GOLISANO CHILDREN'S HOSPITAL

Developmental and Behavioral Pediatrics

UR MEDICINE
MEDICINE of THE HIGHEST ORDER

Educational Questionnaire - Early Intervention/Preschool

(Parent: This should be given to the child's preschool teacher or to a service provider such as speech, PT, OT)

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 or send to:

Intake Coordinator
Developmental Behavioral Peds @ E. River Road

601 Elmwood Avenue, Box 278877
Rochester, NY 14642

Fax: (585) 742-4217
DBPintake@URMC.rochester.edu

If you have any questions, please call us at (585) 275-2986.

Thank you.

URMC Developmental & Behavioral Pediatrics **Educational Questionnaire**
(to be completed by **TEACHER** or **THERAPIST (Speech, OT, PT)**
Not for parent completion unless child is a homeschool student

Child's name_____ Child's date of birth _____

Date form completed_____

Persons Completing Form (Should be child's teacher or therapist (speech, OT, PT, etc.)

Name	Agency	Role on team	Phone number

Child Information

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

Home school district	
Has the child had an evaluation through the Early Intervention program?	☐ Yes ☐ No If yes, did the child qualify to receive services? ☐ Yes ☐ No
Has the child had an evaluation through the Committee on Preschool Special Education?	☐ Yes ☐ No If yes, did the child qualify to receive services? ☐ Yes ☐ 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
☐ Home-based EI			
☐ Home-based preschool services			
☐ Center-based special education classroom			
☐ Private preschool			
☐ Head start			
☐ Universal pre-K			
☐ Child care center			
☐ Home-based child care			
☐ Other			

Current Services

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

Service	Frequency per week/month	Hours per week	Date started
☐ Speech-language therapy			
☐ Occupational therapy			
☐ Physical therapy			
☐ Special education or Special Education Itinerant Services			
☐ Vision services			
☐ ABA/discrete trials			
☐ DIR			
☐ Feeding intervention			
☐ Behavior intervention plan			
☐ Behavioral supports			
☐ Other:			
☐ 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 ☐ No concerns	

Vision/hearing ☐ No concerns	
Other health Issues ☐ No Concerns	
Communication	
Expressive ☐ No concerns	
Receptive ☐ No concerns	
Cognitive skills	
General cognitive skills ☐ No concerns	
Pre-academic skills	
General pre-academic skills ☐ No concerns	
Adaptive skills	
General adaptive skills (including feeding) ☐ No concerns	
Play skills	
Appropriate play with toys ☐ No concerns	
Imitation skills/pretend play ☐ No concerns	
Social skills	
Interaction with adults ☐ No concerns	
Interest in peers/interaction with peers ☐ No concerns	
Level of support required to interact with peers ☐ No concerns	

Motor/sensory skills	
Gross motor ☐ No concerns	
Fine motor ☐ No concerns	
Sensory processing ☐ No concerns	
Behavior	
Attention/distractibility and hyperactivity ☐ No concerns	
Separation from parents/anxiety ☐ No concerns	
Disruptive behavior (tantrums, aggression) ☐ No concerns	
Unsafe behavior (elopement, pica) ☐ No concerns	
Repetitive behavior (repetitive motor mannerisms, intense interests, rituals, rigidity) ☐ No concerns	
Other behavior concerns ☐ No concerns	
Home and Family (strengths and stressors)	