TuftsMedicine
Pediatrics

CENTER FOR CHILDREN WITH SPECIAL NEEDS

Observer's Report Intake Form

Under five

This form can be used by OTHER family members, teachers, classroom aides, therapists, child care providers or other observers as needed. Multiple observations are useful in understanding this child's current functioning in a variety of settings.

Child's Name _____

Person(s) completing this form _____

_____

Relationship _____

Address _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

Date of birth _____

Date _____

Setting _____

Time of day observed _____

NOTE: Please attach reports, evaluations or current Individual Family Service Plans (IFSP) if any.

Is this child receiving Special education services, Head Start, Early Intervention or private services?

☐ No ☐ Yes If yes, please describe services:

Please describe your main concerns at this time:

Developmental skills, behavior, attention span, work habits, social skills, emotional responses, motor skills, academic readiness skills, etc.

Please comment on this child's and family's strengths:

Please complete this survey comparing this child to children of the same age and sex:

Current Performance Survey	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Overall developmental level?	☐	☐	☐	☐
Language skills?	☐	☐	☐	☐
Fine Motor skills?	☐	☐	☐	☐
Gross Motor skills?	☐	☐	☐	☐
Self-help skills?	☐	☐	☐	☐
Pre-academic skills?	☐	☐	☐	☐
Overall behavior?	☐	☐	☐	☐
Attention span or distractibility?	☐	☐	☐	☐
Activity level?	☐	☐	☐	☐
Impulse control?	☐	☐	☐	☐
Unusual behaviors?	☐	☐	☐	☐
Aggression?	☐	☐	☐	☐
Cooperation?	☐	☐	☐	☐
Emotional functioning?	☐	☐	☐	☐
Relationship with adults?	☐	☐	☐	☐
Relationship with parents?	☐	☐	☐	☐
Relationships with other children?	☐	☐	☐	☐

Does this child have any health problems or take any medications for chronic or acute health problems?

☐ Don't know ☐ No ☐ Yes If yes, please specify:

Does this child take medications for emotional or behavioral problems, such as Attention-Deficit/Hyperactivity Disorder?

☐ Don't know ☐ Never

☐ Medication in past (please specify) _____

_____

☐ Current medication (please specify) _____

_____

Is there any other information about the child, the family, school setting or the situation that would be helpful?

What do you think might help this child function better?

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