



ASD Early Intervention Services
5530 E. Northern Lights, Anchorage, AK 99504
Phone:(907)742-2657 Fax:(907)742-2660
<https://www.asdk12.org/preschool/earlyintervention>

PARENT/CAREGIVER QUESTIONNAIRE

Full Legal Name of Child: _____ 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 _____

How did you hear about us? _____

What are your main concerns regarding your child? _____

Please provide information below about any services your child has received:

Type of Therapy/Services

Dates

Name of Therapist/Teacher

Information about Development and Learning

Gross Motor: Large muscle movements such as moving, walking and running

Please check the boxes if your child can do this **most of the time**.

☐ Walks independently

☐ Walks up and down stairs

☐ Throws an object overhand

☐ Runs without falling

☐ Jumps in place

☐ Uses playground equipment

☐ Shows awareness of safety/danger (If not, please explain): _____

What should we know about your child's gross motor skills?

Fine Motor: Using hands for activities

Please check the boxes if your child can do this **most of the time**.

☐ Drops objects into containers

☐ Uses two hands together for activities (example: string beads, takes caps off markers)

☐ Unscrews lids on containers

☐ Scribbles with crayons or markers

☐ Draws lines and circles

☐ Turns pages of a book (one page at a time)

☐ Squeezes objects such as small balls, play dough, etc.

What should we know about your child's fine motor skills?

Cognitive: Thinking and early learning skills

Please check the boxes if your child can do this **most of the time**.

☐ Names objects and pictures of objects

☐ Says first name

☐ Points to body parts

☐ Sings familiar songs

☐ Names common shapes

☐ Listens to short stories

☐ Names colors

☐ Counts from 1-3

☐ Indicates wants by using gestures and vocalizing

What should we know about your child's cognitive skills?

Self Help: Eating, dressing, toileting skills

Please check the boxes if your child can do this **most of the time**.

- | | |
|--|--|
| <input type="checkbox"/> Chews and swallows food without choking | <input type="checkbox"/> Uses a spoon and fork |
| <input type="checkbox"/> Takes off simple clothing | <input type="checkbox"/> Is working on toilet training |
| <input type="checkbox"/> Uses a regular cup independently | <input type="checkbox"/> Is toilet trained |
| <input type="checkbox"/> Puts on simple clothing | |

What should we know about your child's self help skills?

Social, Emotional and Behavior

Please check the boxes if your child can do this **most of the time**.

- | | |
|--|---|
| <input type="checkbox"/> Shares | <input type="checkbox"/> Can calm or sooth self when upset |
| <input type="checkbox"/> Takes turns | <input type="checkbox"/> Plays alongside other children |
| <input type="checkbox"/> Follows simple directions | <input type="checkbox"/> Plays with other children |
| <input type="checkbox"/> Plays pretend or make-believe | <input type="checkbox"/> Can use words when upset or frustrated |

What should we know about your child's social skills, emotions, personality, and behavior?

Communication:

Do you feel your child has a speech problem? ☐ Yes ☐ No

If yes, please describe:

What percentage of your child's speech do you understand? _____

How much of your child's speech do others understand? _____

Is your child's behavior affected by communication challenges? ☐ Yes ☐ No

Check if your child does any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Repeats sounds, words or phrases, over and over | and/or sign language |
| <input type="checkbox"/> Understands what you are saying | <input type="checkbox"/> Communicates using sounds (vowels, grunting) |
| <input type="checkbox"/> Responds correctly to yes and no questions | <input type="checkbox"/> Communicates using single words (shoe, doggy, up) |
| <input type="checkbox"/> Responds correctly to who, what, where, and why questions | |
| <input type="checkbox"/> Communicates with body language | <input type="checkbox"/> Communicates using 2 to 4 word sentences |
| <input type="checkbox"/> Communicates by using gestures, pointing, | <input type="checkbox"/> Communicates using sentences longer than four words |

What should we know about your child's communication skills?

Who completed this form? _____ Date: _____

**Please attach a copy of your child's birth certificate and email, fax or mail this form to:
eisc@asdk12.org, Fax: (907)742-2660, 5530 E. Northern Lights Blvd., Anchorage AK 99504**