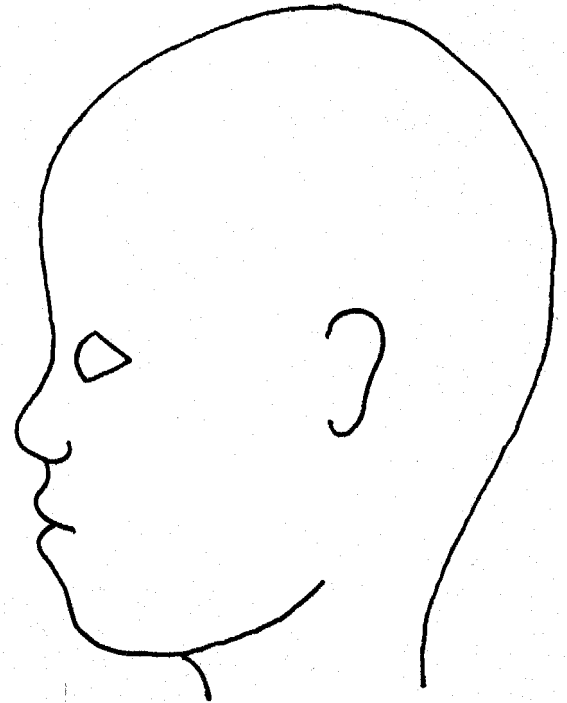
FRONT



BACK



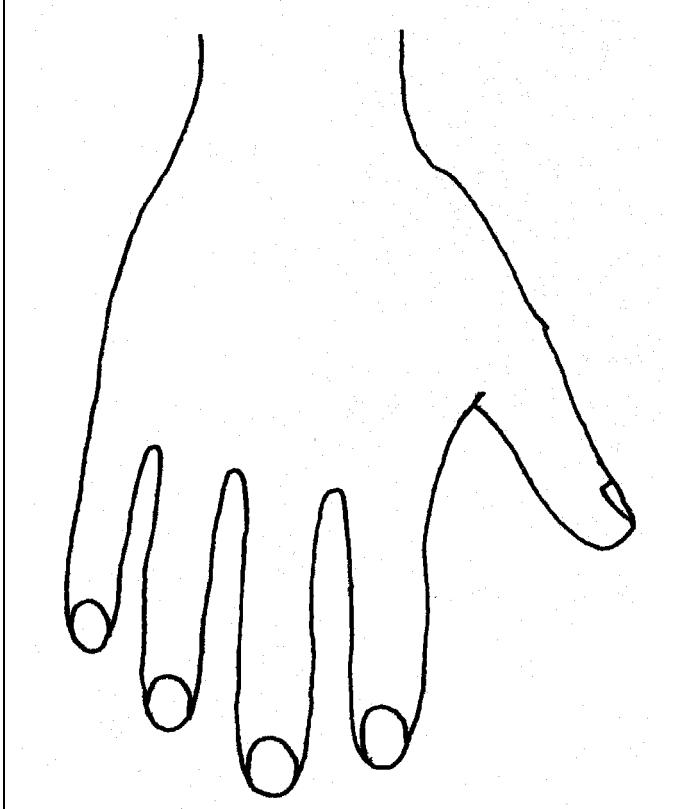
RIGHT



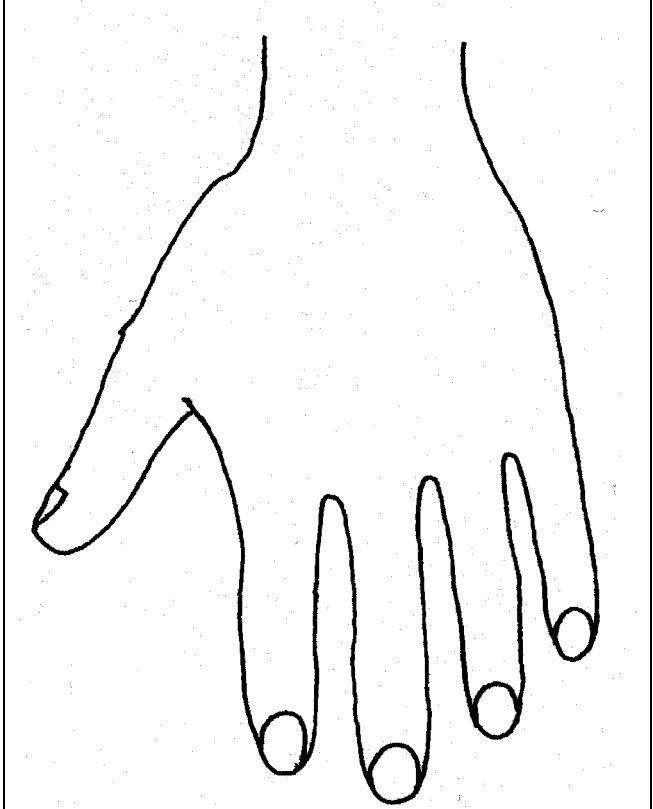
LEFT

Name of Child:

Date of observation:

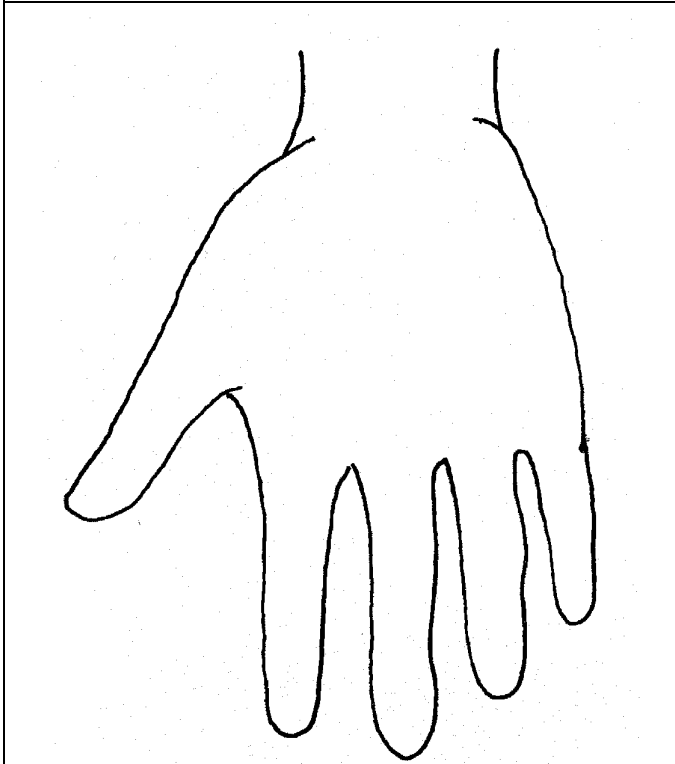


R

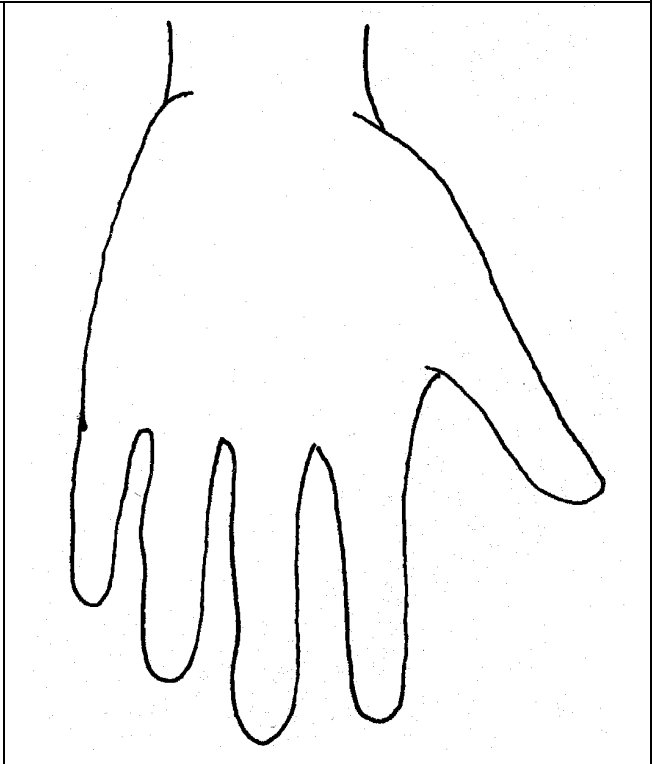


L

BACK

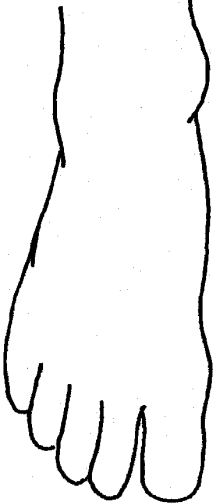
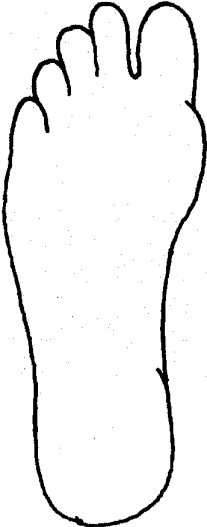






R



L

PALM

Name of Child:			Date of observation:		
					
					
R			L		
INNER					
					
R			L		
OUTER					
Printed Name and Signature of worker:				Date:	
				Time:	
Role of Worker					
Other information:					