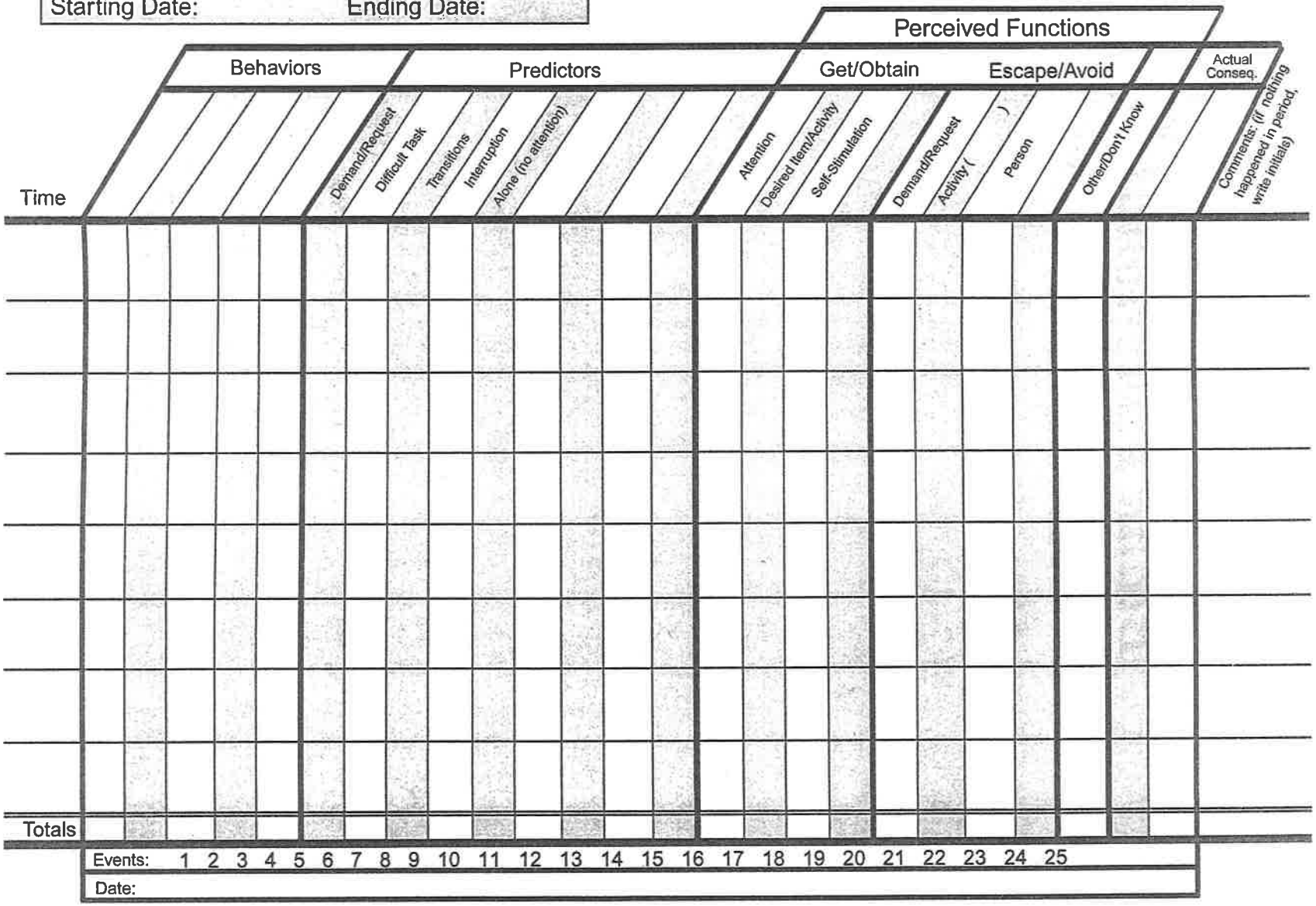
Functional Assessment Observation Form

Name:

Starting Date: Ending Date: