

## EARLY START INQUIRY

Initial Intake Date: \_\_\_\_\_ IFSP Due Date: \_\_\_\_\_ SSN# \_\_\_\_\_ UCI# \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last                      First                      MI

Mother/Guardian: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Father: \_\_\_\_\_

Parent Consent to Referral:  Yes  No Do Parents live together? \_\_\_\_\_ Primary Language: \_\_\_\_\_ Interpreter? \_\_\_\_\_

Mailing/Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Inquirer's Name: \_\_\_\_\_ Relationship to the Family: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Has applicant ever applied for services from any regional center?  Yes  No Where? \_\_\_\_\_

Primary physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other agencies involved: \_\_\_\_\_ Medical Info Attached: \_\_\_\_\_

PARENT CONSENTS TO SHARE INFORMATION BETWEEN REGIONAL CENTER AND LEA:  Yes  No FRC:  Yes  No

### HISTORY AND CONCERNS:

Birthplace: \_\_\_\_\_ Hospital: \_\_\_\_\_ Gestational Age: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Present weight: \_\_\_\_\_ Medications and Equipment: \_\_\_\_\_

Medical Confirmation/Diagnosis: \_\_\_\_\_ Specialist(s) Involved: \_\_\_\_\_

Developmental Concerns	Description of Concerns:
<input type="checkbox"/> <u>Vision</u>	
<input type="checkbox"/> <u>Hearing</u> *see checklist	
<input type="checkbox"/> <u>Physical</u> *see checklist	
<input type="checkbox"/> <u>Self-Help</u> *see checklist	
<input type="checkbox"/> <u>Behavioral</u>	
<input type="checkbox"/> <u>Social</u>	
<input type="checkbox"/> <u>Communication</u>	
<input type="checkbox"/> <u>Cognitive</u>	

\*Physical Checklist: (Circle all that apply): rolls tummy to back, sits unsupported, belly crawls, crawls, pulls to stand, cruises furniture, walks, grasps toy, releases toy

\*Self Help Checklist (Circle all that apply) : holds a bottle with both hands, finger feeds, drinks from open cup, uses a spoon to feed

\*Newborn Hearing Screening Passed:  Yes  No

Inquiry taken by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Regional Center Service Coordinator assigned: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Date of follow up – phone call to family (if appropriate): \_\_\_\_\_ How did you hear about Early Start: \_\_\_\_\_

Actions taken:  Appears SLI-sent to LEA  Faxed to LEA for consideration for dual Date \_\_\_\_\_

School District Response: \_\_\_\_\_ Possible Dates for Joint Intake: \_\_\_\_\_

LEA Early Start Coordinator:	LEA Response Date:
<input type="checkbox"/> Yes- agree to serve as SLI (Pending evaluation results)	<input type="checkbox"/> No- does not appear appropriate for dual/no available openings at this time
<input type="checkbox"/> Yes- agree to dual intake.	<input type="checkbox"/> No- reconsider at later date when more information is available

Concerns/ Need More Info: