

MONTGOMERY COUNTY PUBLIC SCHOOLS**History of Early Intervention Services**Prekindergarten/Head Start Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS**DIRECTIONS**

Montgomery County Public Schools (MCPS) Family Service Worker (FSW) completes this form with parent/guardian and reviews for accuracy. Information is used to provide supports for the students.

STUDENT INFORMATION

Child's Name _____ Date of Birth ____/____/____

Do you have any concerns about your child? Check all that apply and give detail in space provided.

- Motor development _____ Speech/language _____
 Behavior _____ Vision/hearing _____
 General health (asthma, allergies, diabetes, seizures, etc.) _____

Will your child require any medication to be administered in school? Yes No

Will your child require any **emergency** medications (epinephrine auto-injectors, inhalers, glucagon, Diastat, nebulized medication) to be administered in school? Yes No (If yes, refer to MCPS Form 565-1, *Student Emergency Information*)

Is your child toilet trained? Yes No Will your child require an special treatment/assistance with toileting (G-tube feedings, catheterizations, etc.) to be administered in school? Yes No

Does your child have a current Individualized Education Program (**IEP**)? Yes No

If yes, attach copy of current IEP. From where? _____

Is your child receiving special services? Yes No

Check all that apply: Preschool Education Program (PEP) Speech OT/PT (physical therapy)
 Preschool Language Class Private Itinerant service (child care of school)

Where is your child receiving these special services? _____

How many times a week? _____

Was your child in the **Infants and Toddlers Program**? Yes No (in home or child care)

If yes, attach copy of current IFSP. From Where? _____

Has your child had any evaluations or tests, such as speech, psychological, developmental, occupational therapy (OT), or physical therapy (PT), etc? When? _____

Have you ever taken your child to a **Child Find Clinic**? Yes No

Do you have an appointment to take your child to a **Child Find Clinic**? Yes No

If yes, when? _____ (Please provide reports)

SIGNATURE

Parent/Guardian Name (Please print) _____

I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Parent/Guardian Signature _____ Date ____/____/____

OFFICE USE ONLY

MCPS ID _____ Current School _____