

Early On[®] Oakland

Intake Interview Form

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|---------------|----------------|-------|
| Child's Name: | Date of Birth: | Date: |
|---------------|----------------|-------|

Family Concerns, Priorities and Resources

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|---------------------|--------------------|
| Person Interviewed: | Date of Interview: |
|---------------------|--------------------|

Section 1: So we can serve you and your family well, we would like to learn about your child's daily routines.
☐ Check box, and attach report, if information in this section is provided in developmental history.

Tell me about your child. How would you describe your child's personality?

What is your child's typical day like? Who is he/she usually with? What does he/she play with? What are meal times / bath times / dressing times like?

On most days, what part of the day is the most enjoyable? The most difficult?

How does your child get along with people? With you? With others?

Is there anything about your child that worries you?