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| **The following section will ask you some questions about the children in your family. Please begin with the child that is most relevant in your participation in this service.** |

**Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First/last mm/dd/yy**

**Child Gender:  Female  Male**

**Was the child born at less than 37 weeks gestation?  Yes  No**

**If yes, what gestational age? \_\_\_\_\_\_\_\_\_\_ weeks, ­­­­­\_\_\_\_\_\_\_\_\_\_ days**

**Was the child born with a low birthweight? (less than 2500 grams (5lb, 8oz))  Yes  No**

**If yes, please indicate birth weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has this child ever been diagnosed with a disability?  Yes  No**

**Does the child have an IFSP or IEP?  Yes  No**

|  |  |
| --- | --- |
| **Please indicate child race/ethnicity (select all that apply):** | |
| **Black or African American**  **Asian**  **White** | **American Indian or Alaska Native**  **Native Hawaiian or Pacific Islander**  **Other** |
| **Please indicate ethnicity:  Hispanic/Latino  Not Hispanic/Latino** | |

**Is the child currently removed from the home due to DHS involvement?  Yes  No**

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| **Please provide information for other information in your home under the age of 6. You may be asked to provide information for all children under the age of 18.** |

**Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First/last mm/dd/yy**

**Child Gender:  Female  Male**

**Was the child born at less than 37 weeks gestation?  Yes  No**

**If yes, what gestational age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks \_\_\_\_\_\_\_\_\_days**

**Was the child born with a low birthweight? (less than 2500 grams (5lb, 8oz))  Yes  No**

**If yes, please indicate birth weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has this child ever been diagnosed with a disability?  Yes  No**

**Does the child have an IFSP or IEP?  Yes  No**

|  |  |
| --- | --- |
| **Please indicate child race/ethnicity (select all that apply):** | |
| **Black or African American**  **Asian**  **White** | **American Indian or Alaska Native**  **Native Hawaiian or Pacific Islander**  **Other** |
| **Please indicate ethnicity:  Hispanic/Latino  Not Hispanic/Latino** | |

**Is the child currently removed from the home due to DHS involvement?  Yes  No**

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| **For office use only: Child ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First/last mm/dd/yy**

**Child Gender:  Female  Male**

**Was the child born at less than 37 weeks gestation?  Yes  No**

**If yes, what gestational age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks \_\_\_\_\_\_\_\_\_days**

**Was the child born with a low birthweight? (less than 2500 grams (5lb, 8oz))  Yes  No**

**If yes, please indicate birth weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has this child ever been diagnosed with a disability?  Yes  No**

**Does the child have an IFSP or IEP?  Yes  No**

|  |  |
| --- | --- |
| **Please indicate child race/ethnicity (select all that apply):** | |
| **Black or African American**  **Asian**  **White** | **American Indian or Alaska Native**  **Native Hawaiian or Pacific Islander**  **Other** |
| **Please indicate ethnicity:  Hispanic/Latino  Not Hispanic/Latino** | |

**Is the child currently removed from the home due to DHS involvement?  Yes  No**

**Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First/last mm/dd/yy**

**Child Gender:  Female  Male**

**Was the child born at less than 37 weeks gestation?  Yes  No**

**If yes, what gestational age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks \_\_\_\_\_\_\_\_\_days**

**Was the child born with a low birthweight? (less than 2500 (5lb, 8oz))  Yes  No**

**If yes, please indicate birth weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has this child ever been diagnosed with a disability?  Yes  No**

**Does the child have an IFSP or IEP?  Yes  No**

|  |  |
| --- | --- |
| **Please indicate child race/ethnicity (select all that apply):** | |
| **Black or African American**  **Asian**  **White** | **American Indian or Alaska Native**  **Native Hawaiian or Pacific Islander**  **Other** |
| **Please indicate ethnicity:  Hispanic/Latino  Not Hispanic/Latino** | |

**Is the child currently removed from the home due to DHS involvement?  Yes  No**

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| **For office use only: Child ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |