



Redlands Unified School District

Special Services – Educational Services Division

Dear Parent/Guardian

We would like to thank you for your interest in the Redlands Special Education Early Development (“RSEED”) program. The Redlands Unified School District (“District”) provides special education services through the RSEED program for children ages 3 through 5 only.

In order to begin the referral process, a completed enrollment packet must be received by the District. The enrollment packet must include the following forms:

- Enrollment Form
- Emergency Contact Form
- Early Intervention Parent Questionnaire
- M-CHAT Questionnaire
- Additional Required Documents

Additional Required Documents - Please Read Carefully

1. **Birth Parent or Court Appointed Guardian** will be asked to show photo identification (*for guardians only* a signed court order appointing educational rights is also required).
2. **Legal Evidence of Age:** A certified copy of a birth record or a statement by the local registrar or a county recorder certifying the date of birth; a baptism certificate duly attested; a passport; or, when none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian of the minor, or any other appropriate means of proving the age of your child as prescribed by the District’s Board of Education.
3. **Proof of Residency:** Original gas, electricity, city water and/or trash bill showing a service address in the parent/guardian’s name; rental agreement with current rent receipt (not acceptable for room rentals); closing/final escrow papers; property tax payment receipts; pay stub; correspondence from government agency; voter registration; Declaration of Residency (see below); or approved interdistrict attendance permit. All documents must be dated within 30 days prior to enrollment.
 - a. **Declaration of Residency:** If the parent/guardian and family live full-time with another family, the parent/guardian and homeowner must complete a “Declaration of Residency” at the Enrollment Center. Homeowner must provide current Proof of Residency and Photo ID.

4. **Immunization Record:** Documentary proof of the following vaccines¹ administered by a physician or agency:
- (a) **Polio** - Three (3) doses.
 - (b) **Diphtheria, Pertussis, Tetanus (DTaP)** - Four (4) doses.
 - (c) **Hepatitis B** - Three (3) doses.
 - (d) **Varicella (Chickenpox)** - One (1) dose.
 - (e) **Measles, Mumps, Rubella (MMR)** - One (1) dose, on or after the first birthday.
 - (f) **Hemophilus Influenza, Type B (Hib)** - One (1) dose, on or after the first birthday.

When a completed enrollment packet is received, an Assessment Plan will be developed within 15 calendar days². The Assessment Plan will propose an evaluation of your child in all areas of concern. Once the District receives the signed Assessment Plan, the District will complete the evaluation within 60 calendar days².

In order to complete the evaluation, you must make your child available to assess. Please work with the assessment team to schedule mutually agreeable dates for the evaluation, and exercise your best efforts to keep all appointments.

Once the evaluation has been completed, an individualized education plan (“IEP”) team meeting will be scheduled to discuss the results and determine your child’s eligibility for special education and related services. Should your child be found eligible, the IEP team will discuss what early childhood program and services are appropriate to meet your child’s educational needs.

It is imperative that you update the District if your contact information changes so that we may keep in touch with you regarding the evaluation and meeting dates.

Please return all forms to:
Redlands Unified School District
Special Services Office
Attn: RSEED
33 West Lugonia Avenue
Redlands, CA 92373-1508

If you have any questions about completing these forms, or about the process of evaluating your child, please contact our office at (909) 748-6967.

¹ For information regarding immunization exemptions, please contact the Enrollment Center at (909) 307-2470.

² The RSEED program follows the regular District calendar, available online at <https://www.redlandsusd.net>. Assessment timelines are tolled for breaks in excess of five (5) consecutive school days (i.e., Winter, Spring, and Summer Break).



Enrollment Form

Datos Para La Inscripción

RSEED Program: Special Services for Children Ages 0 – 5 Years/
Servicios especiales para los niños edad 0 – 5 años

Please complete both sides of this form./Favor de completar ambos lados de esta forma.

| OFFICE USE ONLY |
|-----------------|
| Start Date: |
| School Site: |
| Teacher: |
| Program: |

| | | | | |
|---|--|---|--|---|
| <u>Child's Legal Last Name/Apellido</u> | <u>Child's Legal First Name/Nombre</u> | <u>Child's Legal Middle Name/Segundo Nombre</u> | <u>Birth Date/ Fecha de Nacimiento</u> MM / DD / YYYY | Boy/Niño <input type="checkbox"/> Girl/Niña <input type="checkbox"/> |
| Child's Street Address/Dirección | Apt # | City/Ciudad | Zip/Zona Postal | Primary Phone Number/ Contacto 1: () |
| Mailing Address (IF DIFFERENT THAN RESIDENCE ADDRESS)/Dirección Para El Correo (Si es diferente de su residencia) | | | | Secondary Phone Number/ Contacto 2: () |

FAMILY INFORMATION

| | Name/Nombre | Home Address/ Dirección de Residencia | Employment Information/ Información del Trabajo | Living in the Home/ Viviendo en el Hogar? |
|--|-------------|--|--|--|
| Father/ Padre | | | Name/ Nombre: Phone/ Teléfono: | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| Mother/ Madre | | | Name/ Nombre: Phone/ Teléfono: | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| Step-Parent (Padastro or Madastro) | | | Name/ Nombre: Phone/ Teléfono: | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| Guardian/ Guardián | | | Name/ Nombre: Phone/ Teléfono: | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |

Relationship of Guardian to Student/
Relación del Guardián con el Estudiante: _____

***Proof of Educational Rights is required if child is NOT residing with biological parents/**

Prueba de Derechos de Educacion se necesitan si niño NO vive con sus padres naturales

| Other Children in Family/ Otros niños en la Familia | Relationship/ Relación | Birth Date/ Fecha de Nacimiento | School Attending/ Escuela Asistiendo | At Home/ En Casa |
|--|---------------------------|------------------------------------|---|---|
| | | | | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes/Si <input type="checkbox"/> No <input type="checkbox"/> |

Please answer both parts of this section. The following portion is for federal and state data collection purposes only.

Por favor conteste las dos partes de esta sección. La siguiente información es solamente para el propósito de recopilar información estatal y federal.

| | |
|---|---|
| Part A: Is this student Hispanic or Latino/¿Este estudiante es Hispano o Latino? Check one/Seleccione uno solamente: <input type="checkbox"/> No, not Hispanic or Latino/ No, no es Hispano o Latino <input type="checkbox"/> Yes, Hispanic or Latino/ Si, es Hispano o Latino | Part B: What is the student's race? (Select one or more) <input type="checkbox"/> Amer. Indian/Alaskan Native/Indo Amer./Nativo de Alaska <input type="checkbox"/> Asian Indian/Indo Asiático <input type="checkbox"/> Black or African American/Negro o Africano Americano <input type="checkbox"/> Cambodian/Camboyno <input type="checkbox"/> Chinese/Chino <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian/Hawaiano <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese/Japonés <input type="checkbox"/> Korean/Coreano <input type="checkbox"/> Laotian/Laosiano <input type="checkbox"/> Other Asian/Otro Asiático <input type="checkbox"/> Other Pacific Islander/Otras Islas del Pacifico <input type="checkbox"/> Samoan/Samoano <input type="checkbox"/> Tahitian/Tahitiano <input type="checkbox"/> Vietnamese/Vietnamita <input type="checkbox"/> White/Blanca |
|---|---|

(Continued on other side/Continuar en otro lado)

HOME LANGUAGE SURVEY/QUESTIONNAIRE DE IDIOMA

1. Which language did your son/daughter learn when he/she first began talking?/
¿Que idioma tu hijo/hija aprender cuando él/ella comenzó hablando? _____

2. What language does your son/daughter most frequently use at home?/
¿Qué idioma tu hijo/hija con más frecuencia utiliza en casa? _____

3. What language do you most frequently use to speak to your son/daughter?/
¿Cuál es el idioma más frecuentemente utiliza para hablar con su hijo/hija? _____

4. Name the language most often spoken by the adults at home./
¿Qué idioma es hablado más a menudo por los adultos en el hogar? _____

PLEASE COMPLETE THIS SECTION IF PARENTS ARE SEPARATED OR DIVORCED

The school has the responsibility for the welfare of the child, but can only function according to the law when properly informed. If parents of student are separated, the school district must be informed (1) who has custody of the student and (2) what person(s) are approved to see the child or to transport him/her away from school. If there is a restraining order in effect denying either of the parents the right to see or contact the child, there must be a statement of file

1. Who has legal custody? Father Mother Joint Guardian

2. Restraining order currently in force? Yes No

If you answered Yes to Question #2, please fill out the following:

Date of Court Order _____ Court order on file in Special Services Office? Yes No

FAVOR DE COMPLETAR ESTA SECCIÓN SI LOS PADRES ESTÁN SEPARADOS OR DIVORCIADOS

Las autoridades escolares tienen la responsabilidad del bienestar del niño/a, pero solo pueden funcionar de acuerdo a la ley cuando están bien informados. Si los padres del alumno están separados, las autoridades del distrito escolar deberán ser informados (1) sobre quien tiene el costodio del alumno y (2) cual(es) persona(s) esta/están aprobado(s) para hacer contacto con el/la niño/a, deberá haber una declaración de esto archivada en la oficina escolar.

¿Quien tiene el costodio legal? Ambos Madre Padre Guardian

¿Existe una orden de alejamiento? Si No

Si ha respondido sí a la pregunta # 2, por favor, responder a las preguntas siguiente:

Fecha de la orden del Tribunal _____ ¿Orden de la corte en archivo en la Oficina de Servicios Especiales? Si No

STATE TESTING DATA SURVEY:

Please circle the response that best describes the education level of the parent with the highest level of education.

ENCUESTA DE DATOS DE PRUEBAS ESTATALES:

Favor de circular la repuesta que describe el padres con nivel de educación mas elevada:

1. Not a High School Graduate/No ha graduado de la Preparatoria

2. High School Graduate (GED/Diploma)/ Graduado de la Preparatoria (diploma/GED)

3. Some College (have not completed 4 year degree)/Alguna educación universitaria (Incluyen el Titulo AA)

4. College Graduate (Bachelors Degree)/ Graduado Universitario (Bachillerato)

5. Education beyond a 4 year degree/Educación más allá de los 4 años universitarios

6. Decline to state/No deseo declarar

I certify that all of the information in this application is current to the best of my knowledge./
Yo certifico que la información en esta solicitud es correcto a lo mayor de mi conocimiento.

**Falsification of any information on this from may lead to the student being dropped from enrollment./
La falsificación de cualquier información en esta forma puede causar que sea dado de baja el estudiante.**

X _____
Signature of Parent/Guardian/Firma de los Padres/Guardián

Date/Fecha



Emergency Contacts and Release Form Forma de Relevo en Caso de Emergencia

Special Services for Children Ages 0 – 5 Years/Servicios especiales para los niños edad 0 – 5 años

| | | | | |
|--|--|---|--|---|
| <u>Child's Legal Last Name/Apellido</u> | <u>Child's Legal First Name/Nombre</u> | <u>Child's Legal Middle Name/Segundo Nombre</u> | <u>Birth Date/ Fecha de Nacimiento</u> MM / DD / YYYY | Boy/Niño <input type="checkbox"/> Girl/Niña <input type="checkbox"/> |
| Child's Street Address/Dirección Apt # City/Ciudad Zip/Zona Postal | | | Home Phone/Teléfono: () | |

| | | | |
|-------------------------------|---|------------------------------------|--|
| Mother's Name/Madre's Nombre | Work Phone & Ext./Teléfono de Trabaja y ext. () | Cell Phone/Teléfono celular () | Child lives with/Niño que vive con: <input type="checkbox"/> Mother/Madre <input type="checkbox"/> Father/Padre *Proof of Educational Rights is required if child lives with / Prueba de derechos de educacion se necesitan si niño vive con: <input type="checkbox"/> Guardian/Guardián <input type="checkbox"/> Grandparent/Abuelo <input type="checkbox"/> Step-parent / Madrasta/Padrasto <input type="checkbox"/> Foster-parent / Adoptivo-Padre |
| Email address: | | | |
| Father's Name /Padre's Nombre | Work Phone & Ext./Teléfono de Trabaja y ext. () | Cell Phone/Teléfono celular () | |
| Email address: | | | |

| | |
|---|--|
| Childcare Provider ONLY if other than parent/guardian/ SÓLO proveedor de cuidado de los niños si es distinto del padre o guardian Name: _____ Address: _____ Phone: _____ | <input type="checkbox"/> Yes, there are court documents (i.e. custody, etc.) pertaining to this student./ Sí, existen documentos de la Corte (de custodia, etc.) pertenecientes a este alumno. NOTE: Any court documents involving custody issues must be sent to the Special Services office./Nota: cualquier documento del tribunal tocante asuntos de custodia deben ser enviados a la oficina de servicios especiales |
|---|--|

| CONTACTS (MUST be local residents) CONTACTOS (debe ser residentes locales) | | | | |
|---|-------------------|-------------|-----------------------|--------------------------------------|
| Name/Nombre | Address/Dirección | City/Ciudad | Relationship/Relación | Phone numbers/Teléfono () () |
| | | | | |
| | | | | |
| | | | | |

I hereby authorize the school to refer to the person(s) named above if my child needs emergency care or to release to in case of a disaster if I cannot be reached. I hereby authorize, pursuant to the provisions of Section 25.8 of the Civil Code of California, to give such attention as may be thought necessary by the physician/medical advisor in charge, in case of emergency and I cannot be reached. I also authorize the hiring of an ambulance to transport my child to a suitable place for medical care. I understand that the local police may be called in certain circumstances, in order to ensure emergency procedures./

Yo autorizo al personal docente a dirigirse a la(s) persona(s) mabradas abajo si mi hijo/a necesita cuidado de emergencia o relevo en caso de desarte. Autorizo, con arreglo a las disposiciones de la sección de 25,8 del código civil de California dar tal atención como puede considerarse necesaria por el asesor médico/médicos a cargo, en caso de emergencia y no puedo alcanzarse. También autorizo a la contratación de una ambulancia para el transporte de mi hijo a un lugar adecuado para la atención médica. Tengo entendido que la policía local puede denominarse en determinadas circunstancias, a fin de garantizar procedimientos de emergencia.

X _____
Signature of Parent/Guardian Firma del Padre/Guardian _____
DATE/FECHA

Continued on other side/ Continuar en otro lado

MEDICAL HEALTH ALERT/ALERTA MÉDICA

Health problems/physical conditions that emergency care person should know/Los problemas/estado físico de la salud que persona de cuidado de emergencia debe saber:

Allergies/Alérgias:

Medications/Medicamento:

Condition/Condición:

History of Seizures/Historia de tomas: No Yes/Si

If yes explain/Si, explicación:

**RELEASE OF INFORMATION/PHOTO
LANZAMIENTO DE INFORMACIÓN/FOTO**

I **circle one- (DO) (DON'T)** give authorization and consent for the Redlands Unified School District (RUSD) and organizations/associations connected with RUSD to use my child's name, photographs, video camera recordings, and interview comments for educational and promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, slide shows, news releases, advertisements, newsletters, video presentations, and the World Wide Web. I understand that published materials may identify students as special education or alternative education and could include references to various special needs based on the program.

Yo **escoja uno- (HACE) (HACE no)** da autorización y consentimiento para el Redlands Unificaron la Escuela Distrito (RUSD) y las organizaciones/asociaciones conectaron con RUSD para utilizar el nombre de mi niño, las fotografías, grabaciones de videocámara, y comentarios de entrevista para propósitos educativos y promocionales. Comprendo que estos artículos pueden ser distribuidos a individuos, a los grupos, y a los medios de noticias y publicados en, pero no limitados a, a las exposiciones de diapositivas, a los comunicados de prensa, a los anuncios, a los boletines, a presentaciones video, y a la telaraña mundial. Comprendo que materiales publicados pueden identificar a estudiantes como la educación especial o la educación alternativa y podrían incluir referencias a varias necesidades especiales basadas en el programa.

X _____
Signature of Parent/Guardian Firma del Padre/Guardian

DATE/FECHA

**PROCEDURAL SAFEGUARDS & PARENT RIGHTS/
MEDIDAS DE PROTECCION PROCESALES Y DERECHOS DE PADRES**

I HAVE RECEIVED THE EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA) NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS./

SE RECIBEN EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA) LAS NOTICIAS DE MEDIDAS DE PROTECCION PROCESALES Y LOS DERECHOS DE PADRES

X _____
Signature of Parent/Guardian Firma del Padre/Guardian

DATE/FECHA



Redlands Unified School District

Special Services Department /Early Intervention Assessment Team

P.O. Box 3008 • Redlands, California 92373-1508 • (909) 748-6967 • FAX (909) 307-5337

OFFICE USE ONLY

Date Received: _____

Date Reviewed: _____

Assignment: _____

Psych SLP

Nurse Teacher

Early Intervention Parent Questionnaire

Please complete this form to help us learn more about your child

Child Name: _____ Date of Birth: _____ Male/Female: _____

Primary Language: _____

Please briefly describe your concerns with your child's development:

Does your child currently attend (or have they ever attended) a preschool program and/or daycare?

Where? _____

When did they begin? _____

What days/hours do they attend? _____

Previous Services\Assessments:

1. Has your child ever received speech therapy or special academic instruction? Yes No

If yes, please describe services and who provided them:

2. Has your child ever had a speech/language evaluation or screening? Yes No

If yes, where and when? _____

What were you told? _____

3. Has your child ever had a hearing evaluation/screening? Yes No

If yes, where and when? _____

What were you told? _____

4. Has your child ever had a psychological evaluation? Yes No

If yes, where and when? _____

What were you told? _____

5. Has your child ever received any other evaluation or therapy (psychological, physical therapy, counseling, occupational therapy, vision, etc.)? Yes No

If yes, where and when? _____

What were you told? _____

Health History

1. Do have any health concerns for your child?

2. Please indicate any medical diagnosis that your child has received:

3. Does your child take any medication? If yes, please describe:

4. Has your child ever been hospitalized? If yes, please describe:

5. Has your child had any surgeries? If yes, please describe:

Speech and Language

1. Is there a language other than English spoken in the home? Yes No

a. If yes, which one/s? _____

b. Does your child understand the language? Yes No

c. Does your child speak the language? Yes No

d. Who speaks the language? _____

e. Which language does the child prefer to speak at home? _____

2. Do you feel your child has a speech or language problem? Yes No

3. Do you feel your child has a hearing problem? Yes No

| <i>Does your child...</i> | Yes | No | Give an example |
|---|--------------------------|--------------------------|------------------------|
| State name and age | <input type="checkbox"/> | <input type="checkbox"/> | |
| Follow 2-step directions? (e.g. Get your shoes and bring them to me) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Respond correctly to yes/no questions? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Respond correctly to what/who/where/when/why questions? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Retrieve/point to common objects upon request (e.g. ball, cup, shoe)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Make up and tell stories? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Talk about events that have already happened? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Talk about things that will happen in the future? | <input type="checkbox"/> | <input type="checkbox"/> | |

4. What percentage of your child's speech is able to be understood?

- a. By you/immediate family members? _____% of the time
- b. By other family members/familiar people? _____% of the time
- c. By new people? _____% of the time

| Your child currently communicates using... | Yes | No | Give an example |
|--|--------------------------|--------------------------|------------------------|
| Gestures (e.g. pointing to what they want, using signs) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sounds (e.g. vowels, grunting) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Babbling (e.g. "bababa", "madobado") | <input type="checkbox"/> | <input type="checkbox"/> | |
| Single words/one word at a time (e.g. doggy, shoe, up). My child uses _____ single words on their own. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2-4 word sentences (e.g. my car, I go play) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sentences longer than 4 words. | <input type="checkbox"/> | <input type="checkbox"/> | |

5. Does your child have trouble saying any sounds correctly? Yes No
If yes, please use the table below. (*table continued on next page*)

| Check the boxes next to each sound that is difficult for your child to say. | What does your child say instead? |
|--|--|
| <input type="checkbox"/> M (e.g. m ilk, h ammer, t eam) | |
| <input type="checkbox"/> N (e.g. n ap, b anana, d own) | |
| <input type="checkbox"/> P (e.g. p at, h appy, u p) | |
| <input type="checkbox"/> B (e.g. b ye, b aby, c rab) | |
| <input type="checkbox"/> W (e.g. w hale, a way) | |
| <input type="checkbox"/> H (e.g. h i, w hole, f ore h ead) | |
| <input type="checkbox"/> T (e.g. t eeth, m at) | |
| <input type="checkbox"/> D (e.g. d og, d addy, b ird) | |
| <input type="checkbox"/> K (e.g. c at, m onkey, t ruck) | |

(table continued from previous page)

| | |
|--|--|
| <input type="checkbox"/> G (e.g. go , hugging , bug) | |
| <input type="checkbox"/> F (e.g. fox , waffle , giraffe) | |
| <input type="checkbox"/> Y (e.g. yellow , yes , | |
| <input type="checkbox"/> NG (e.g. singing , ring) | |
| <input type="checkbox"/> L (e.g. lamp , silly , feel) | |
| <input type="checkbox"/> R (e.g. red , berry , car) | |
| <input type="checkbox"/> SH (e.g. shop , fishing , wish) | |
| <input type="checkbox"/> CH (e.g. chop , itching , witch) | |
| <input type="checkbox"/> DG (e.g. job , judging , fudge) | |
| <input type="checkbox"/> S (e.g. soap , messy , horse) | |
| <input type="checkbox"/> Z (e.g. zoo , business , buzz) | |
| <input type="checkbox"/> TH (e.g. think , feather , breathe) | |
| <input type="checkbox"/> V (e.g. van , fever , brave) | |

1. Does your child stutter or get stuck on any words/sounds, or have any disruption in the forward flow of their speech? If yes, please use the table below.

| Please check the boxes next to what you hear and/or see when they stutter. | Give an example. |
|---|-------------------------|
| <input type="checkbox"/> Repeating phrases (e.g. I want-I want cookies). | |
| <input type="checkbox"/> Repeating whole words (e.g. I-I-I-I want cookies). | |
| <input type="checkbox"/> Adding words or sounds (e.g. Um, um, I want, um, cookies). | |
| <input type="checkbox"/> Changing what they want to say (e.g. I like, I want cookies) | |
| <input type="checkbox"/> Repeating sounds or syllables (e.g. I want an a-a-a-apple, I want a coo-coo-cookie). | |
| <input type="checkbox"/> Stretching or prolonging sounds (e.g. I aaaaaate a cookie). | |
| <input type="checkbox"/> Using silent pauses (e.g. My name is.....Alice). | |
| <input type="checkbox"/> Changing their facial expressions (e.g. tense jaw muscles, lips pressing together). | |
| <input type="checkbox"/> Using head movements (e.g. back, forward, poor eye contact). | |
| <input type="checkbox"/> Using distracting sounds (e.g. noisy breathing, clicking sounds). | |
| <input type="checkbox"/> Moving extremities (e.g. arm/hand movement, foot tapping). | |

Behavioral Characteristics

| Do you feel your child... | Yes | No |
|---|--------------------------|--------------------------|
| Is cooperative | <input type="checkbox"/> | <input type="checkbox"/> |
| Is attentive | <input type="checkbox"/> | <input type="checkbox"/> |
| Is willing to try new activities | <input type="checkbox"/> | <input type="checkbox"/> |
| Is able to play alone for a reasonable amount of time | <input type="checkbox"/> | <input type="checkbox"/> |
| Has difficulty separating | <input type="checkbox"/> | <input type="checkbox"/> |
| Has difficulty transitioning between activities or environments | <input type="checkbox"/> | <input type="checkbox"/> |
| Is easily frustrated/impulsive | <input type="checkbox"/> | <input type="checkbox"/> |
| Is stubborn | <input type="checkbox"/> | <input type="checkbox"/> |
| Is restless | <input type="checkbox"/> | <input type="checkbox"/> |
| Has poor eye contact | <input type="checkbox"/> | <input type="checkbox"/> |
| Is easily distracted/has short attention | <input type="checkbox"/> | <input type="checkbox"/> |
| Is destructive or aggressive | <input type="checkbox"/> | <input type="checkbox"/> |
| Is withdrawn | <input type="checkbox"/> | <input type="checkbox"/> |
| Has inappropriate behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Has self-abusive behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Easily re-directed | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently re-directed | <input type="checkbox"/> | <input type="checkbox"/> |
| Respond to edible rewards, token boards or verbal praise | <input type="checkbox"/> | <input type="checkbox"/> |

Play & Social Skills

| Does your child... | Yes | No | Give an example |
|--|--------------------------|--------------------------|------------------------|
| Visually acknowledge people | <input type="checkbox"/> | <input type="checkbox"/> | |
| Separates from caregiver/parent | <input type="checkbox"/> | <input type="checkbox"/> | |
| Show interest in exploring | <input type="checkbox"/> | <input type="checkbox"/> | |
| Responds to name | <input type="checkbox"/> | <input type="checkbox"/> | |
| Use toys for the purpose they are intended? (e.g. pushing a car, puts a cup to their own mouth as if to drink) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Use toys in a non-typical way? (e.g. lining up cars rather than pushing them) | <input type="checkbox"/> | <input type="checkbox"/> | |

Play & Social Skills (Continued from previous page)

| Does your child... | Yes | No | Give an example |
|--|--------------------------|--------------------------|------------------------|
| Use symbolic play? (e.g. use a stick to represent a microphone) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Use pretend play? (e.g. 'feeds' a baby by putting a spoon to baby's mouth) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stack toys (e.g. rings, blocks, other) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seek control of play | <input type="checkbox"/> | <input type="checkbox"/> | |
| Share toys with other children? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Play next to other children? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interact with other children? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Talk/try to talk when they interact with other children? | <input type="checkbox"/> | <input type="checkbox"/> | |

Thank you for your interest in requesting an assessment for your child. Please allow our Early Intervention Assessment Team two weeks to respond to your request either by phone or by U.S. mail. If you have any questions, please contact Christine Martinez at 909-748-6967.

Your name: _____ **Relationship to child:** _____

Do you have educational rights for this child? Yes No

Home phone: _____ **Cell phone:** _____

Email: _____

Home Address: _____

Signature: _____ **Date:** _____



Child's name _____
Age _____

Date _____
Relationship to child _____

M-CHAT-R™ (Modified Checklist for Autism in Toddlers Revised)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it? (FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE , pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE , if you don't point, can your child understand “put the book on the chair” or “bring me the blanket”?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities? (FOR EXAMPLE , being swung or bounced on your knee) | Yes | No |