

Child Find Questionnaire

Name: _____

1. What are your main concerns for referring your child for assessment?

2. Has your child ever had an evaluation from a physician or another agency? Yes No
If so, what were the results?

3. As an infant or toddler, did your child have frequent ear infections? Yes No

4. Has your child's hearing been tested recently? Yes No
Significant findings?

5. Has your child's vision been tested recently? Yes No
Significant findings?

6. Are there other languages besides English spoken in the home? Yes No
If so, which language(s)?

7. Does your child answer questions? Yes No
Yes/No questions? Yes No
Who/What/Where questions? Yes No

8. Does your child understand most of what you say to him? Yes No

9. Do you have any concerns about your child's fine motor development such as coloring, stacking small blocks, eating with utensils? Yes No

10. Do you have any concerns about your child's gross motor development such as running, jumping, kicking a ball, riding a bike? Yes No

11. How does your child interact/play with other children?

12. What are your child's favorite toys?