ENCINITAS UNION SCHOOL DISTRICT
EARLY INTERVENTION PROGRAM

STUDENT INFORMATION SURVEY

Student Name: _____

Birth Date: _____ Gender: _____

Mother's Name: _____Father's Name: _____

Address of Student: _____

City: State: Zip:

School of Attendance (the public school your child would attend for kindergarten)
_____

Does your child currently attend or has he/she attended a preschool program ☐ ☐
Name of preschool and days/times attending:
_____

Best phone number and email address to contact you: _____

Describe your child's development in the following areas (i.e. about average, above average, delayed):

Speaking/Language: _____

Learning: _____

Fine (hands) and Gross (Body) motor movement: _____

Self-Help (toileting, feeding, etc.) _____

Health: _____

Vision/Hearing: _____

Play Skills with Other Children: _____

Primary Concerns: _____

Strengths/Interests: _____

Please elaborate on any of the above areas where you feel your child's development is significantly different from peers of the same age: _____

Please identify doctors, psychologists, speech and language therapists, occupational and/or physical therapists, social workers, and preschool teachers who have worked with your child. Provide complete names, addresses, and phone numbers for **each** of these specialists on the **Exchange of Information** forms provided in this packet. This allows the EIP staff to discuss your child and to obtain records with each specialist. If you have copies of reports or records, please make EIP a copy and attach to this survey.

Please complete this survey, the appropriate Releases of Information, and attach reports or records and return to EIP with other appropriate documents in the packet.

_____ _____

Parent Signature Date