

EVEN START CHILD INTAKE FORM – FY2011

BASIC INFORMATION:

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| First Name: Last Name: Middle Initial: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth: ____ / ____ / ____ MM DD YEAR Ethnicity: Hispanic/Latino Yes ____ No ____ | Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| Country of Birth: | Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intake Date: ____ / ____ / ____ MM DD YEAR | Native Language: |
| Intaker Name: | Other Language(s): |

CONTACT INFORMATION:

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|----------------------|--|
| Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Phone Number: | |

Items in bold are required

EDUCATION:

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|--|---|
| Last Grade/Level Completed in US: | |
| Last Grade/Level Completed in Foreign Country: | |
| Formal educational experiences child had BEFORE enrolling in Even Start (Check all that apply) | <input type="checkbox"/> Infant/toddler program <input type="checkbox"/> Early intervention/early childhood special education (0-2.9) <input type="checkbox"/> Preschool (ages 3-4) <input type="checkbox"/> Head Start <input type="checkbox"/> Kindergarten <input type="checkbox"/> Primary school (grades 1 – 3) <input type="checkbox"/> Upper elementary (grades 4 – 6) <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> None <input type="checkbox"/> Other – list _____ |
| Special services WHILE ENROLLED in Even Start (Check all that apply) | <input type="checkbox"/> Early intervention/early childhood special education (0-2.9) <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> None <input type="checkbox"/> Other – list _____ |

SCHEDULE: July 2011 - August 2011

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| Child Start Date: | |
| End Date: | |
| Start Time: | |
| Days of the Week: | Mon Tues Wed Thurs Fri Sat |
| Hours per Class: | |
| Child's Weeks this Year (Sept-June): | |
| <i>Hours Per Week: (calculated)</i> | <i>Class Hours Per Year: (calculated)</i> |
| Class Focus: for target child (select only 1) | <input type="checkbox"/> Infant Toddler – onsite <input type="checkbox"/> Kindergarten <input type="checkbox"/> Infant Toddler – offsite <input type="checkbox"/> Grade 1 <input type="checkbox"/> Preschool – Public School <input type="checkbox"/> Grade 2 <input type="checkbox"/> Preschool – onsite <input type="checkbox"/> Grade 3 <input type="checkbox"/> Preschool – Private <input type="checkbox"/> Grade 4 <input type="checkbox"/> Family Daycare <input type="checkbox"/> Grade 5 <input type="checkbox"/> Early Start <input type="checkbox"/> Grade 6 <input type="checkbox"/> Head Start |

SCHEDULE: September 2010 - June 2011

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|---|---|
| Child Start Date: | |
| End Date: | |
| Start Time: | |
| Days of the Week: | Mon Tues Wed Thurs Fri Sat |
| Hours per Class: | |
| Child's Weeks this Year (July-Aug): | |
| <i>Hours Per Week (calculated)</i> | <i>Class Hours Per Year: (calculated)</i> |
| Class Focus: for target child (select only 1) | <input type="checkbox"/> Infant Toddler – onsite <input type="checkbox"/> Kindergarten <input type="checkbox"/> Infant Toddler – offsite <input type="checkbox"/> Grade 1 <input type="checkbox"/> Preschool – Public School <input type="checkbox"/> Grade 2 <input type="checkbox"/> Preschool – onsite <input type="checkbox"/> Grade 3 <input type="checkbox"/> Preschool – Private <input type="checkbox"/> Grade 4 <input type="checkbox"/> Family Daycare <input type="checkbox"/> Grade 5 <input type="checkbox"/> Early Start <input type="checkbox"/> Grade 6 <input type="checkbox"/> Head Start |