

Intake Questionnaire

General Questions

* = required question

Blue italics = Answers save to EI Referral Case or EI Screening Record

*What are your initial concerns about your child?

[Narrative]

*Has your child been referred to or participated in services including Early Intervention before or private therapy before?

[narrative]

* What language or languages does your child hear or use in their day-to-day environment?

[narrative]

Medical

*Do you have any concerns about your child's health, including medical, growth, and/or nutrition concerns? [yes+/ no- /uncertain]

If Answer = yes+ or uncertain display:

What are your concerns? [narrative] (*Narrative populates to EI Screening Record question: "Is there anything about your child's health (special equipment, other medical behavioral health or physical information) that the team should know about to better plan and provide services to your child and family, included specific diagnosis?"*)

Does your child have a medical diagnosis or condition that you'd like to share with us? [yes+/ no-/ uncertain] [narrative]

Is your child followed by any specialists? [yes+/ no-/ uncertain] [narrative] (*Narrative populates to EI Screening Record question: "Is your child followed by any specialists?"*)

Does your child currently have or are they scheduled for a G tube placement? [yes+/ no-/ uncertain] [narrative]

*Was your child born early? [yes+/ no- /uncertain]

If Answer = yes+ or uncertain display: (*If Yes populates to EI Referral Case*)

If yes, how many weeks early? [numeric value] (*Numeric value populates to EI Referral Case*)

What was your child's birth weight? [narrative]

Did your child lose weight shortly after birth? [yes+/ no-/ uncertain]

Did your child spend any time in the NICU? [yes+/ no-/ uncertain] [narrative]

* Do you have concerns about your child's hearing and/ or is there a family history of hearing difficulties or loss? [yes+ / no- / uncertain]

If Answer = yes+ or uncertain display:

What are your concerns? [narrative] (*Narrative populates to EI Screening Record question: "Hearing: Comments Regarding Follow-up:"*)

Is there a family history of hearing difficulties or loss? [yes+/ no-/ uncertain] [narrative]

Does your child have ear tubes placed or scheduled to be placed? [yes+/ no-/ uncertain] [narrative]

*Has your child's hearing been screened in the past 12 months? [yes+/ no-/ uncertain]

If Answer = yes+ or uncertain display:

If yes, when? [narrative]

If yes, what were the results? [narrative]

*Has your child had frequent ear infections (3 or more in a 6 month span or more than 4 per year)? [yes+/ no-/ uncertain] [narrative]

*Do you have concerns about your child's vision and/ or is there a family history of vision impairment or loss? [yes+/ no-/ uncertain]

If Answer = yes+ or uncertain display: (*Narrative populates to EI Screening Record question: "Vision: Comments Regarding Follow-up:"*)

Does your child frown or squint when looking at small objects or avoid activities that require close focus? [yes+/ no-/ uncertain] [narrative]

Does one of your child's eyes look different from the other? [yes+/ no-/ uncertain] [narrative]

Have you noticed any involuntary movement of your child's eyes, such as jiggling up and down or quickly moving from side to side? [yes+/ no-/ uncertain] [narrative]

*Has your child's vision been screened in the past 12 months? [yes+/ no-/ uncertain] [narrative]

If yes, when? [narrative]

If yes, what were the results? [narrative]

*Is there anything else you would like to share about your child or family before the evaluation? [yes+/ no-/ uncertain] [narrative]

This additional set of questions may be asked on the intake call in accordance with the child's age. They are not required questions.

Birth-3 months

How does your child let you know when they are hungry, tired, or have a soiled diaper?

[narrative] [concern: yes+/ no-]

Does your child smile at familiar people? [yes+/ no-] [narrative]

Does your child show a preference for yourself or another caregiver? [yes+/ no-] [narrative]

Does your child calm when held? [yes+/ no-] [narrative]

Does your child seem to look at your face when held? [yes+/ no-] [narrative]

Does your child bring their hands to their mouth? [yes+/ no-] [narrative]

Does your child move both arms and legs? [yes+/ no-] [narrative]

Is your child using their body to make things happen? For example: reaching and kicking. [yes+/ no-] [narrative]

Does your child choke, gag or cough when taking a bottle or at the breast? [yes+/ no-] [narrative]

Do they lose milk while at the bottle/breast? [yes+/ no-] [narrative]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

3-6 months

Does your child turn towards you when you speak? [yes+/ no-] [narrative]

Is your child making cooing or other sounds? What other sounds are they making? [yes+/ no-] [narrative]

Is your child watching you as you move around the house? [yes+/ no-] [narrative]

Does your child look at their hands with interest? [yes+/ no-] [narrative]

Is your child smiling at you or making other facial expressions? [yes+/ no-] [narrative]

Is your child using their hands and fingers to explore? [yes+/ no-] [narrative]

Does your child bring things to their mouth? [yes+/ no-] [narrative]

Can your child hold their head up? [yes+/ no-] [narrative]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

6-9 months

Is your child making vowel sounds or babbling with them? For example: 'ah', 'eh', 'oh'. [yes+/ no-] [narrative]

How is your child trying to let you know what their needs are? [narrative] [concern: yes+/ no-]

Does your child respond to their name? [yes+/ no-] [narrative]

Does your child enjoy playing games such as peek-a-boo? [yes+/ no-] [narrative]

Is your child beginning to laugh or show excitement? [yes+/ no-] [narrative]

Does your child roll from their back to side or stomach-to-side? [yes+/ no-] [narrative]

Does your child pass a toy from one hand to another? [yes+/ no-] [narrative]

Does your child sit with or without support? [yes+/ no-] [narrative]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

9-12 months

Is your child making sounds with their voice? What sounds are you hearing? [yes+/no-] [narrative]

Does your child understand more words than they can say or sign? [yes+/ no-] [narrative]

Does your child enjoy doing things over and over again? [yes+/ no-] [narrative]

When you point to something, does your child look at it? [yes+/ no-] [narrative]

Does your child look for you when you are not in the room? [yes+/ no-] [narrative]

Does your child recognize familiar people vs. strangers? [yes+/ no-] [narrative]

Is your child able to move in and out of sitting by themselves? [yes+/ no-] [narrative]

How does your child move around and explore? [narrative] [yes+/ no-] [narrative]

Tell me how your child feeds themselves. [narrative] [concern: yes+/ no-]

What kinds of foods are they eating? (soft table foods, baby foods or purees only) [narrative]
[concern: yes+/ no-]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/no-]

12-15 months

Does your child say a word like 'mama', 'dada', or 'ball' meaningfully? [yes+/ no-] [narrative]

Does your child point to things when named, like body parts or pictures in books? [yes+/ no-]
[narrative]

What does your child do to show you 'no'? [narrative] [concern: yes+ /no-]

What does your child do to greet people or say 'goodbye'? [narrative] [concern: yes+ /no-]

Does your child show you or others affection? [yes+/ no-] [narrative]

Is your child able to stand without your help? [yes+/ no-] [narrative]

How does your child move around and explore? [narrative] [concern: yes+/ no-]

Is your child trying to do things for themselves? [yes+/ no-] [narrative]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

15-18 months

Does your child try to say words for familiar things or people? [yes+/ no-] [narrative]

Is your child walking by themselves? [yes+/no-] [narrative]

Does your child stack two blocks [yes+/no-] [narrative]

Is your child using new words each week [yes+/no-] [narrative]

Does your child answer yes/ no by shaking their head? [yes+/ no-] [narrative]

Does your child react when others are upset? [yes+/no-] [narrative]

Will your child try to problem solve with a toy? [yes+/ no-] [narrative]

Does your child know where familiar items are such as snacks? [yes+/ no-] [narrative]

Has your child recently lost a skill that they once had? [yes+/ no-] [narrative]

Does your child seem to know familiar people? [yes+/ no-] [narrative]

Is your child walking by themselves? [yes+/ no-] [narrative]

Does your child practice using child-sized fork and spoon to eat? [yes+/ no-] [narrative]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

18-24 months

Is your child beginning to use two words together? For example: "drink milk". [yes+/ no-]
[narrative]

Can your child follow two-step directions such as "get your shoes" and "go to the door"? [yes+/
no-] [narrative]

Does your child know what to do with common items around the house? For example, a comb
or hairbrush, a spoon or fork, a phone. [yes+/ no-] [narrative]

Is your child engaging in pretend play? For example: driving a car to get gas. [yes+/ no-]
[narrative]

How does your child participate in dressing/undressing [yes-/no-] [narrative]

Has your child recently lost a skill he/she once had? [yes+/ no-] [narrative]

Does your child notice when others are hurt or upset, like pausing or looking sad when
someone is crying? [yes+/ no-] [narrative]

Does your child show a wide variety of emotions? For example: fear, anger, sympathy, modesty, guilt, or joy. [yes+/ no-] [narrative]

If you hand your child a crayon, pencil, or pen, will they make marks or scribble on paper? [yes+/ no-] [narrative]

Does your child help when getting dressed or undressed? [yes+/no-] [narrative]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes-/no+]

24-30 months

Is your child able to explore your home independently? [yes+/ no-] [narrative]

Is your child using short phrases to talk with you? [yes+/ no-] [narrative]

Is your child able to follow directions such as getting shoes when it's time to go? [yes+/ no-] [narrative]

Does your child play by themselves for a short amount of time? Pretend play? [yes+/ no-] [narrative]

When playing, does your child use one toy to pretend it's another? For example: using a block for a phone. [yes+/ no-] [narrative]

Is your child interested in playing with other children? [yes+/ no-] [narrative]

Is your child able to go up and down stairs and curbs at home or in the community? [yes+/ no-] [narrative]

Is your child beginning to draw simple pictures when drawing or coloring? [yes+/ no-] [narrative]

Does your child take off any of their clothes by themselves? [yes+/ no-] [narrative]

Tell me about your child's toilet learning. [narrative] [concern: yes+/ no-]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

30-36 months

Is your child using sentences to talk or sign with you? [yes+/ no-] [narrative]

Can you understand your child when they are talking or signing to you? [yes+/ no-] [narrative]

Can others outside of the family understand your child? [yes+/ no-] [narrative]

Is your child able to talk about his/her thoughts and feelings? [yes+/ no-] [narrative]

Can your child follow directions? [yes+/ no-] [narrative]

Is your child beginning to share with other children? [yes+/no-] [narrative]

Does your child play on toddler sized playground equipment? [yes+/no-] [narrative]

Is your child able to navigate stairs/ Going up or down? [yes+/ no-] [narrative]

Does your child play make believe?

Is your child able to complete simple puzzles and open doors? [yes+/ no-] [narrative]

Has your child recently lost a skill they once had? [yes+/ no-] [narrative]

Does your child play next to other children and sometimes plays with them? [yes+/ no-] [narrative]

Has your child had any exposure or experience with play or real scissors? [yes+/ no-] [narrative]

Can your child get dressed and undressed by themselves? [yes+/ no-] [narrative]

Tell me about your child's toilet learning. [narrative] [concern: yes+/ no-]

Tell me how your child sleeps and how they get to sleep. [narrative] [concern: yes+/ no-]

