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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**

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| **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**

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| **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**

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |