

Educational Questionnaire - Early Intervention/Preschool

Dear EI/Preschool Team,

Your student has been referred to Developmental and Behavioral Pediatrics for evaluation or treatment. Thank you in advance for completing the following form. Information and input from your team is **very important** to us! We suggest, if possible, that the form be completed jointly by all members of your team or that a lead person complete it with input from the rest of the team.

Diagnostic and treatment decisions rely on an understanding of a child's functioning in a variety of settings. We rely on you to understand student functioning in the home and preschool settings where you see this child. We also rely heavily on EI and preschool testing. We do not repeat any testing that is completed at school and do not have the ability to perform cognitive or psychoeducational testing. Any testing completed through our center will be to inform diagnosis or contribute to medical or behavioral treatments.

Before scheduling a child's evaluation, we ask the family to collect educational records and appreciate when school teams can help make sure the family has the following materials to send to us:

- Educational questionnaire (completed by team members most familiar with the child)
- Current IFSP or preschool IEP
- Most recent testing (core evaluation, supplemental evaluations, CPSE, or transition evaluation); the following are of particular importance:
 - Psychological evaluation (cognitive, adaptive, academic)
 - Speech language evaluation
 - PT/OT evaluations

Please return this completed form to the child's parent(s) or guardian. If you have any questions, please call us at (585) 275-2986.

Thank you.



Child's name _____

Child's date of birth _____

Date form completed _____

Persons Completing Form

Name	Agency	Role on team	Phone number

Child Information

<p>Tell us about the child's strengths.</p>
<p>Please list your major concerns about this child.</p>
<p>What specific questions or areas of assessment would you like addressed during the evaluation?</p>

Home school district	
Has the child had an evaluation through the Early Intervention program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did the child qualify to receive services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child had an evaluation through the Committee on Preschool Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did the child qualify to receive services? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Programming

Please provide information about the child's current programming (mark all that apply).

Service	Name of program or agency	Hours per week	Date started
<input type="checkbox"/> Home-based EI			
<input type="checkbox"/> Home-based preschool services			
<input type="checkbox"/> Center-based special education classroom			
<input type="checkbox"/> Private preschool			
<input type="checkbox"/> Head start			
<input type="checkbox"/> Universal pre-K			
<input type="checkbox"/> Child care center			
<input type="checkbox"/> Home-based child care			
<input type="checkbox"/> Other			

Current Services

Please provide information about the child's current services (mark all that apply).

Service	Frequency per week/month	Hours per week	Date started
<input type="checkbox"/> Speech-language therapy			
<input type="checkbox"/> Occupational therapy			
<input type="checkbox"/> Physical therapy			
<input type="checkbox"/> Special education or Special Education Itinerant Services			
<input type="checkbox"/> Vision services			
<input type="checkbox"/> ABA/discrete trials			
<input type="checkbox"/> DIR			

<input type="checkbox"/> Feeding intervention			
<input type="checkbox"/> Behavior intervention plan			
<input type="checkbox"/> Behavioral supports			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			

Comments

Please comment on the following areas (strengths, concerns, description of difficulties; particularly in day to day situations, in the classroom, with family or other children).

General health	
EI session/preschool attendance <input type="checkbox"/> No concerns	
Vision/hearing <input type="checkbox"/> No concerns	
Other health issues <input type="checkbox"/> No concerns	
Communication	
Expressive <input type="checkbox"/> No concerns	
Receptive <input type="checkbox"/> No concerns	
Cognitive skills	
General cognitive skills <input type="checkbox"/> No concerns	

Pre-academic skills	
General pre-academic skills <input type="checkbox"/> No concerns	
Adaptive skills	
General adaptive skills (including feeding) <input type="checkbox"/> No concerns	
Play skills	
Appropriate play with toys <input type="checkbox"/> No concerns	
Imitation skills/pretend play <input type="checkbox"/> No concerns	
Social skills	
Interaction with adults <input type="checkbox"/> No concerns	
Interest in peers/interaction with peers <input type="checkbox"/> No concerns	
Level of support required to interact with peers <input type="checkbox"/> No concerns	
Motor/sensory skills	
Gross motor <input type="checkbox"/> No concerns	

<p>Fine motor</p> <p><input type="checkbox"/> No concerns</p>	
<p>Sensory processing</p> <p><input type="checkbox"/> No concerns</p>	
Behavior	
<p>Attention/distractibility and hyperactivity</p> <p><input type="checkbox"/> No concerns</p>	
<p>Separation from parents/anxiety</p> <p><input type="checkbox"/> No concerns</p>	
<p>Disruptive behavior (tantrums, aggression)</p> <p><input type="checkbox"/> No concerns</p>	
<p>Unsafe behavior (elopement, pica)</p> <p><input type="checkbox"/> No concerns</p>	
<p>Repetitive behavior (repetitive motor mannerisms, intense interests, rituals, rigidity)</p> <p><input type="checkbox"/> No concerns</p>	
<p>Other behavior concerns</p> <p><input type="checkbox"/> No concerns</p>	
<p>Home and Family (strengths and stressors)</p>	