



INFANT LEARNING PARENT/CAREGIVER QUESTIONNAIRE

Full Legal Name of Child: _____
First Name Middle Name Last Name

Birth Date: _____ M F

Who has legal custody of this child? _____ Name of caseworker (if in OCS custody): _____

Are there any court orders in effect for your child? (Custody, protective, etc.)? Yes No

If yes, please be prepared to provide a copy to the EISC Assessment Team prior to your first appointment.

Names and ages of other children living in the home: _____

Parent One Information

Full Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____ Zip: _____

Residence Address: _____ Zip: _____

Email Address: _____ Lives with Child? Yes No

Parent Two Information

Full Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____ Zip: _____

Residence Address: _____ Zip: _____

Email Address: _____ Lives with Child? Yes No

What language is spoken to your child most often? _____ By whom? _____

What other languages are spoken in the home? _____ By whom? _____

Race/Ethnicity of this child (Check all that apply):

- White Black Hispanic Asian American Indian Alaska Native Native Hawaiian Pacific Islander

Name and Address of Childcare/Preschool _____

What are your main concerns regarding your child? _____

Infant Learning Program PIC FOCUS _____
ILP Provider Dates

Please provide information below about any services your child has received:
Type of Therapy Dates Name of Therapist/Teacher

Who completed this form? _____ Date: _____

Please send a copy of the child's birth certificate via email to ILP@asdk12.org.