



RI Early Intervention Family Intake

Child's Name:

DOB:

ID#:

This document is used to gather information from the family in order to gain a better understanding of the child's development and functioning, the family priorities and needs, and build a foundation for next steps.

Why was your child referred to Early Intervention (EI)? Speech/Language Fine/Gross Motor
 Behavioral/Adaptive Hearing/Vision Delayed Development Diagnosed Condition Other

Please provide details as needed:

What are your primary concerns?

What are your priorities with regard to your child's development, behaviors and/or skills?

Consider caregiver responses below in order to gain a better understanding of how this information might impact eligibility or child/family outcomes

Does your child have a diagnosed medical or behavioral condition? No Yes

Who provided this diagnosis?

Does your child have any behaviors that concern you or others who know your child? No Yes

If Yes, briefly describe:

Was your child born at full term? Yes No If no, how many weeks gestation was their birth?

What was your child's birth weight?

Was there anything notable about your pregnancy or the birth of your child? No Yes

If Yes, briefly describe

Has your child ever been hospitalized No Yes If Yes, briefly describe:

Does your child take any medications? No Yes Name of medication:

Does your child have allergies? No Yes If Yes, briefly describe:

Does your child use any special equipment No Yes If Yes, briefly describe:

How would you describe your child's overall health? Very Good Good Some Concerns

RI Early Intervention Family Intake

If there are concerns, please describe:

Describe your child's sleep patterns, including where they typically sleep

Describe your child's nutrition and feeding (i.e. food preferences, general diet, intake, swallowing, chewing)

KIDSNET Lead, Hearing and Immunization Report has been reviewed? No Yes

Is follow up with family needed in any of these areas? No Yes

If yes, which ones?

Provide additional information as needed

We know that adverse experiences in early childhood can have an impact on a child's development. The impact of these experiences can be minimized with positive support, strategies, and consistent responses from parents and caregivers. If a family answers "yes" ask them if they would share a little bit of how that situation has impacted their child and family.

Has your family experienced violence or chronic illness? No Yes If yes, describe:

Have you or your family ever experienced mental health challenges (e.g. maternal depression, anxiety)?

No Yes If yes, describe:

Has your family every been affected by drug or alcohol use? No Yes If yes, describe:

Have you ever experienced difficulty with housing or homelessness? No Yes If yes, describe:

Does your child spend any time in a licensed early care and education setting? Yes No

Caregiver Location/Name:

Schedule:

Hours/week:

Does your child spend any time in the care of another non-parental adult? Yes No

Caregiver Location/Name:

Schedule:

Hours/week:

RI Early Intervention Family Intake

What are some of your child's favorite toys and activities?

What else would you like us to know about your child?

Is there anything about your family, culture, or spiritual beliefs that would be good for us to know in working with you and your child?

Other Observations and Information:

RI Early Intervention Family Intake

It is important for Early Intervention to gain an understanding about all individuals in a child's life, the family's resources, supports and areas of need. It also helps to ensure that everyone in the child's life is considered when developing outcomes, strategies and supports.

Families can choose to share as much or as little as they would like.

Who are the people in your child's life ? (who lives in the home? Others living outside the home)

Who do you look to for support? (family, friends, home visitors, service providers, etc.)

Who are the medical professionals who care for your child?

How satisfied are you with this provider?

Satisfied

Neutral

Not Satisfied

Satisfied

Neutral

Not Satisfied

Satisfied

Neutral

Not Satisfied

Please provide any additional information:

Are there supports or resources you would like to know more about? Yes No

If yes, please describe: