

EDUCATION INFORMATION FORM (PRESCHOOL/EARLY CHILDHOOD)

(to be completed by preschool/school personnel)

This form has been requested for completion by:

Student's Name:	Date Completed:
School/Education Program Name:	
Address:	Grade/Program Level:
Telephone: Fax:	Child attends our program: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> all day Time: _____

Name of person(s) completing this form:		
<input checked="" type="checkbox"/> Additional Members of child's team:	<u>Name:</u>	<u>Phone:</u>
<input type="checkbox"/> Teacher:	_____	_____
<input type="checkbox"/> Physical Therapist:	_____	_____
<input type="checkbox"/> Occupational Therapist:	_____	_____
<input type="checkbox"/> Speech Language Pathologist:	_____	_____
<input type="checkbox"/> Social Worker/Family Support Worker:	_____	_____
<input type="checkbox"/> Behavioural Specialist:	_____	_____
<input type="checkbox"/> Other:	_____	_____

A. SOCIAL-COMMUNICATION AND BEHAVIOURAL CONCERNS

Scoring Key:

Never/Rarely - Never observed or seen once or twice
 Sometimes - Seen at least weekly
 Often - Seen multiple times a week
 Almost Always - Seen multiple times a day

*Please include comments whenever possible.
 Additional space is provided below if needed.*

SOCIAL COMMUNICATION and INTERACTION SKILLS	Never/Rarely	Sometimes	Often	Almost Always	n/a	COMMENTS/EXAMPLES **Please provide <u>Specific and Different</u> examples related to the behaviour observed.
SOCIAL INITIATION & RESPONSE						
Has unusual social initiations (e.g. intrusive touching, licking)						
Places adult's hand on an object or pulls an adult's hand to attain wants or needs.						
Responds to name being called						
Spontaneously initiates speech and communication						
Only initiates to get help (e.g., to open a toy container)						
Is unable to have a conversation beyond one turn						
Talks "at" you rather than with you						
Shows, brings or points out objects of interest						
Demonstrates appropriate social smile						Responds? Initiates?
Shares enjoyment with others (e.g., excited when peers are, responds to praise)						
Seeks comfort when frustrated or hurt						
Offers comfort to others						
Shows indifference or aversion to physical contact and affection						
Engages in simple social games (e.g., circle time songs, Ring around the Rosie, imitation and coordination of simple actions)						
Additional comments regarding social initiation and response skills:						

SOCIAL-COMMUNICATION and INTERACTION SKILLS	Never/Rarely	Sometimes	Often	Almost Always	n/a	COMMENTS/EXAMPLES **Please provide Specific and Different examples related to the behaviour observed.
NONVERBAL COMMUNICATION						
Uses eye contact when initiating with others						Is there a difference between peers vs adults?
Uses eye contact in response to others						Is there a difference between peers vs adults?
Appropriately uses and/or understands body postures (e.g., facing toward your communication partner)						Please specify:
Appropriately uses and/or understands gestures (e.g., pointing, waving nodding/ shaking head)						Please specify:
Has abnormal volume, pitch, intonation, rate, rhythm, stress, prosody or volume of speech (e.g., loud or monotonous voice)						
Has an appropriate range of facial expressions						
Uses facial expressions to communicate affect (e.g., directs facial expressions to others)						
Appropriately recognizes facial expressions						
PEER RELATIONSHIPS						
Has inappropriate expressions of emotion (e.g., laughing or smiling out of context)						
Is aware of another's distress or disinterest						
Recognizes social emotions (e.g., notices how his or her behaviour impacts others emotionally)						
Engages in imaginative play with peers (>4years developmental age) (e.g. role playing)						
Engages in cooperative play (>24 months developmental age) (e.g. hide and seek, tag)						
Demonstrates interest in peers (e.g. has a preferred peer, joins in a groups of peers)						
Responds to the approaches of peers						
Is in his/her "own world"						
Additional comments regarding nonverbal and peer relationship skills:						

RESTRICTED, REPETITIVE BEHAVIOURS, INTERESTS, OR ACTIVITIES	Never/Rarely	Sometimes	Often	Almost Always	n/a	COMMENTS/EXAMPLES **Please provide Specific and Different examples related to the behaviour observed.
STEREOTYPED/REPETITIVE BEHAVIORS						
Repeats words/last word heard/phrases when others talk (i.e. echolalia)						
Uses odd words or converses in odd ways (i.e. gibberish or jargon)						
Uses scripted or rote language (e.g., same phrases over and over)						
Has repetitive vocalizations (e.g., guttural sounds, unusual squealing, repetitive humming)						
Has stereotypical, repetitive motor mannerisms (e.g., hand flapping, rocking, finger flicking, teeth grinding)						
Engages in non-functional or repetitive play with objects or toys (e.g., dropping items, lining up toys, lights on/off, open/closes doors)						
RITUALS & RESISTANCE TO CHANGE						
Insists on sameness/adheres to routines (e.g., resists changes in classroom routines, has to do things in particular way/order)						
Has ritualized patterns of verbal behaviour (e.g., repetitive questioning, requires others to say things/answer questions in specific way)						
Has difficulty with transitions						
Has rigid thinking (e.g., unable to understand humour or nonliteral aspects of speech)						
PREOCCUPATIONS AND FIXATIONS						
Has unusual preoccupations which interfere with day to day functioning (e.g., lights, metal objects, fans, street signs)						
Has a narrow range of interests						Please describe:
Is preoccupied with numbers, letters or symbols						
Has to carry around or hold specific or unusual objects						
REACTIONS TO SENSORY INPUT						
Has a high pain tolerance						
Has an atypical response to sensory input (e.g., odd response to sounds/smells/touch/texture)						
Engages in unusual visual exploration (e.g., close inspection of objects, holding things at unusual angles, looking at objects/people out of corner of eye, unusual squinting of eyes)						
Engages in other atypical sensory exploration (e.g., sniffing, feeling, licking)						

B. CLASSROOM/PROGRAM SETTING & PROGRAM MODIFICATIONS

Please note N/A if not applicable.

Alberta Learning Code _____ If multiple codes (59) please indicate codes _____ & _____
Does the student have an IPP/ISP? Yes No If yes, please attach documentation.
Does this student have an educational assistant/aide? Yes No If yes, hours per week: _____
English Language Learning support? Yes No If yes, hours per week: _____

Please list the three top questions or concerns:

1.
2.
3.

What are the student's strengths?

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Please make any additional comments regarding behavior (e.g., tantrums), safety, feeding, etc.:

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Is there anything else you wish the clinic to be aware of about this student?

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Thank you for taking the time to complete this form!