



# EMI Score Sheet

**Child Name or #:** \_\_\_\_\_

**Assessment Date** \_\_\_\_\_  
(MM/DD/YYYY)

**Scoring Method:** Live Video

**Assessment Duration:** \_\_\_\_ (Min.) \_\_\_\_ (Sec.)

**Toy Set:** Blocks Balls

**New Intervention:** \_\_\_\_\_

**Coder:** \_\_\_\_\_


**Play Partner:** Parent Other Caregiver Staff

**Location:** Home Center Other

**Primary Language of Administration:** \_\_\_\_\_

**Other Language(s) Spoken During Administration:** \_\_\_\_\_

**If Reliability, Reliability Coder's Name:** \_\_\_\_\_

	Transitional Movement	Grounded Locomotion	Vertical Locomotion	Throwing/ Rolling	Catching/ Trapping
<b>EMI</b> (Mark observations of each key skill with tally marks) 					
Total					

Assessment Notes:

