

# CHILD FIND INTAKE

## 2023-2024



**Dear Parent/Guardian, please complete the following information and return it to:**

Liberty Elementary School District #25  
Attention: Special Services  
19871 W. Fremont Road  
Buckeye, AZ 85326  
623-474-6671 Office  
623-474-6669 Fax  
E-mail: [preschool@liberty25.org](mailto:preschool@liberty25.org)



Please make sure you include the following information with the packet: Proof of residency (copy of deed to house or lease, utility bill (SRP, water bill etc...)) Copy of birth certificate

Any evaluations/screenings, hearing and vision test results if available.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

|   |                            |      |                            |      |
|---|----------------------------|------|----------------------------|------|
|   | Biological Mother/Guardian |      | Biological Father/Guardian |      |
| Name:                                   |                            | Age: |                            | Age: |
| Education:                              |                            |      |                            |      |
| Home Language:                          |                            |      |                            |      |
| Occupation:                             |                            |      |                            |      |
| Lives w/child (Y/N):                    |                            |      |                            |      |
| Dominant Hand:                          |                            |      |                            |      |
| Academic/Emotional/Health Difficulties: |                            |      |                            |      |
| Race                                    |                            |      |                            |      |

Other Family Members & Relatives (Please indicate with Academic/Emotional/Health Difficulties)

| Name | Age | Relationship | Lives w/child  | Academic/Emotional/Health Difficulties |
|------|-----|--------------|--|--|
|      |     |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|      |     |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|      |     |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|      |     |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|      |     |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|      |     |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

PRENATAL AND BIRTH ☐ Information Unknown

|  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Regular prenatal care   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Medications taken by the mother during pregnancy                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Any illnesses or complications while pregnant?  |
| <b>Substance used during pregnancy:</b>                  |   |
| Cigarettes   | How many? _____ per <input type="checkbox"/> day <input type="checkbox"/> week        |
| Drinks   | How many drinks? _____ per <input type="checkbox"/> day <input type="checkbox"/> week |

|   |  |  |   |   |
|---|--|--|---|---|
| <b>PRENATAL AND BIRTH</b> <input type="checkbox"/> Information Unknown                          |  |  |   |   |
| Drugs   | Drugs: Please describe type(s) of drug, frequency of use, and month of pregnancy use was stopped (if applicable)   |  |   |   |
| <b>Birth</b>  |  |  |   |   |
| The child was born  | Early _____ weeks   On time _____ (38-42 weeks)<br>Birth weight _____ Length _____ Late _____ days                 |  |   |   |
| Hospitalization   | Length of stay for child _____<br><br>Have difficulty breathing?<br>Placed in an incubator?<br>Have birth defects? |  | Have feeding problems?<br>Receive oxygen?<br>Have jaundice?<br>Other health problems? |   |
| <b>DEVELOPMENTAL (Please report age of milestones)</b>  |  |  |   |   |
| Gross Motor   | Fine Motor   | Hand Dominance   | Language  | Social/Adaptive   |
| _____ Sat alone<br>_____ Crawled<br>_____ Walked alone<br>_____ Ran well<br>_____ Tricycle/bike | _____ Fed self with spoon<br>_____ Scribbled<br>_____ Tied shoes<br>_____ Dressed self                             | Not established<br>Right<br>Left<br><br>Age established ____ | _____ Used single word<br>_____ 2+ words<br><br>Describe activity                     | Toilet trained:<br>_____ Day<br>_____ Night<br><br>Unable due to physical problem |

| MEDICAL (if Yes, please explain)                         |                           |  |                        |
|--|---------------------------|--|------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Recent Hearing Date:      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recent Vision Date:    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | History of ear infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | Wears glasses/contacts |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies/Asthma          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizures               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Head injuries             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss of consciousness  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Major Illnesses           | <input type="checkbox"/> Yes <input type="checkbox"/> No | High fevers            |

| PSYCHO-SOCIAL HISTORY                      |                          |            |                             |
|--|--------------------------|------------|-----------------------------|
| Physical activity level:                   | Low activity level       | In between | High activity level         |
| Sleeping & eating schedule:                | Regular and predictive   | In between | Irregular and unpredictable |
| Attitude to new situations:                | Inhibited, cautious      | In between | Uninhibited, spontaneous    |
| Social:                                    | Very timid, shy          | In between | Very friendly               |
| Persistence with activities:               | Stayed with activities   | In between | Gave up quickly             |
| Sensitivity to environment:                | Sensitive/easily aroused | In between | Not sensitive               |
| Mood:                                      | Happy, content           | In between | Irritable or unhappy        |
| Routines:                                  | Flexible                 | In between | Inflexible                  |
| Expression of feelings:                    | Affectionate             | In between | Unaffectionate              |
| Pain tolerance:                            | Low threshold            | In between | High threshold              |
| Facial expressiveness:                     | Frequent                 | In between | Never                       |
| Behaviors Observed: (Check all that apply) |                          |            |                             |

| Past |                            | Now | Past |                           | Now | Past |                      | Now |
|------|----------------------------|-----|------|---------------------------|-----|------|----------------------|-----|
|      | Nail biting                |     |      | Worries                   |     |      | Headaches            |     |
|      | Nightmares                 |     |      | Soiling/wetting           |     |      | Clumsy               |     |
|      | Excessive crying           |     |      | Poor self-esteem          |     |      | Aggressive behaviors |     |
|      | Lying                      |     |      | Speech                    |     |      | Staring episodes     |     |
|      | Destructive behaviors      |     |      | Stealing                  |     |      | Avoids eye contact   |     |
|      | Excessive fears            |     |      | Temper tantrums           |     |      | Fire setting         |     |
|      | Feelings easily hurt       |     |      | Jealousy                  |     |      | Stomach aches        |     |
|      | Cruelty to animals         |     |      | Make-believe play         |     |      | Self-injury behavior |     |
|      | Repetitive motor behaviors |     |      | Sniffs/licks/eats objects |     |      | Excessive dependence |     |

#### EDUCATIONAL HISTORY

|                   |   |
|-------------------|---|
| Special Education | When tested:<br>Qualified for what services   |
| Schooling         | # of schools attended Grade(s) repeated:<br><br>Attended summer school Attended preschool |

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_ Interviewer \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## PRESCHOOL GROSS MOTOR

Do you have any concerns regarding your child's gross motor development? (This includes his/her ability to walk, run, jump, crawl, climb, throw, etc...)

If yes, please explain: \_\_\_\_\_

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**Instructions:** Find the age range questions that match the child. Answer each question by circling yes or no. If the child has no experience with the skill, answer with the best prediction of how the child could perform.

### Age 2.9 to 3.4 years:

1. Can the child move quickly or run without falling? o
2. Can the child jump with both feet leaving the ground at least once?
3. Does the child use the steps with rails at the park, store, or home?
4. Does the child play ball by kicking, throwing, catching, or trying to bounce it?

### Age 3.5 to 4 years:

1. Can the child run across sand or uneven ground, and around obstacles?
2. Does the child use his arms and body to catch a large ball?
3. Does the child imitate standing on one foot, galloping, or touching toes?
4. Does the child alternate feet when going up stairs, at least sometimes?

### Age 4.1 to 5 years:

1. Does the child throw a ball overhand in the direction he/she wants it to go?
2. Can the child stand on one foot for several seconds? Yes No
3. Does the child pedal a tricycle or Big Wheel? If not, has he/she had an opportunity to ride this type of toy?
4. Does the child jump forward several times?

## PRESCHOOL SOCIAL/EMOTIONAL

Do you have any concerns regarding your child's social/emotional development? (This includes his/her ability to play, interact with others, cooperate, attend to tasks for an appropriate length of time, etc...)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Instructions:** Find the age range questions that match the child. Answer each question by circling yes or no. If the child has no experience with the skill, answer with the best prediction of how the child could perform.

### Age 2.9 to 3.4 years:

1. Does the child show affection toward others?
2. Does the child show interest in other children?
3. Can the child entertain himself/herself with toys for 10 minutes?
4. Does the child enjoy being a "helper"?
5. Does the child point to indicate needs or share excitement?

### Age 3.5 to 4 years:

1. Has the child begun to show an interest in pretend play?
2. Does the child play interactively with other children for at least short periods?
3. Can the child (sometimes) share toys or food?
4. Can the child regulate frustration without too many tantrums?
5. Can the child solve problems with peers without hitting/shoving/biting?

### Age 4.1 to 5 years:

1. Does the child separate from parents without excessive distress?
2. Does the child enjoy dramatic play (dress ups, house, superheroes, etc...)?
3. Can the child follow a group routine (sit in a circle, line up)?
4. Does the child show concern for siblings/playmates in distress?
5. Can the child stay with a single task of his/her choice (not TV) for 20 minutes?

## PRESCHOOL SELF-HELP

Do you have any concerns regarding your child's adaptive or self-help skills? (This includes skills in the area of dressing, feeding, toileting, washing hands, etc...)

If yes, please explain: \_\_\_\_\_

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**Instructions:** Find the age range questions that match the child. Answer each question by circling yes or no. If the child has no experience with the skill, answer with the best prediction of how the child could perform.

### Age 2.9 to 3.4 years:

1. Can the child care for his/her own toileting needs with minimal help?
2. Can the child put on shorts or pants with elastic waistbands?
3. Can the child understand and play away from common dangers?
4. Can the child help put toys away or help with other household tasks?
5. Can the child wash and dry his/her own hands?

### Age 4.1 to 5 years:

1. Does the child dress himself/herself, except for fasteners?
2. Is the child independent with toileting?
3. Does the child blow or wipe his/her own nose?
4. Does the child get a drink of water from a fountain or water dispenser?
5. Does the child spread butter or jelly on bread or crackers?



# COMMUNICATION

Do you have any concerns regarding your child's communication skills?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Instructions:** Answer each question by circling yes or no.

1. Has the child received or is receiving any outside therapies?
2. Does the child have medical or educational diagnosis?
3. Has the child ever had a speech/language evaluation?
4. Has the child ever had screening? If yes where/when?  
\_\_\_\_\_
5. Does the child follow one-step related directions?
6. Does the child follow two-step related directions?
7. Does your child use more words than gestures to communicate (pointing, or pulling etc...)?
8. Does the child combine two to three word sentences (I want apple etc...)?
9. Does the child understand concepts such as big and little?
10. Does the child identify pictures in a story when being read to?
11. Does the child answer yes/no questions?
12. Does the child answer basic "what" questions (what are you doing etc...)?
13. Does the child know some shapes?
14. Does the child answer questions?
15. Does the child respond to "why" questions?
16. Does the child count to 5?
17. Does the child point to some colors?

## **Articulation:**

1. Is the child easily understood by others?
2. Are there temper tantrums or indications of extreme frustration when Not understood?