The School District of Osceola County

Pre-School Educational Evaluation Program (PEEP)

Child Information Form

Application Date:_____

Demographics:

Child's Legal Name_____ Date of Birth____/____/____ Sex: ☐Male ☐ Female

Home address_____Apartment_____City_____Zip _____

Ethnicity:(please select **one**) : ☐Hispanic/Latino ☐Non-Hispanic/Non-Latino

Race:(mark **all** that apply)

☐White ☐Black/African American ☐Asian

☐Native Hawaiian/other Pacific Islanders ☐American Indian/Alaskan Native

Referred by: ☐ Part C ☐4C ☐ELC ☐Community

Is there a language other than English used in the home? ☐Yes ☐ No

If so, what language? _____

Child's preferred language for expressive communication? _____

Parent #1 Name_____ Parent #2 Name_____

Phone Number_____ Phone Number_____

Parent #1 email address_____ Parent #2 email address_____

Who has legal custody of the child? ☐both parents ☐ mother ☐ father ☐ other_____

Does your child have a Guardian ad Litem? ☐yes ☐ no

Is your child in foster care? ☐yes ☐ no

Siblings: ☐ N/A

How many siblings? _____ Ages:_____

Is your child presently receiving any of the following services? ☐yes ☐no

Was your child dismissed from any therapy services? _____

Previous/Current Support Services

☐Speech/Language Therapy	times per week:_____	provider:_____
☐Occupational Therapy	times per week:_____	provider:_____
☐Physical Therapy	times per week:_____	provider:_____
☐Oral/Motor Therapy	times per week:_____	provider:_____
☐Behavior Therapy/ABA	times per week:_____	provider:_____
☐Early Intervention Therapy	times per week:_____	provider:_____

The School District of Osceola County

Pre-School Educational Evaluation Program (PEEP)

Child Information Form

Birth/Medical History

Is your child adopted? ☐Yes ☐ No

If yes, at what age_____

Did the child have prenatal care during the first trimester?

☐yes ☐ no ☐unknown

Was the fetus exposed to: ☐alcohol ☐ tobacco ☐ medications ☐drugs ☐ trauma ☐other

Gestation: ☐full term _____weeks ☐premature_____weeks ☐post term_____weeks

Birth Weight:_____pounds___ounces Childbirth: ☐natural ☐cesarean

Length of stay in hospital_____ Length of stay in NICU: _____

Describe any illnesses, complications, and/or hospitalizations during pregnancy/birth:

_____

What medical diagnoses apply to your child:

☐multiple birth ☐ required oxygen at birth ☐ cord around the neck

☐ jaundice ☐meconium aspiration ☐birth injury ☐ seizures ☐ Cerebral Palsy ☐ Autism/PDD

☐ADHD/ADD ☐ chronic ear infections ☐PE tubes ☐ syndrome(s)_____

☐surgeries_____

☐allergies_____ ☐head injuries_____☐accident(s)_____

☐other _____

Current medications_____

Vision/Hearing

Do you have concerns with your child's: ☐Vision ☐ Hearing ☐No concerns

Has your child been diagnosed with vision or hearing problems? ☐Yes ☐No Explain:_____

Date of most recent hearing screening:_____ Results: ☐Pass ☐Fail Concerns:_____

Does your child wear hearing aids? ☐Yes ☐ No Is your child followed by an ear doctor? ☐Yes ☐No

Date of most recent vision screening: _____ Results: ☐Pass ☐Fail

Does your child wear glasses? ☐Yes ☐No Is your child followed by a vision doctor? ☐Yes ☐No

Developmental Milestones:

Please indicate in **months** when your child has mastered the following skills:

Sat alone___ crawled ___ walked ___ potty trained ___ spoke first word.___ combined words _____

The School District of Osceola County

Pre-School Educational Evaluation Program (PEEP)

Child Information From

Family history of: ☐N/A

☐special education ☐mental illness ☐ Autism ☐learning disability

☐behavior problems ☐significant medical history ☐other _____

What is your primary concern?

Do you have concerns with (or has anyone else mentioned) any of the following (check all that apply)?

☐ADD/ADHD ☐autism ☐sensory ☐behavior ☐anxiety ☐learning difficulties ☐communication

Other:_____

Self-help Concerns: ☐no concerns

☐safety ☐feeding ☐toilet training ☐no fear ☐runs off ☐requires constant supervision

Additional comments:_____

Personal/Social Concerns: ☐no concerns

☐poor eye contact ☐ignores name when called ☐prefers to play alone ☐resists being held or touched

☐grabs/takes toys from others ☐aggressive ☐upset by changes in routines ☐demands attention

☐frequent tantrums/meltdowns ☐easily frustrated ☐repeatedly lining up toys/objects

☐defiant/refuses to cooperate ☐impulsive ☐difficulty keeping hands/feet to self

Additional comments:_____

Motor/Mobility Concerns: ☐no concerns

☐falls often ☐clumsy ☐repeatedly toe-walks ☐tires easily ☐not walking

If not walking, what is the mode of mobility? ☐rolling ☐ crawling ☐scooting

Does your child have any adaptive equipment?

☐No ☐walker ☐wheelchair ☐braces ☐hand splints ☐helmet

Additional comments:_____

Learning/Readiness Concerns: ☐no concerns

☐short attention ☐selective interest in toys ☐easily distracted ☐concerns with pre-academics

☐struggling at preschool/daycare ☐difficulty following directions ☐difficulty answering basic questions

Additional comments:_____

Sensory Concerns: ☐no concerns

☐repeatedly hand flapping ☐difficulty sitting still ☐spins/runs in circles ☐picky eater

☐bothered by loud noises ☐bothered by tags in clothing ☐stares ☐repeatedly rocks ☐plays rough

☐mouthing objects ☐poor safety awareness ☐restricted interests ☐lines up toys

The School District of Osceola County

Pre-School Educational Evaluation Program (PEEP)

Child Information From

Communication Concerns: ☐no concerns
☐not talking ☐speech started and then stopped ☐hard to understand
☐repeats or echoes what others have said ☐repeats phrases from movies, TV shows, videos, etc.

Primary mode of communication: ☐sentences ☐ words ☐ gibberish/jargon ☐ pointing ☐ leading

Additional comments:_____
_____
_____
_____

Preschool/Childcare Experience:
Does your child currently attend: ☐ Full-time ☐ Part-time ☐ Never

☐preschool ☐childcare
☐in-home childcare ☐VPK
☐ Early Head Start ☐Head Start

Name of preschool/childcare_____
Phone number:_____
Address:_____
City: _____Zip code:_____

Describe your child:
_____
_____

Child's strengths (things he/she does well):
_____
_____

Your child's preferred activities/items:
_____
_____