

## 2021-2022 NSECD Intake Form

(Complete this form for children funded through NSECD only.)

**Confidential:** All information that would identify any individual must be held strictly confidential.

**Instructions:**

- Please complete all of the requested information for the items listed below.
- **All information is to be entered into the Student Profile section on [www.prek1a.org](http://www.prek1a.org).**
- The completed form should remain in each student's file. **Do not return a copy to the NSECD office unless requested.**

**A. Child Identification**

FIRST NAME	MI	LAST NAME

Date of Birth / /                       SSN OR State ID Number:  -  -

**Race: (Check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Black or African American       | <input type="checkbox"/> Haitian                                    |
| <input type="checkbox"/> Hispanic or Latino              | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> White                           | <input type="checkbox"/> Other Race                                 |
| <input type="checkbox"/> American Indian & Alaska Native | <input type="checkbox"/> Asian                                      |
| <input type="checkbox"/> Two or more races               | <input type="checkbox"/> Unknown                                    |

**Gender: (Check one)**     Male     Female

**Language:** \_\_\_\_\_ (Child's Primary Language)

**Disability: (Only Check Identified Disabilities otherwise check None)**

- |  |   |
|--|---|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Speech Impairment            |
| <input type="checkbox"/> Suspect               | <input type="checkbox"/> Autism                       |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Multiple Disabilities        |
| <input type="checkbox"/> Visual Impairment     | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other Health Impairment      |
| <input type="checkbox"/> Mental Retardation    | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Hearing Impairment    | <input type="checkbox"/> Developmental Disability     |
| <input type="checkbox"/> Language Impairment   | <input type="checkbox"/> ADHD                         |
|  | <input type="checkbox"/> Other State Definition _____ |

**B. Child's Educational Classification (Select One)**

Regular Education                       Special Education (not Gifted or Talented)                       Gifted; Talented

**C. Before age 3, did the child receive special services for a special need through Part C or CHILDNET (Early Steps), such as Speech/Language, Physical Therapy, Occupational Therapy or Special Instruction?**

Yes     No

D. Is English the Primary Language Spoken at Home?  Yes  No

E. Indicate the Current Annual Household Income in U.S. Dollars:

Under \$10,000                       \$ 20,000 - \$29,999                       \$ 40,000 - \$49,999  
 \$ 10,000 - \$ 19,999                       \$ 30,000 - 39,999                       \$ Over \$ 50,000

F. Does the Child Qualify for the Free/Reduced Lunch Program? (Select One)

Yes- Free Lunch                       Yes- Reduced Lunch                       No                       Don't Know

G. How many children under the age of 18 currently live in the child's household, including this child?

1    2    3    4    5    6    7    8    9    10 or more

H. What is the Highest Grade in School that the Mother/Primary Guardian Completed?

<input type="checkbox"/> No Mother or Female Guardian	<input type="checkbox"/> Some Education after High School
<input type="checkbox"/> Below 6 <sup>th</sup> grade	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> 7 <sup>th</sup> grade	<input type="checkbox"/> Some education after High School
<input type="checkbox"/> 8 <sup>th</sup> grade	<input type="checkbox"/> Associate or Vocational Degree
<input type="checkbox"/> 9 <sup>th</sup> grade	<input type="checkbox"/> College Graduate
<input type="checkbox"/> 10 <sup>th</sup> grade	<input type="checkbox"/> Some Education after College
<input type="checkbox"/> 11 <sup>th</sup> grade	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> 12 <sup>th</sup> grade	<input type="checkbox"/> Don't Know
<input type="checkbox"/> GED	<input type="checkbox"/> Other

I. What is the Highest Grade in School that the Father/ Secondary Guardian Completed?

<input type="checkbox"/> No Father or Male Guardian	<input type="checkbox"/> Some Education after High School
<input type="checkbox"/> Below 6 <sup>th</sup> grade	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> 7 <sup>th</sup> grade	<input type="checkbox"/> Some education after High School
<input type="checkbox"/> 8 <sup>th</sup> grade	<input type="checkbox"/> Associate or Vocational Degree
<input type="checkbox"/> 9 <sup>th</sup> grade	<input type="checkbox"/> College Graduate
<input type="checkbox"/> 10 <sup>th</sup> grade	<input type="checkbox"/> Some Education after College
<input type="checkbox"/> 11 <sup>th</sup> grade	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> 12 <sup>th</sup> grade	<input type="checkbox"/> Don't Know
<input type="checkbox"/> GED	<input type="checkbox"/> Other

J. Was the Child in any type of Non-Parental Care for a Period of 6 months or Longer before Entering the Pre-Kindergarten Program?  Yes  No

If yes, indicate type of child care used for 6 months or longer since birth:

<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Registered family day care
<input type="checkbox"/> Care Center in a church	<input type="checkbox"/> At child's home with relative
<input type="checkbox"/> Early Head Start (for ages 0-2)	<input type="checkbox"/> At relative's home
<input type="checkbox"/> Head Start	<input type="checkbox"/> At neighbor's home
<input type="checkbox"/> At Child's home with paid babysitter	<input type="checkbox"/> Other (Specify: _____)

Name of School/Center: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_