



# EMI Certification Score Sheet

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

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

Scoring Method: Live Video

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

Toy Set: Blocks/Balls Pop Up

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:

