



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 it in Adobe Acrobat Reader or the equivalent.

Date: _____

Child's name: _____ Child's birth date: _____
(mm/day/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: _____ Other, please specify: _____
Race/Ethnicity(choose one or more that apply): White ☐ Asian ☐ Black ☐ Hispanic ☐

Languages spoken at home: _____

Current Preschool: _____ At what age did child enter preschool _____

Did the student ever receive B-3 services: Yes ☐ No ☐ Kinderling ☐ Boyer ☐ Other, please explain:

If so please attach paper work (IFSP, Evaluation, etc.)

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Shy ☐ Withdrawn ☐ Low energy ☐ Aggressive (ie. 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 noise ☐

Other concerns:

Medical/Developmental History:

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

Child's birth weight: _____

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

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

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

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

Sat independently: _____ Used words: _____ Crawled: _____ Walked: _____

Used Sentences: _____ Dry at night: _____ Toilet trained: _____

Ate independently: _____ Drank from a cup: _____ Use utensils: _____

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

Yes ☐ No ☐ If yes, please describe:

Medical/psychological evaluations or diagnoses:

Current private therapies:(eg. Speech, OT, PT, counseling, ABA, play therapy?)

Yes ☐ No ☐ If yes, please describe

Referral Source ☐ Parent ☐ Preschool ☐ Other, please explain: _____