



INITIAL INFORMATION GATHERING FORM

As WV Birth to Three meets you and your child, we ask questions and gather information (a family-centered interview) to learn about your concerns, priorities and resources related to enhancing your child's development. This information helps the WV Birth to Three team in determining your child's eligibility for early intervention services and, if appropriate, in designing an IFSP that builds upon your family's strengths and resources and addresses your concerns regarding your child's unique needs. As a family, you decide how much and what kind of information you would like to share with WV Birth to Three.

for the family of:

who was born on:

<p>Do you have questions about or want help for your child in the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Getting around <input type="checkbox"/> Talking and listening <input type="checkbox"/> Thinking, learning, playing with toys <input type="checkbox"/> Feeding, eating, nutrition <input type="checkbox"/> Having fun with other children; getting along <input type="checkbox"/> Behaviors and feelings <input type="checkbox"/> Toileting; getting dressed, bedtime <input type="checkbox"/> Helping my child calm down, quiet down <input type="checkbox"/> Pain or discomfort <input type="checkbox"/> Special health care needs <input type="checkbox"/> Seeing or hearing <input type="checkbox"/> Other: _____ 	<p>Would you like to share the following concerns and priorities for you, other family members, or your child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meeting with other families to share information <input type="checkbox"/> Finding or working with doctors or other specialists <input type="checkbox"/> How different services work or how they could work better for my family <input type="checkbox"/> Planning for the future, what to expect <input type="checkbox"/> People who can help me at home or care for my child so I/we can have a break; respite or child care <input type="checkbox"/> Housing, clothing, jobs, food, telephone <input type="checkbox"/> Information on my child's special needs, what it means <input type="checkbox"/> Ideas for brothers, sisters, friends, extended family <input type="checkbox"/> Money for extra costs of the child's special needs <input type="checkbox"/> Other : _____
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INFORMATION ABOUT YOUR CHILD

Current Health Status

Who is your child's Primary Care Physician?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____

Does your child see other health specialists? Yes _____ No _____ What have you learned from the health specialists about your child's health or medical needs? Do you need more information in understanding your child's medical needs?

Does your child have a medical diagnosis? Yes _____ No _____ What have you learned about your child's medical diagnosis? Do you need more information in understanding your child's medical diagnosis?

Does your child take any medications? Yes _____ No _____ What are the medications for? Do you need more information in understanding the medications your child takes?

Are your child's immunizations up to date? Yes _____ No _____ Would you like information on immunizations? Yes _____ No _____



INFORMATION ABOUT YOUR CHILD

Has your child's hearing ever been screened? Yes _____ No _____ What were the results? Do you have concerns with your child's hearing now?

Has your child's vision ever been screened? Yes _____ No _____ What were the results? Do you have concerns with your child's vision now?

Has your child ever had a nutrition screen? Yes _____ No _____ What were the results? Do you have concerns with your child's nutrition now?

Has your child ever had a dental screen? Yes _____ No _____ What were the results? Do you have concerns with your child's dental health now?

Does your child have difficulty calming when upset, falling asleep, or waking up frequently during the night?

Has your child ever been hospitalized or seriously injured? Yes _____ No _____ Please explain.

Is there any other health or medical information that you feel is important for the WV Birth to Three team to know?



INFORMATION ABOUT YOUR CHILD

Using My Hands and Moving My Body (Motor Skills)	
How does your child use his/her hands to play?	Things my family would like to know more about or need help with:
How does your child move or get around?	

Understanding and Communicating (Language Skills)	
How does your child let you know what he/she wants?	Things my family would like to know more about or need help with:
What words does your child understand?	



Child's Name: _____

Child's Date of Birth: _____

INFORMATION ABOUT YOUR CHILD

Playing, Thinking, and Exploring (Cognitive Skills)	
How does your child play and learn new things?	Things my family would like to know more about or need help with:

Interacting with Others (Social/Emotional Skills)	
How does your child express his/her feelings?	Things my family would like to know more about or need help with:
How does your child play and get along with other children?	



INFORMATION ABOUT YOUR CHILD

Eating, Dressing, Toileting (Self-Help/Adaptive Skills)	
How does your child help with feeding?	Things my family would like to know more about or need help with:
How does your child help with dressing? (If age appropriate).	
How does your child help with hand washing, brushing teeth, and/or toileting? (If age appropriate).	

Is there other developmental information that you feel is important for the WV Birth to Three team to know?



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

Child's Name: _____

Child's Date of Birth: _____

INFORMATION ABOUT YOUR CHILD AND FAMILY

Who are the important people in your child's and family's life? (Such as members of your family, relatives, friends, members of your community, etc)

Are there community agencies and services that are supports for your child and family? (Such as a Mommy and Me Group, the YMCA, parenting classes, child care, Early Head Start, etc.)

Describe a typical day with your child. What are your child's favorite toys, activities and routines? Where do you and your child spend time? Do you go shopping, to the park, the library, visit family or friends?



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Child's Name: _____

Child's Date of Birth: _____

INFORMATION ABOUT YOUR CHILD AND FAMILY (continued)

Are there activities and routines in your home or community that you would like your child and family to participate in but wonder how your child's special needs will be met?

What do you enjoy doing most with your child?

What is the biggest challenge for you with your child?

Are there other concerns that you feel WV Birth to Three can help you with?

Date of Family Interview: _____

Person Conducting Interview: _____

Information Provided By: _____