Parent/Caregiver Information Form

I. Information County:_____

Parent Name: _____ Child's Name: _____

Child's Date of Birth: _____ Child's age in months**:** _____ Gender of Child: ☐ Male ☐ Female

Family's Ethnic Background: ☐ African American ☐ White ☐ Hispanic ☐ American India/Alaskan Native

☐ Asian/ Pacific Islander ☐ Other: _____

Primary language in the home: ☐ English ☐ Spanish ☐ Other: _____

Home Address: _____ Zip Code: _____

Parent Primary Phone Number: _____ Secondary Phone Number: _____

Parent email: _____@_____ School District: _____

Who has legal custody? ☐ Mother ☐ Father ☐ Shared custody ☐ Other (Foster Home, Relative, etc.) _____

Marital Status of parent: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Adults in the home: ☐Two biological parents ☐Shared custody ☐ Mother alone ☐ Father alone ☐ Adopted

☐ Foster parent(s) ☐ Mother with partner ☐ Father with partner ☐ Other _____

No. of siblings, name, & Ages:_____

How long has child been at this child care program?: _____in months

Has the child been in other child care Center(s) or family child care home(s)? ☐Yes ☐ No

If yes, how many different placements? _____ If yes, how long ago was the most recent placement? _____

Current Facility/Caregiver Name:_____

Facility Type: ☐Home Provider ☐Center

Address:_____ Phone:_____

When does your child attend this program? Daily Mondays Tuesdays Wednesdays Thursday s Fridays

What time does your child attend childcare? ___:___am/pm-___:___am/pm (circle all applicable)

II. Concerns

☐Aggression ☐Attention ☐Anxiety ☐Disruption ☐Hyperactivity ☐ Pica (eating non-edible items)

☐ Seems Depressed ☐ Self Injury ☐ Withdrawn ☐ Somatic (excessive complaints of physical ailments)

☐ Other _____

When did behavioral difficulties begin? _____

Are there any significant changes in the child's life? _____When:_____

Does the child have a diagnosis or diagnoses? ☐Yes ☐ No

☐ Attention-Deficit Hyperactivity Disorder ☐ Bi-Polar Disorder ☐ Autism Spectrum Disorder

☐ Speech and Language Delay ☐ Cognitive Delay ☐ Developmental Delay

☐ Sensory Impairment ☐ Physical Disability ☐ Other : _____

III. Other Participation in Programs

Is the child attending any other program (therapy, speech etc.)? ☐ Yes ☐ No

If yes, please specify: ☐ Infant & Toddler ☐ Child Find ☐ Other _____

Is the child receiving a childcare subsidy (formerly called purchase of care)? ☐ Yes ☐ No

Does the child have an: ☐ IEP ☐ IFSP ☐ None

Is the child or family receiving services from Department of Social Services? ☐ Yes ☐ No

If yes, which services? _____ Name of Worker _____

IV. General Developmental:

Any concerns about child's motor skills (i.e. walking, sitting, crawling)? ☐ Yes ☐ No

Does the child have feeding problems? ☐ Yes ☐ No

Was the child born ☐ Full term or ☐ Prematurely? How premature? _____ Birth Weight _____lbs _____oz

Fetal exposure during pregnancy? ☐ Alcohol ☐ Substances: _____

Does the child have any medical problems? ☐ Yes ☐ No

☐ Asthma ☐ Allergies to Medicines ☐ Seizure ☐ Seasonal Allergies

☐ Other _____

How does the child communicate? (i.e. babble, point, words) Example: _____

How many words does the child use? _____

Does the child put words together? (2 – 3 word sentences) ☐ Yes ☐ No

Does the child make any sounds? (i.e. car sounds, animal sounds) ☐ Yes ☐ No

Example: _____

Does child understand simple directions? (e.g. "Put that down;" "Get your coat.") ☐ Yes ☐ No

Name of Pediatrician and/or other significant doctor/specialist _____

Primary Phone Number: _____ Secondary Phone Number: _____

Date of last visit:_____ Are immunization up date:_____

V. Consent Agreement

I give permission for The Lower Shore Early Intervention Program to use the information provided on this form to assist in identifying my child's needs. I understand this also includes any preliminary evaluations/screens used to assess my child. I understand that this information will be kept completely confidential. I also understand that positive results are contingent upon consistent implementation of the recommended strategies which may include community referrals. I am aware that I may request this information to be removed from my child's file if it is inaccurate, misleading or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records.

_____ Date: _____

Name of Parent/Guardian

_____ Date: _____

Signature of Parent/Guardian