

**FDLRS/Gateway
Interdisciplinary Evaluation Team
Child Find Intake/Social Developmental History**

Child's Name: M / F Race:	DOB:	Date of Visit:
Mailing Address:	SS#:	Medicaid#:
Father's Name:	Mother's Name:	
Home Telephone:	Work or Other Telephone:	
Reason for Referral:	Referral Source:	
Elementary School Zone:		
Directions to home: _____		



A. Family Background

1. Chronological order of child in home (2nd of 4, etc.)

2. Does child live with both parents? If not, explain.

3. Persons other than immediate family living in home. Explain

4. Parent Information

Marital Status: Single Married Divorced Separated Widowed

	Father	Mother
Age		
Occupation		
Place of Work		
Highest grade completed in school		

B. Other Information

What doctors/specialist have been seen regarding child? (For vision, hearing, psychological, speech/language, etc.) Specify any County or State agencies with which child has had contact. (CMS, HRS, Medicaid, Health Department, CP Clinic, SSI, Mental Health, etc.)

Name	Location	Reason

Legal Guardian: _____

Name: _____

Mailing Address: _____

Telephone #: _____

Social Developmental History

1. Pregnancy

Was medical care provided? _____ By whom? _____

Address of person providing care:

Medical care was begun in _____ month of pregnancy.

How much weight was gained during pregnancy? _____ lbs.

Please explain any problems during pregnancy/labor/delivery: _____

2. Birth

Where was baby born? _____

How long was labor? _____

Birth was: Normal Caesarean Breech Multiple Births

Were forceps used? _____ What was the mother's condition? _____

3. Early Childhood

Birth weight _____ Length at birth _____

What was the baby's condition at birth? _____

How long was the baby in the hospital? _____

Describe any problems your child had at birth. _____

4. Child's Development

Describe the baby's activities level: _____

Give age at which baby first did the following:

Walked Alone _____

Potty Trained _____

First Spoke _____

What are your concerns about your child? _____

Check those statements that best describe your child's speech development:

- _____ Understands simple commands
- _____ Understands everything said to him/her
- _____ Only uses single words or simple phrases
- _____ Mostly uses short sentences
- _____ Talks without apparent handicap

Has your child had any serious illnesses or accidents? Yes No If yes, explain

Specifically ear infections? _____

Current medical problems or frequent complaints? _____

Do you have any concerns regarding your child's social skills, behavior, or play skills?

- Temper tantrums
- Destructive behavior
- Separation problems
- Anxieties/Fears
- Aggressive behavior
- Excessive withdrawal
- Response to discipline

5. Educational Factors

1. Does your child now attend a nursery/preschool or has she/he in the past? If so, what is its name and how long has she/he attended?

2. What information about your child have you gotten from the school?

3. Are languages other than English spoken at home? If yes, what are they and to what extent?
