



Intake and Demographic Form

for Child Profiles

Below are descriptions of the data fields that appear in the Child Profile Intake and Demographic Form. Each data element includes a description of what kind of data you will collect and information on expected values.

Child

Child Information

Alternate ID: The alternative ID is any alternative identification system that your organization wishes to use. This field does not refer to the automatically-generated DAISEY ID number that is assigned to new child profiles upon creation.

Child Date of Birth: The child DOB follows the month, date, year format.

Child First Name:** The child's first name. This information *is not required*. Your organization may identify caregivers by other methods, such as initials or pseudonyms.

Child Last Name:** The child's last name. This information *is not required*. Your organization may identify caregivers by other methods, such as initials or pseudonyms.

Enrollment Date: The date that the child began receiving services from your organization

Discharge Date: The date that the child discontinued receiving services from your organization. Note: you may leave this field blank if the child is actively receiving services.

Does the child have an IEP or IFSP? You will check only one box which corresponds to the education status of the child has completed at the time of intake.

Number of weeks premature: Space is provided for you to write how many weeks premature the child was born. A score of zero denotes *not premature*.

Name or DAISEY ID of primary caregiver: Space is provided for you to identify the primary caregiver. You will be able to associate the caregiver profile and child profile in the system.

Child's relationship to primary caregiver: You will check only one box to describe how the child relates to the primary caregiver.

Contact Information

Address 1 (optional): Space is provided for you to write the primary address of the child.

Address 2 (optional): Additional space is provided for long addresses, or secondary addresses of the child.

City (optional): Space is provided for you to write the child's city of residence.

State (optional): Space is provided for you to write the child's state of residence.

ZIP (required): Space is provided for you to write the child's zip code.

CHILD

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Child Demographics

Child Sex: You will note the child's sex.

Child Ethnicity: You will note whether the child's ethnicity is of Hispanic origins. Hispanic origin is *not* the race of the child.

Child Race: You will check all the boxes that describe the child's race. Space is left under Other to write in any race that is not listed.

Child Insurance Status: You will check only one box which corresponds to the child's insurance coverage at the time of intake.

At-Risk Criteria

Is the child's primary language English? Yes/no field that describes whether the child's primary or native language is English.

Child Primary Language: You will check only one box which corresponds to the child's primary or native language. Space is left under Other to write in any race that is not listed.

Is the child participating in Part B Assistance for Education of All Children with Disabilities?

Yes/no field that describes whether the child's is participating in Part B Assistance for All Children with Disabilities as provided by the Individuals with Disabilities Education Act (IDEA).

Is the child participating in Part C Early Intervention services? Yes/no field that describes whether the child's is participating in Part C Early Intervention services as provided by the Individuals with Disabilities Education Act (IDEA).

Does the child qualify for free and reduced lunch? Yes/no field that describes whether the child's is eligible to participate in the free and reduced lunch program.

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