Mercer Island School District

Early Childhood
Child Find Intake Form

For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader or the equivalent.

Date: ________________

Child's name: ____ Child's birth date: ____________________
(mm/dd/year)

Parent 1 name: ______________________________ Parent 2 name: ______________________________
Last Name *First Name* *Last Name* *First Name*

Address: ____

Parent 1 email: ______________________________ Parent 2 email: ___________________________

Parent 1 phone numbers: (H): __________________ (W): __________________ (C): __________________

Parent 2 phone numbers: (H): __________________ (W): __________________ (C): __________________

Student's primary language: __________________ Race/ethnicity: ______________________________

Languages spoken at home: ____

Current preschool: __________________________________ At what age did child enter preschool? _____

Please describe current concerns: (academic, social/emotional, behavioral, medical, etc.):

Problems or difficulty sleeping, frequent nightmares, sleepwalking, nail biting, stuttering, teeth grinding, oral fixations etc.?

☐ Yes ☐ No If yes, please explain: ____

Check any characteristics or behaviors that may apply to your child:

☐ Shy ☐ Withdrawn ☐ Low energy ☐ Aggressive (i.e. hits, bites, kicks)

☐ High energy ☐ Impulsive ☐ Happy ☐ Friendly ☐ Affectionate ☐ Sad

☐ Difficult to console ☐ Curious ☐ Prefers to play alone ☐ Easily frustrated

☐ Frequent temper tantrums ☐ Picky eater ☐ Sensitive to loud noises

Other concerns:

Medical/Developmental History:

Child's condition at birth: ☐ Full term ☐ Premature Child's birth weight: __________

Complications during pregnancy or delivery: ☐ Yes ☐ No If yes, please explain:

Drugs/Alcohol/Smoking during pregnancy: ☐ Yes ☐ No If yes, please describe:

Significant hospitalization or medical history (for child) ☐ Yes ☐ No If yes, please describe:

Approximate age when child: *Please note that not all preschool aged children may have met these milestones – write N/A to indicate 'not at this time'*

Sat independently:_________ Used words: ________ Crawled: ________ Walked: ________

Used sentences: _________ Dry at night: _________ Toilet trained:_________

Ate independently:_________ Drank from a cup: _________ Used utensils: _________

Do you feel that your child's development has been equal to their peers?

☐ Yes ☐ No If no, please describe:

Medical/psychological evaluations or diagnoses:

Current private therapies: (e.g., speech, OT, PT, counseling, ABA, play therapy)?

☐ Yes ☐ No If yes, please describe: