

Early Childhood Identification and Services

INITIAL INTAKE

Date: _____ Base School: _____ Cluster: _____

Child's Name: _____
Last First Middle

Date of Birth: _____ Male ☐ Female ☐

Parent/Guardian: _____
Mother First Last

Father First Last

Address: _____

Home Phone: _____ Cell/Work Mother: _____

Parent's email: _____ Cell/Work Father: _____

Has your child been tested before or by Infant Toddler Connection? Yes ☐ No ☐

If yes, does your child have an IFSP? Yes ☐ No ☐

Preschool: _____ Teacher name: _____

Preschool Address: _____ Phone: _____

Does your child understand more than one language? Yes ☐ No ☐

If yes, what language? _____

What languages are spoken in the home? By child? _____

By Adults? _____

Interpreter Needed? Yes ☐ No ☐

Additional Comments:

Date Exchange of Information Sent: _____

Date Registration Information Sent: _____

Date Ages & Stages sent: _____

Intake completed by: _____

Date entered into database: _____

Intake Coordinator: _____