

PARENT/GUARDIAN INPUT/SKILLS-BASED INFORMATION/ASSESSMENT

BACKGROUND INFORMATION:	
Person Submitting Referral: _____	Date of Referral: _____
Relationship to Child: _____	
Child's Full Name: _____	Birthdate: _____
School District: _____	Male/Female: _____
Child's Medicaid Number: _____	Child's SIMS Number: _____
Parent/Guardian Name: _____	Cell Phone: _____
Email: _____	
Address: _____	City/Zip: _____
Place of Employment: _____	
Parent/Guardian Name: _____	Cell Phone: _____
Email: _____	
Address: _____	City/Zip: _____
Place of Employment: _____	

We would appreciate your assistance in collecting information about how your child functions in his/her natural environment as we begin the evaluation process. Feel free to add any additional information or comments that you feel are important.

***Please return this form AND the signed Consent for Evaluation form to:** _____

Please respond to each question by inserting either a check (x) where appropriate, a number, a circle, or a written response. *Thank you.*

COLORS:	Identifies: (Which one is red?)	Names: (What color is this?)
Red		
Orange		
Yellow		
Blue		
Green		
Purple		
Brown		
Black		
Has a favorite color. That color is:		

NUMBERS:	YES	NO
Can rote count to 3.		
Can rote count to 5.		
Can rote count to 10.		
The highest number my child can count to before making a mistake is:		
Can count _____ objects correctly. (Example: How many spoons do I have?)		

PUZZLES:
Puts together _____ piece puzzles without any help. (Example: 6 pieces)

LANGUAGE:	YES	NO
Uses pronouns correctly. (Example: he, she, I, me, mine)		
Understands the use of objects. (Example: Show me what you cook with.)		
Can group objects. (Example: Show me all of the animals.)		
Understands negatives. (Example: Which toy is not in the box?)		
Answers questions correctly:		
Yes/No		
What...?		
Where...?		
When...?		
Why...?		
How...?		
Can tell how an object is used. (Example: What do you do with a shoe?)		
Understands prepositions. (Example: Put the spoon <i>beside</i> the plate.)		
Uses prepositions in expressive language. (Examples: in front of, beside, behind, between)		
Can give examples for a category. (Tell me the names of some animals: tiger, horse, etc.)		
Can name categories. (What are these: banana, cherry, apple?)		
Uses adjectives to describe. (This is a <i>red</i> car. This is a <i>big</i> ball.)		
Uses sentences containing:		
At least 3 words.		
At least 5 words.		
Seven or more words.		

ARTICULATION:	YES	NO
Is understood by everyone.		
Is understood only by immediate family members.		
Immediate family members have difficulty understanding what my child is saying.		
My child has errors in his/her speech sounds.		
Sounds in error are:		

SELF-HELP:	YES	NO
Washes and dries own face.		
Washes and dries own hands.		
Is not toilet trained.		
Has frequent toileting accidents during the day.		
Is dry when he/she wakes in the morning.		
Toilets without help.		
Dresses self with clothes facing the right direction.		
Puts shoes on the correct feet.		
Drinks out of a regular glass with few spills.		
Uses utensils (spoon, fork) when eating.		
Serves self food without help.		
Unbuttons and buttons buttons.		
Zips zippers.		

BEHAVIOR:	YES	NO
Seperates from parents easily.		
Greets familiar adults spontaneously.		
Shares property with others.		
Is destructive with his/her property.		
Is destructive with other people's property.		
Does not recognize boundaries when it comes to other people's property.		
Plays <i>alongside</i> another child.		
Plays <i>with</i> another child.		
Goes to bed without much of a struggle.		
Will sit for at least 5 minutes and attend to one activity.		
Will sit for at least 10 minutes and attend to one activity.		
Shows sympathy towards others.		
Follows adult commands without complaint.		

MOTOR:	YES	NO
Can turn a doorknob to open the door.		
Can turn a jar lid to open a jar.		
Can turn the pages in a book one at a time.		
Correctly uses scissors to cut paper within 1/2 inch of line.		
Correctly uses scissors to cut paper within 1/4 inch of line.		
Correctly uses scissors to cut <i>on</i> a line.		
Can build a tower with at least six small blocks.		
Uses a pencil or crayon to copy shapes.		
Uses a pencil or crayon to copy letters.		
Still scribbles.		
Colors a picture 50% within the lines.		
Colors a picture 75% within the lines.		
Colors a picture within the lines.		
Throws a ball, in the direction intended, at least 5 feet.		
Can hop "like a bunny".		
Can balance on one leg.		
Can catch a ball using only his/her hands.		
Runs smoothly with little falling.		
Is clumsy.		

TEMPERMENT: Check (✓) the characteristic(s) that apply to your child.				
<input type="checkbox"/> STUBBORN	<input type="checkbox"/> SHY	<input type="checkbox"/> PERSISTENT	<input type="checkbox"/> GIVES UP TOO EASY	<input type="checkbox"/> ANXIOUS
<input type="checkbox"/> EASY-GOING	<input type="checkbox"/> ARGUMENTATIVE	<input type="checkbox"/> HAPPY	<input type="checkbox"/> ACTIVE	
<input type="checkbox"/> SOCIAL	<input type="checkbox"/> CLINGY	<input type="checkbox"/> SOLITARY	<input type="checkbox"/> PATIENT	
<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> DRAMATIC	<input type="checkbox"/> FUSSY	<input type="checkbox"/> TALKATIVE	
<input type="checkbox"/> DESTRUCTIVE	<input type="checkbox"/> MESSY	<input type="checkbox"/> CARING	<input type="checkbox"/> GOOD NATURED	<input type="checkbox"/> OTHER

ADDITIONAL INFORMATION:

Please list what you consider to be your child's strengths.

Please list areas of concern you have about your child.

Additional comments:

If you have any questions or need assistance in completing this form, please call:

_____ at _____

Thank you for your assistance.

District/Cooperative Staff