**PRESCHOOL CHILD FIND QUESTIONNAIRE**
**TELEPHONE: (301) 230-5966**
**INTAKE NO: (301) 947-6080**
**FAX NO.: (301) 230-3014**

**CHILD FIND OFFICE**
**Rocking Horse Road Center**
**4910 Macon Road, Room #207**
**Rockville, Maryland 20852**

To be eligible for screening, evaluation and services the child and the parent/guardian must be: bona fide residents of Montgomery County and provide a copy of the child's birth certificate and two (2) proofs of Montgomery County Residency (see cover letter) or for a nonresident child attending an MSDE approved preschool in Montgomery County, the parent/guardian must provide verification of the child's enrollment on the preschool letterhead.

In order to complete the preschool process for children who are eligible for kindergarten next year, this questionnaire must be received in the Child Find office by March 15 of the year that your child will be eligible for kindergarten. After March 15, please contact your local elementary school to complete the screening process.

**FOR OFFICE USE ONLY**

**Case #** _____
**Student ID #**_____
**Date of Call** _____
**Date Call Returned & Requested Documents** _____
**By Whom** _____
**CA** _____
**Clinic Date** _____
**Clinic Location** _____
**Time** _____
**Home School** _____
**Cluster** _____

**DOCUMENTS RECEIVED**

**Birth Certificate:** _____
**MPCS Pre-K form 272-1** _____
**MCPS Race/Ethnicity form** _____

| **Proof of Residency:** | **Date Received** |
|---|---|
| **Lease** | _____ |
| **Shared Housing Form** | _____ |
| **Settlement Papers** | _____ |
| **Property Tax Bill** | _____ |
| **Utility Bill** | _____ |
| **Other** | _____ |

Child's Name: _____

Nickname: _____

DOB _____ Race _____ Gender _____

Place of Birth: _____

Length of Time in U.S. _____

Language(s) Spoken in Home _____

Language(s) Child: understands _____ speaks _____

Brother(s) Ages: _____ Sister(s) Ages: _____

Medical Assistance #: _____

Parent(s)/Guardian(s)

1. _____
Name Relationship

2. _____
Name Relationship

**Address:** _____

Home Phone #: _____

Parent 1 Work #: _____

Cell #: _____

Parent 2 Work #: _____

Cell #: _____

What concerns do you have about your child? _____

Was your child ever referred to the Montgomery County Infants and Toddlers Program? Yes _____ No _____ _____ Month _____Year

How were you referred to Child Find? _____Flyer _____Physician _____Teacher Other: _____

Has your child ever been evaluated? Yes _____ N _____ Evaluated by Whom? _____

In What Areas? _____ When? _____

Child Attends: Preschool _____ MCPS Pre-K/Head Start _____ Center Day Care _____ Family Child Care _____ Home _____

Name & Address of Child Care/ Preschool: _____

If day care/ preschool provider has concerns, please explain: _____

**I understand that this information will remain confidential and will be used to help determine whether my child has an educational disability. I also understand that this information will be shared only with those persons or agencies that will be involved in providing services and/or information which I have requested.**

**Signature of Parent/ Guardian** _____ Date _____

If guardian, relationship to child _____ Permission granted by phone _____ (over)

## Medical Information

Physician's Name: _____ Were there any difficulties: ____before ____during ____ after the birth of your child? Birth Weight _____

If yes, please elaborate _____

Hospitalizations: serious illnesses; accidents; surgeries Please explain: _____

List any medications your child takes on a regular basis:_____

Please list any allergies: _____

Hearing Concern: explain: _____ Vision Concern: explain: _____

**Check all area(s) of concern/possible delay. Circle specific items; list other related concerns.**

_____ 1. **DEVELOPMENTAL DELAYS**: does not appear to be learning at an average rate; delays in developmental milestones.
Other: _____

_____ 2. **SPEECH/LANGUAGE**: began to talk at _____ months. Speech is difficult to understand; parents understand ____%; others understand _____%; stutters/dysfluent; often needs directions/questions repeated; communicates by: ____ gestures____ single words ____ phrases ____ sentences.
Other: _____

_____ 3. **MOTOR**: bumps into things; trips and falls often; fearful on the playground; unusual reaction to touch, sound, light; problems with paper pencil tasks. Walked at : _____. Other: _____

_____ 4. **ATTENTION**: is distracted easily; short attention span; darts from one task to another; difficulties with changes in routine.
Other: _____

_____ 5. **SELF-HELP**: significant delays with feeding; dressing; or toilet training.
Other: _____

_____ 6. **SOCIALIZATION**: consistently shows no interest in playing/relating with others; rarely looks at people; becomes upset in all group settings; gets stuck on one idea, object or activity and becomes upset if requested to change; appears to be in his/her own world.
Other: _____

_____ 7. **BEHAVIOR**: tantrums; is not able to accept limits; refuses to comply with requests; aggressive towards others; easily frustrated.
Other: _____

**ADDITIONAL INFORMATION**: _____
_____
_____
_____