

CHILD FIND INTAKE

2022-2023



Dear Parent/Guardian, please complete the following information and return it to:

Liberty Elementary School District #25
Attention: Special Services
19871 W. Fremont Road
Buckeye, AZ 85326
623-474-6671 Office
623-474-6669 Fax
E-mail: preschool@liberty25.org



Please make sure you include the following information with the packet: Proof of residency (copy of deed to house or lease, utility bill (SRP, water bill etc...)) Copy of birth certificate

Any evaluations/screenings, hearing and vision test results if available.

Date: _____

Child's Name: _____ DOB: _____ Ethnicity: _____ Race: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

	Biological Mother/Guardian		Biological Father/Guardian	
Name:		Age:		Age:
Education:				
Home Language:				
Occupation:				
Lives w/child (Y/N):				
Dominant Hand:				
Academic/Emotional/Health Difficulties:				
Race				

Other Family Members & Relatives (Please indicate with Academic/Emotional/Health Difficulties)

Name	Age	Relationship	Lives w/child	Academic/Emotional/Health Difficulties
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRENATAL AND BIRTH Information Unknown

<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular prenatal care
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medications taken by the mother during pregnancy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any illnesses or complications while pregnant?
Substance used during pregnancy:	
Cigarettes	How many? _____ per <input type="checkbox"/> day <input type="checkbox"/> week
Drinks	How many drinks? _____ per <input type="checkbox"/> day <input type="checkbox"/> week

PRENATAL AND BIRTH <input type="checkbox"/> Information Unknown				
Drugs	Drugs: Please describe type(s) of drug, frequency of use, and month of pregnancy use was stopped (if applicable)			
Birth				
The child was born	Early _____ weeks On time _____ (38-42 weeks) Birth weight _____ Length _____ Late _____ days			
Hospitalization	Length of stay for child _____ Have difficulty breathing? Placed in an incubator? Have birth defects?		Have feeding problems? Receive oxygen? Have jaundice? Other health problems?	
DEVELOPMENTAL (Please report age of milestones)				
Gross Motor	Fine Motor	Hand Dominance	Language	Social/Adaptive
____ Sat alone ____ Crawled ____ Walked alone ____ Ran well ____ Tricycle/bike	____ Fed self with spoon ____ Scribbled ____ Tied shoes ____ Dressed self	Not established Right Left Age established__	____ Used single word _____ ____ 2+ words Describe activity	Toilet trained: ____ Day ____ Night Unable due to physical problem

MEDICAL (if Yes, please explain)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Hearing Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Vision Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No	History of ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears glasses/contacts
<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies/Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures
<input type="checkbox"/> Yes <input type="checkbox"/> No	Head injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of consciousness
<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Illnesses	<input type="checkbox"/> Yes <input type="checkbox"/> No	High fevers

PSYCHO-SOCIAL HISTORY			
Physical activity level:	Low activity level	In between	High activity level
Sleeping & eating schedule:	Regular and predictive	In between	Irregular and unpredictable
Attitude to new situations:	Inhibited, cautious	In between	Uninhibited, spontaneous
Social:	Very timid, shy	In between	Very friendly
Persistence with activities:	Stayed with activities	In between	Gave up quickly
Sensitivity to environment:	Sensitive/easily aroused	In between	Not sensitive
Mood:	Happy, content	In between	Irritable or unhappy
Routines:	Flexible	In between	Inflexible
Expression of feelings:	Affectionate	In between	Unaffectionate
Pain tolerance:	Low threshold	In between	High threshold
Facial expressiveness:	Frequent	In between	Never
Behaviors Observed: <i>(Check all that apply)</i>			

Past		Now	Past		Now	Past		Now
	Nail biting			Worries			Headaches	
	Nightmares			Soiling/wetting			Clumsy	
	Excessive crying			Poor self-esteem			Aggressive behaviors	
	Lying			Speech			Staring episodes	
	Destructive behaviors			Stealing			Avoids eye contact	
	Excessive fears			Temper tantrums			Fire setting	
	Feelings easily hurt			Jealousy			Stomach aches	
	Cruelty to animals			Make-believe play			Self-injury behavior	
	Repetitive motor behaviors			Sniffs/licks/eats objects			Excessive dependence	

EDUCATIONAL HISTORY

Special Education	When tested: Qualified for what services
Schooling	# of schools attended Grade(s) repeated: Attended summer school Attended preschool

Parent/Guardian Name _____ Date _____ Interviewer _____

Name _____ Title _____ Date _____

PRESCHOOL GROSS MOTOR

Do you have any concerns regarding your child's gross motor development? (This includes his/her ability to walk, run, jump, crawl, climb, throw, etc...)

If yes, please explain: _____

Instructions: Find the age range questions that match the child. Answer each question by circling yes or no. If the child has no experience with the skill, answer with the best prediction of how the child could perform.

Age 2.9 to 3.4 years:

1. Can the child move quickly or run without falling? o
2. Can the child jump with both feet leaving the ground at least once?
3. Does the child use the steps with rails at the park, store, or home?
4. Does the child play ball by kicking, throwing, catching, or trying to bounce it?

Age 3.5 to 4 years:

1. Can the child run across sand or uneven ground, and around obstacles?
2. Does the child use his arms and body to catch a large ball?
3. Does the child imitate standing on one foot, galloping, or touching toes?
4. Does the child alternate feet when going up stairs, at least sometimes?

Age 4.1 to 5 years:

1. Does the child throw a ball overhand in the direction he/she wants it to go?
2. Can the child stand on one foot for several seconds? Yes No
3. Does the child pedal a tricycle or Big Wheel? If not, has he/she had an opportunity to ride this type of toy?
4. Does the child jump forward several times?

PRESCHOOL SOCIAL/EMOTIONAL

Do you have any concerns regarding your child's social/emotional development? (This includes his/her ability to play, interact with others, cooperate, attend to tasks for an appropriate length of time, etc...)

If yes, please explain: _____

Instructions: Find the age range questions that match the child. Answer each question by circling yes or no. If the child has no experience with the skill, answer with the best prediction of how the child could perform.

Age 2.9 to 3.4 years:

1. Does the child show affection toward others?
2. Does the child show interest in other children?
3. Can the child entertain himself/herself with toys for 10 minutes?
4. Does the child enjoy being a "helper"?
5. Does the child point to indicate needs or share excitement?

Age 3.5 to 4 years:

1. Has the child begun to show an interest in pretend play?
2. Does the child play interactively with other children for at least short periods?
3. Can the child (sometimes) share toys or food?
4. Can the child regulate frustration without too many tantrums?
5. Can the child solve problems with peers without hitting/shoving/biting?

Age 4.1 to 5 years:

1. Does the child separate from parents without excessive distress?
2. Does the child enjoy dramatic play (dress ups, house, superheroes, etc...)?
3. Can the child follow a group routine (sit in a circle, line up)?
4. Does the child show concern for siblings/playmates in distress?
5. Can the child stay with a single task of his/her choice (not TV) for 20 minutes?

PRESCHOOL SELF-HELP

Do you have any concerns regarding your child's adaptive or self-help skills? (This includes skills in the area of dressing, feeding, toileting, washing hands, etc...)

If yes, please explain: _____

Instructions: Find the age range questions that match the child. Answer each question by circling yes or no. If the child has no experience with the skill, answer with the best prediction of how the child could perform.

Age 2.9 to 3.4 years:

1. Can the child care for his/her own toileting needs with minimal help?
2. Can the child put on shorts or pants with elastic waistbands?
3. Can the child understand and play away from common dangers?
4. Can the child help put toys away or help with other household tasks?
5. Can the child wash and dry his/her own hands?

Age 4.1 to 5 years:

1. Does the child dress himself/herself, except for fasteners?
2. Is the child independent with toileting?
3. Does the child blow or wipe his/her own nose?
4. Does the child get a drink of water from a fountain or water dispenser?
5. Does the child spread butter or jelly on bread or crackers?

COMMUNICATION

Do you have any concerns regarding your child's communication skills?

If yes, please explain: _____

Instructions: Answer each question by circling yes or no.

1. Has the child received or is receiving any outside therapies?
2. Does the child have medical or educational diagnosis?
3. Has the child ever had a speech/language evaluation?
4. Has the child ever had screening? If yes where/when?

5. Does the child follow one-step related directions?
6. Does the child follow two-step related directions?
7. Does your child use more words than gestures to communicate (pointing, or pulling etc...)?
8. Does the child combine two to three word sentences (I want apple etc...)?
9. Does the child understand concepts such as big and little?
10. Does the child identify pictures in a story when being read to?
11. Does the child answer yes/no questions?
12. Does the child answer basic "what" questions (what are you doing etc...)?
13. Does the child know some shapes?
14. Does the child answer questions?
15. Does the child respond to "why" questions?
16. Does the child count to 5?
17. Does the child point to some colors?

Articulation:

1. Is the child easily understood by others?
2. Are there temper tantrums or indications of extreme frustration when Not understood?