



Guardian/Caregiver's Particulars (if child is being taken care of by someone other than parents)

Full Name												
Date of Birth		NRIC No.		-								-
Occupation		Education level										
Address												
Contact Number(s)	(Home)				(Office)				(Mobile)			
E-mail Address			Language(s) Spoken									

Siblings (if any)

Full Name	Sex	Date of Birth	Age	School/Occupation

Intervention Team Information / Disclosure

Intervention Type / Professional	Service Provider Name	Contact Information Tel/Fax/E-Mail	Frequency Day/Time/Frequency
Speech / Lang Therapist			
Occupational Therapist			
Home Trainer			
Psychologist / Behaviourist			
Current Preschool/ Playgroup/ Programme	Name of Preschool: Name of Teacher:		

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Distribution	EIP Staff	Owner	Principal	Approved by	Executive Director	ARC(S) Service Area	EIP Service



Section A: CHILD'S GENERAL DAILY SCHEDULE

Time (Example)	Child's Activities	Independent / With Who?	Other Remarks
Morning Wake up: 6.30am Breakfast: 7am Preschool: 8am			
Afternoon Home: 2pm Therapy: 3pm Nap: 5pm Play Time: 6pm			
Evening Dinner: 7pm TV: 8pm Bed Time: 10pm			
Main Caregiver during the Day:			

CHILD'S LIKES, DISLIKES / SPECIAL INTERESTS

Likes	Dislikes	Special Interests / Strengths / Motivators

PARENTS' KEY CONCERNS IN CHILD'S LEARNING

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Section B: SCHOOL FEEDBACK FORM (If Relevant)

Please complete this section in consultation with the child's classroom teacher.

	Yes	No	Comments
Does your child come into the classroom happily, separating from parents?			
Does your child take part in classroom activities willingly?			
Is your child able to sit down during circle time and pay attention?			
Is your child able to sit and do work independently as instructed by the teacher?			
Does your child remember the classroom routines without prompting?			
Does your child look at the teacher when teacher is speaking?			
Does your child look at children in the classroom when they are speaking?			
Does your child understand and follow the teacher's instructions for activities (e.g.: table top, outdoor play, floor activities)?			
Is your child able to answer questions with a reliable Yes/No response?			
Does your child answer questions on subjects which the teacher talks about?			

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	Yes	No	Comments
Does your child start a conversation or shares information with other children?			
Does your child start conversations with other teachers or unfamiliar adults?			
Does your child start conversations or share information with classroom teacher?			
Is your child able to express basic needs (e.g.: asks for help, toilet, drink)?			
Does your child use gestures predominantly to communicate needs e.g.: pull adult's hand?			
Does your child use single words predominantly to communicate needs e.g.: "drink"?			
Does your child use sentences predominantly to communicate needs e.g.: "I don't want"?			
Is your child frustrated by inability to communicate (e.g.: shows temper or physical outbursts)?			
Does your child avoid communication interaction situations (e.g.: very shy/stubborn)?			
<i>Please write the appropriate letter in the box.</i>			Comments
Compared to other children in the same class, does your child communicate: (a) far below normal (b) adequately (c) below normal (d) superior to others			
Communication problems appear to be affecting ability to learn academic skills as a: (a) mild difficulty (b) moderate difficulty (c) severe difficulty			

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