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

PARENT/CAREGIVER QUESTIONNAIRE

Full Legal Name of Child: ____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?

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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: strings 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?

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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?

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Self Help: Eating, dressing, toileting skills
Please check the boxes if your child can do this **most of the time.**

- ☐ Chews and swallows food without choking
- ☐ Takes off simple clothing
- ☐ Uses a regular cup independently
- ☐ Puts on simple clothing
- ☐ Uses a spoon and fork
- ☐ Is working on toilet training
- ☐ Is toilet trained

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

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Social, Emotional and Behavior
Please check the boxes if your child can do this **most of the time.**

- ☐ Shares
- ☐ Takes turns
- ☐ Follows simple directions
- ☐ Plays pretend or make-believe
- ☐ Can calm or sooth self when upset
- ☐ Plays alongside other children
- ☐ Plays with other children
- ☐ Can use words when upset or frustrated

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

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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:

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

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

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Who completed this form?____ Date:__________________

Please attach a copy of your child's birth certificate and email, fax or mail this form to:
Debbie Pugh, EISC, 5530 E. Northern Lights, Anchorage AK 99504
Fax: 742-2660, eisc@asdk12.org Revised 9/19