

Alberta Infant Motor Scale

Name: _____	Date of Birth: _____ dd / mm / yyyy
Name of Guardian/Parent: _____	Phone Number: _____
Email Address: _____	Date of Assessment: _____ dd / mm / yyyy
Previous items Credited - Prone: _____	Items Credited in Windows - Prone: _____
Subscale Score - Prone: _____	Previous items Credited - Supine: _____
Items Credited in Windows - Supine: _____	Subscale Score - Supine: _____
Previous items Credited - Sit: _____	Items Credited in Windows - Sit: _____
Subscale Score - Sit: _____	Previous items Credited - Stand: _____
Items Credited in Windows - Stand: _____	Subscale Score - Stand: _____
Total Score: _____	Percentile: _____

COMMENTS AND RECOMMENDATIONS

Prone

Supine

Sitting

Standing