## Supported Child Development
## Request for Support/Intake - Parents/Guardians

***Child's Name:*** _____ ***Birthdate:***_____

***Today's date***: _____

**What is the best day/time for you to have meetings?** _____

**What is the best place for you to have meetings?** _____

**Do you need child care in order to come to meetings?** Yes No

**PLEASE CALL US IF YOU WOULD LIKE HELP WITH THIS FORM**

*Do you have any concerns about your child's development?*

***No*** ☐ ***Yes*** ☐ *If yes, please describe:*

_____

_____

_____

*When did you first notice concerns?*

_____

_____

_____

*Have you discussed this with the child care setting?* ***Yes*** ☐ ***No*** ☐ *If no, why not?*

_____

_____

*Does your child have a diagnosed allergy, medical condition or disability? Are they on any medications?* ***No*** ☐ ***Yes*** ☐ *If yes, please describe:*

_____

_____

_____

*Is your child involved with any other services/programs or therapies (or have they been in the past)?*

_____

_____

_____

*Are there any cultural or religious beliefs we should know about?*

_____

_____

_____

Shuswap Children's Association ★ Box 2579 ★ Salmon Arm, B.C. ★ V1E4R5
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Child's Name: _____ DOB:_____

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1. ***Please identify the areas of concern – check ☑ all boxes that apply.***
2. ***Please describe concerns.***
3. ***Please tell us any strategies you have used.***

❒ *Social interactions*

_____
_____
_____

❒ *Behaviours –include approximately how many times per day or per week this behaviour occurs*

_____
_____
_____

❒ *Following rules & directions*

_____
_____
_____

❒ *Waiting (e.g. finds it hard to wait for a turn/toy)*

_____
_____
_____

❒ *Communication*

_____
_____
_____

❒ *Transitions (e.g. moving from one activity to another)*

_____
_____
_____

❒ *Playing with friends*

_____
_____
_____

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Child's Name: _____ DOB:_____

❒ *Safety and awareness of environment (e.g. leaves yard, opens gates, runs into the street)* _____

_____

_____

❒ *Attention span (e.g. listening to a story, doing puzzles)*

_____

_____

❒ *Motor development activities & experiences:*

❍ *Fine-motor (e.g. holding spoon, fastening buttons/zippers)*

❍ *Gross-motor (e.g. running, climbing, going up and down stairs)*

❒ *Sensory concerns (e.g. child reacts strongly to different sounds, light, touch):*

_____

_____

_____

❒ *Any other areas of concern not mentioned above (e.g. birth history, eating, sleeping, vision, hearing, anxiety)* _____

_____

_____

***If there was something we could help you with, what would it be?***

_____

_____

_____

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