

Dear Teacher(s),

A request has been made for this child to be evaluated at Randall Children's Hospital, Pediatric Development & Rehab. Your view of the child is of paramount importance to us in obtaining a comprehensive evaluation.

If this child is receiving special education, please ask those staff to assist you in completing this form. In addition, we would appreciate it if you would contact the Special Education Director to release the most recent evaluations (e.g. psychological, education, etc.) as well as the child's current I.E.P.

We appreciate your completing this form, which is of much help to us in understanding this child. We suggest you keep a copy for your records.

Please complete and return to:

Randall Children's Hospital, Pediatric Development and Rehabilitation (PDR) 2801 N. Gantenbein, Room 2225 Portland, Oregon 97227 Fax 503-413-4719

Sincerely,

PDR Clinical Intake

Child's Name:		DOB:
School:		
School Address:		
Principal (please print):		
Teacher (please print):		
Date entered this school:_		Today's Date:
Check type of program:	□Daycare □EI/E □Kindergarten	CSE □Head Start □Preschool □Other (specify):
Check type of classroom:	-	□Integrated Classroom cial Ed. □Other - please specify:
Does the child receive Ear	rly Intervention services	: $\square$ No $\square$ Yes
Does the child receive Spo		□Referred for testing - please list the disability:
Related services, if any:	□PT □OT □Adaj □ Teacher's Aide	otive PE
Length of s	school day:	: Number of adults: Integration, if applicable:
Last vision screening:	Date:	Results:
Last hearing screening:	Date:	Results:
<u>Classroom Performance</u> Do you have concerns reg		
1. Expressive Language:	□No □Yes	If yes, describe:

## **Classroom Performance continued**

Do you have conc	erns regarding	this child	's?
2. Language Com	prehension:	□No	□Yes If yes, describe:
3. Fine Motor:	□No	□Yes	If yes, describe:
4. Gross Motor:	□No	□Yes	If yes, describe:
3. Self-Help:	□No	□Yes	If yes, describe:
	.1 . 1 .1 12		
Please comment o	on this child's:		
1. Social skills	with adulta.		
a) Relationships v			
)	1		
2. Attention abilit	ies:		
3. Activity level:			
4. Behavior:			

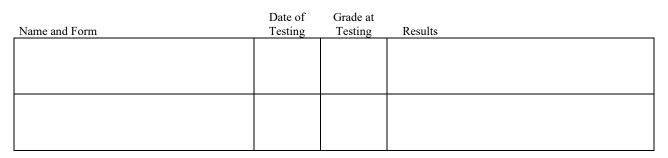
Does the child have any specific developmental and/or learning problems: If yes, describe:		
Does the child have any specific social-emotional behavior problems: If yes, describe:	□No	□Yes
State below any other problems or concerns not mentioned above:		
What special instructional approaches or techniques have been attempted w	vith this chil	ld?
How did he/she respond to this?		
Do you feel this child has any special creative ability, talent or assets?		

## **INTELLIGENCE TESTS - GROUP OR INDIVIDUAL**

A copy of the actual test record is preferred. Otherwise, please indicate whether grade equivalent, standard score, percentile, stanine, etc., is used:

	Date of	Grade at	
Name and Form	Testing	Testing	Results .

## **READINESS TEST DATA**



## ACADEMIC SKILLS

Please rate each statement where applicable. Circle the appropriate number. Use the following criteria: (1) Never - not at all

- (2) Rarely 1 to 25 percent of the time
- (3) Occasionally between 25 and 50 percent of the time
- (4) Often more than 50 percent of the time
- (5) Very frequently almost always (90 to 100 percent of the time)

Basic Knowledge						<b>Comments</b>
Identifies simple body parts	Never 1	Rarely 2	Occas. 3	4	Very Freq. 5	
Identifies two dimensional shapes	1	2	3	4	5	
Names primary colors	1	2	3	4	5	
Recognizes letters of alphabet	1	2	3	4	5	
Can recite alphabet in mixed order	1	2	3	4	5	
Knowledge of letter sounds	1	2	3	4	5	
Recognizes numerals 1 to 10	1	2	3	4	5	
Can count rotely 1 to 10	1	2	3	4	5	
Can count rationally 1 to 10	1	2	3	4	5	

Handwriting						<b>Comments</b>
Recognizes name in print	Never 1	Rarely 2	Occas. 3	Often 4	Very Freq.	
Writes first name from cue card	1	2	3		5	
Writes first name from memory	1	2	3	4	5	
Writes letters of the alphabet from cue cards	1	2	3	4	5	
Writes letters of the alphabet from memory	1	2	3	4	5	
If applicable, please estimate present:						
Reading grade level						
Math grade level						
<ol> <li>If the child is in a pre-kindergarten prekindergarten? Yes No</li> <li>If the child is in kindergarten, do you Yes No</li> <li>Do you think child will need to repeat</li> </ol>	think h □Not t preser	■ N ne/she t sure nt prog	lot sur will l C gram?	re be rea Too	□ Too ea dy for fir early to s	arly to say □ N/A st grade? ay □N/A
□Yes □No					early to s	ay □N/A
4. Do you think child will need some for	-					
□Yes □No		t sure		Too	early to s	ay □N/A
If yes, what type of special education sup	port set	rvices	?			
Please include anything else you would li	ike us te	o kno	w abc	out thi	s child	
Current Date:						
Name & Title of individual completing th						