NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY
SERVICE RECORD

Please correct label if information is incorrect or missing.

Please complete this Service Record for this child and family.

Please report **all** the early intervention services provided to this child and family from **any** source during **the past 6 months**. (A list of early intervention services accompanies this form.)

Following the questions on current enrollment status and services for the child and family, there are questions about each setting in which services may have been provided to them.

You are asked to complete only the pages for settings in which services were provided to this child or family in the past 6 months.

The final brief section concerning the child's delay or impairment and outcomes should be completed for **all** children.

Please continue inside

Questions? Phone the NEILS Hotline toll free: 1-800-682-9319

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a request for information unless it displays a valid OMB control number. The valid OMB control number for this survey is: 1820-0616. The time required to respond to request is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and submit the information. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Ddepartment of Education, Office of Special Education Programs, Washington, D.C. 20202-4651 or call 202-205-9364. Approval expires December 31, 2003.

Current Enrollment Status

1a. Is this child still enrolled in early intervention in your community?

1 Yes → **PLEASE GO TO QUESTION 2 ON THE NEXT PAGE.**

2 No **PLEASE CONTINUE WITH 1b BELOW.**

b. What was the approximate date of the child's or family's last early intervention service?

_____ / _____ / _____
MM DD YY

c. What was the **main** reason for their leaving early intervention? *PLEASE CIRCLE **ONE** NUMBER.*

1 Family moved away. Please indicate any available new location information for the family on the label on the cover and provide program information below:

New program/provider: _____

City/State: _____

2 Family discontinued service (e.g., no longer interested)

3 Child changed household or custody (e.g., changed foster family). Please update label on the cover.

4 Repeated attempts to contact family were unsuccessful

5 Child was no longer eligible for service

6 Child is deceased

7 Other (please specify): _____

8 Don't know

PLEASE CONTINUE ON THE NEXT PAGE, ANSWERING FOR THE TIME THE CHILD WAS ENROLLED IN EARLY INTERVENTION DURING THE PAST 6 MONTHS.

Services Summary

2. Which of the following early intervention services were provided for this child or family in the past 6 months? *PLEASE CIRCLE **ALL** THAT APPLY.* (See accompanying list for service definitions.)

0	None; they did not receive any of these services in the past 6 months.
1	Assistive technology services/devices
2	Audiology
3	Behavior management services
4	Developmental monitoring
5	Family counseling/mental health counseling
6	Family training
7	Other family support
8	Genetic counseling/evaluation
9	Health services
10	Medical diagnosis/evaluation
11	Nursing services
12	Nutrition services
13	Occupational therapy
14	Physical therapy
15	Psychological or psychiatric services
16	Respite care
17	Service coordination
18	Social work services
19	Special instruction for the child
20	Speech/language therapy
21	Translation services (interpreter)
22	Transportation and/or related costs
23	Vision services
24	Other: _____

3. In which of the following settings did this child or family receive any early intervention services in the past 6 months? *PLEASE CIRCLE **ALL** THAT APPLY.*

1 The family's home

2 A family day care or preschool/nursery school setting

3 A specialized center-based early intervention program

4 A clinic or office (e.g., hospital-based clinic, therapist's office)

5 Another setting (e.g., inpatient services in a hospital). Please specify: _____

_____

Services in the Family's Home

4. In the past 6 months, did this child or family receive any early intervention services *in their home*?

   1 Yes **PLEASE CONTINUE WITH QUESTION 5 BELOW.**

   2 No → **PLEASE GO TO QUESTION 10, PAGE 5.**

5. Were their in-home services focused mainly on the child, mainly on the adult(s), or on both the child and adult(s)? *PLEASE CIRCLE **ONE** NUMBER.*

   1 Mainly child-focused

   2 Mainly adult-focused

   3 Focused on **both** the child and adult(s)

6. For how many of the past 6 months was this child or family scheduled to receive any early intervention services in their home? *PLEASE WRITE IN NUMBER OF MONTHS FOR WHICH SERVICES WERE SCHEDULED.*

   _____ Number of months

7. Over the number of months recorded in question 6, about how many total minutes were the child or family scheduled to have **any** early intervention service provider visit their home? *PLEASE WRITE IN MINUTES FOR APPLICABLE TIME FRAME(S) OF SERVICE OR CIRCLE DK. **Example:** for 1 hour per week of speech therapy, 1 hour per month of nutrition services, and a half hour during the period with an audiologist, write 60 in the box for per week, 60 in the box for per month, and 30 in the box for the entire period.*

Minutes per week:	Minutes per month:	Minutes in the entire period:	DK Don't know

8. Over the number of months recorded in question 6, about what percentage of time scheduled for in-home services did this child or family **not** receive services? ***Example:** if the family missed 1 of 3 sessions, record 33% (1 is 33% of 3 scheduled sessions). Or, if 6 months of services were scheduled but they started 3 months later than planned, record 50% (3 months is 50% of 6 months of scheduled service). PLEASE GIVE YOUR BEST ESTIMATE.*

   _____ % of scheduled service time not received

   DK Don't know

9a. In *Part A*, please circle the code(s) for each person who was scheduled to provide services to this child or family in their home during the number of months recorded in question 6.

b. In *Part B*, for each person circled under "A", please write in the minutes of service either per week, per month, or in the entire period that were scheduled for this child or family in their home.

*FOR EACH PERSON CIRCLED IN "A", ENTER MINUTES IN **ONE** COLUMN UNDER "B".*

	A	**B**		
	Scheduled to Serve?	Minutes Per Week	Minutes Per Month	Minutes the Entire Period
Audiologist	1			
Behavior therapist	2			
Child development/infant specialist	3			
Family support specialist	4			
Family therapist/mental health professional	5			
Nurse	6			
Nutritionist	7			
Occupational therapist	8			
Occupational therapist assistant	9			
Orientation/mobility specialist	10			
Paraprofessional	11			
Parent (other than parent of this child)	12			
Pediatrician	13			
Physical therapist	14			
Physical therapist assistant	15			
Physician (other than pediatrician)	16			
Psychologist/psychiatrist	17			
Service coordinator	18			
Social worker	19			
Special educator	20			
Speech/language therapist/pathologist	21			
Vision specialist	22			
Other: _____	23			

Please go to next page.

Services in a Family Day Care or Preschool/Nursery School

10. In the past 6 months, were any early intervention services provided for this child or family *in a preschool, nursery school, or family day care setting*?

1 Yes **PLEASE CONTINUE WITH QUESTION 11 BELOW.**

2 No → **PLEASE GO TO QUESTION 16, PAGE 7.**

11. Were early intervention services in this setting offered to this child or family 1-to-1, in a group, or through a combination of the two? If in a group, how many were usually in the group? *PLEASE CIRCLE **ONE** CODE. WRITE IN GROUP SIZE IF APPROPRIATE.*

1 Services provided only 1-to-1

2 Services provided mainly 1-to-1; some in a group

3 Services provided mainly in a group; some 1-to-1

4 Services provided only in a group

} Usual group size: _____

12. For how many of the past 6 months was this child or family scheduled to receive any early intervention services in a preschool, nursery school, or family day care setting? *PLEASE WRITE IN NUMBER OF MONTHS FOR WHICH SERVICES WERE SCHEDULED.*

_____ Number of months

13. Over the number of months recorded in question 12, about how many total minutes of early intervention services were scheduled in this setting for this child and family? *PLEASE WRITE IN MINUTES FOR APPLICABLE TIME FRAME(S) OF SERVICE OR CIRCLE DK.* ***Example:*** *for 1 hour of therapy per week in a day care home, 1 hour per month of consultation with the child care provider, and a half hour in the period with an audiologist, write 60 in the box for per week, 60 in the box for per month, and 30 in the box for the entire period.*

Minutes per week:	Minutes per month:	Minutes in the entire period:	DK Don't know

14. Over the number of months recorded in question 12, about what percentage of time scheduled for services in this setting did this child or family **not** receive services? ***Example:*** *if the child missed 1 of every 3 sessions in this setting, record 33% (1 is 33% of 3 scheduled sessions). Or, if 6 months of services were scheduled but they started 3 months later than planned, record 50% (3 months is 50% of 6 months of scheduled service). PLEASE GIVE YOUR BEST ESTIMATE.*

_____% of scheduled service time not received

DK Don't know

15a. *In Part A*, please circle the code(s) for each person who was scheduled to provide services to this child or family in this setting during the number of months recorded in question 12.

b. In *Part B*, for each person circled under "A", please write in the minutes of service either per week, per month, or in the entire period that were scheduled for this child or family in this setting.

*FOR EACH PERSON CIRCLED IN "A", ENTER MINUTES IN **ONE** COLUMN UNDER "B".*

	A	**B**		
	Scheduled to Serve?	Minutes Per Week	Minutes Per Month	Minutes the Entire Period
Audiologist	1			
Behavior therapist	2			
Child development/infant specialist	3			
Family support specialist	4			
Family therapist/mental health professional	5			
Nurse	6			
Nutritionist	7			
Occupational therapist	8			
Occupational therapist assistant	9			
Orientation/mobility specialist	10			
Paraprofessional	11			
Parent (other than parent of this child)	12			
Pediatrician	13			
Physical therapist	14			
Physical therapist assistant	15			
Physician (other than pediatrician)	16			
Psychologist/psychiatrist	17			
Service coordinator	18			
Social worker	19			
Special educator	20			
Speech/language therapist/pathologist	21			
Vision specialist	22			
Other: _____	23			

Please go to next page.

Specialized Center-Based Early Intervention Services

16. In the past 6 months, were any services provided for this child or family *in a specialized center-based early intervention program*?

1 Yes **PLEASE CONTINUE WITH QUESTION 17 BELOW.**

2 No → **PLEASE GO TO QUESTION 23, PAGE 9.**

17. Were early intervention services in this setting offered to this child 1-to-1, in a group, or through a combination of the two? If in a group, how many children were usually in the group? *PLEASE CIRCLE **ONE** CODE. WRITE IN GROUP SIZE IF APPROPRIATE.*

1 Services provided only 1-to-1

2 Services provided mainly 1-to-1; some in a group

3 Services provided mainly in a group; some 1-to-1

4 Services provided only in a group

} Usual group size: _____

18. Were their center-based services focused mainly on the child, on the adult(s), or on both the child and adult(s)? *PLEASE CIRCLE **ONE** NUMBER.*

1 Mainly child-focused

2 Mainly adult-focused

3 Focused on both the child and adult(s)

19. For how many of the past 6 months was this child or family scheduled to receive any center-based early intervention services? *PLEASE WRITE IN NUMBER OF MONTHS FOR WHICH SERVICES WERE SCHEDULED.*

_____ Number of months

20. Over the number of months recorded in question 19, about how many total minutes was this child or family scheduled to participate in specialized center-based services? *PLEASE WRITE IN MINUTES FOR APPLICABLE TIME FRAME(S) OF SERVICE OR CIRCLE DK.* ***Example:*** *for a child who was scheduled to attend a center-based program 2 hours per day 2 days per week, a parent who attended 1 hour per month, and a half hour in the period with an audiologist, write 240 in the box for per week, 60 in the box for per month, and 30 in the box for the entire period.*

Minutes per week:	Minutes per month:	Minutes in the entire period:	DK Don't know

21. Over the number of months recorded in question 19, about what percentage of time scheduled for center-based services did this child or family **not** receive services? ***Example:*** *if the child missed 1 of every 3 sessions, record 33% (1 is 33% of 3 scheduled sessions). Or, if 6 months of services were scheduled but they started 3 months later than planned, record 50% (3 months is 50% of 6 months of scheduled service). PLEASE GIVE YOUR BEST ESTIMATE.*

_____% of scheduled service time not received

DK Don't know

22a. *In Part A*, please circle the code(s) for each person who was scheduled to provide services to this child or family in a center-based early intervention program during the number of months recorded in question 19.

b. In *Part B*, for each person circled under "A", please write in the minutes of center-based service either per week, per month, or in the entire period that were scheduled for this child or family.

*FOR EACH PERSON CIRCLED IN "A", ENTER MINUTES IN **ONE** COLUMN UNDER "B".*

	A	**B**		
	Scheduled to Serve?	Minutes Per Week	Minutes Per Month	Minutes the Entire Period
Audiologist	1			
Behavior therapist	2			
Child development/infant specialist	3			
Family support specialist	4			
Family therapist/mental health professional	5			
Nurse	6			
Nutritionist	7			
Occupational therapist	8			
Occupational therapist assistant	9			
Orientation/mobility specialist	10			
Paraprofessional	11			
Parent (other than parent of this child)	12			
Pediatrician	13			
Physical therapist	14			
Physical therapist assistant	15			
Physician (other than pediatrician)	16			
Psychologist/psychiatrist	17			
Service coordinator	18			
Social worker	19			
Special educator	20			
Speech/language therapist/pathologist	21			
Vision specialist	22			
Other: _____	23			

Please go to next page.

Early Intervention Services Provided in a Clinic/Office

23. In the past 6 months, were any services provided for this child or family in a *clinic or provider's office* (e.g., hospital-based clinic, therapist's office)?

1 Yes **PLEASE CONTINUE WITH QUESTION 24 BELOW.**

2 No → **PLEASE GO TO QUESTION 30, PAGE 11.**

24. Were early intervention services in this setting offered to this child or family 1-to-1, in a group, or through a combination of the two? If in a group, how many were usually in the group? *PLEASE CIRCLE **ONE** CODE. WRITE IN GROUP SIZE IF APPROPRIATE.*

1 Services provided only 1-to-1

2 Services provided mainly 1-to-1; some in a group

3 Services provided mainly in a group; some 1-to-1

4 Services provided only in a group

Usual group size: _____

25. Were their early intervention services in a clinic/office focused mainly on the child, on the adult(s), or on both the child and adult(s)? *PLEASE CIRCLE **ONE** NUMBER.*

1 Mainly child-focused

2 Mainly adult-focused

3 Focused on both the child and adult(s)

26. For how many of the past 6 months was this child or family scheduled to receive any intervention services in a clinic/office setting? *PLEASE WRITE IN NUMBER OF MONTHS FOR WHICH SERVICES WERE SCHEDULED.*

_____ Number of months

27. Over the number of months recorded in question 26, about how many total minutes of clinic/office services were scheduled for this child or family? *PLEASE WRITE IN MINUTES FOR APPLICABLE TIME FRAME(S) OF SERVICE OR CIRCLE DK. **Example:** for a child who was scheduled to attend a clinic 1 hour per week, a parent who attended a counseling session 1 hour per month, and a half hour in the period with an audiologist, write 60 in the box for per week, 60 in the box for per month, and 30 in the box for the entire period.*

Minutes per week:	Minutes per month:	Minutes in the entire period:	DK Don't know

28. Over the number of months recorded in question 26, about what percentage of time scheduled for clinic/office services in the past 6 months did this child or family **not** receive services? ***Example:** if the child missed 1 of 3 sessions, record 33% (1 is 33% of 3 scheduled sessions). Or, if 6 months of services were scheduled but they started 3 months later than planned, record 50% (3 months is 50% of 6 months of scheduled service). PLEASE GIVE YOUR BEST ESTIMATE.*

_____% of scheduled service time not received

DK Don't know

29a. *In Part A*, please circle the code(s) for each person who was scheduled to provide service to this child or family in this setting during the number of months recorded in question 26.

b. In *Part B*, for each person circled under "A", please write in the minutes of clinic/office service either per week, per month, or in the entire period that were scheduled for this child or family.

*FOR EACH PERSON CIRCLED IN "A", ENTER MINUTES IN **ONE** COLUMN UNDER "B".*

	A	**B**		
	Scheduled to Serve?	Minutes Per Week	Minutes Per Month	Minutes the Entire Period
Audiologist	1			
Behavior therapist	2			
Child development/infant specialist	3			
Family support specialist	4			
Family therapist/mental health professional	5			
Nurse	6			
Nutritionist	7			
Occupational therapist	8			
Occupational therapist assistant	9			
Orientation/mobility specialist	10			
Paraprofessional	11			
Parent (other than parent of this child)	12			
Pediatrician	13			
Physical therapist	14			
Physical therapist assistant	15			
Physician (other than pediatrician)	16			
Psychologist/psychiatrist	17			
Service coordinator	18			
Social worker	19			
Special educator	20			
Speech/language therapist/pathologist	21			
Vision specialist	22			
Other: _____	23			

Please go to next page.

Early Intervention Services Provided in Another Setting

30. In the past 6 months, were any services provided for this child or family in a *setting not described so far*?

1 Yes **PLEASE CONTINUE WITH QUESTION 31 BELOW.**

2 No → **PLEASE GO TO QUESTION 37, PAGE 13.**

31. Were early intervention services in this/these setting(s) offered to this child or family 1-to-1, in a group, or through a combination of the two? If in a group, how many were usually in the group? *PLEASE CIRCLE **ONE** CODE. WRITE IN GROUP SIZE IF APPROPRIATE.*

1 Services provided only 1-to-1

2 Services provided mainly 1-to-1; some in a group

3 Services provided mainly in a group; some 1-to-1

4 Services provided only in a group

} Usual group size: _____

32. Were their early intervention services in this/these setting(s) focused mainly on the child, on the adult(s), or on both the child and adult(s)? *PLEASE CIRCLE **ONE** NUMBER.*

1 Mainly child-focused

2 Mainly adult-focused

3 Focused on both the child and adult(s)

33. For how many of the past 6 months was this child or family scheduled to receive any intervention services in this/these setting(s)? *PLEASE WRITE IN NUMBER OF MONTHS FOR WHICH SERVICES WERE SCHEDULED.*

_____ Number of months

34. Over the number of months recorded in question 33, about how many total minutes of services were scheduled in this/these setting(s) for this child or family? *PLEASE WRITE IN MINUTES FOR APPLICABLE TIME FRAME(S) OF SERVICE OR CIRCLE DK.* ***Example:*** for a child who was scheduled for 1 hour per week of service in this/these setting(s), a parent for 1 hour per month, and a half hour in the period with an audiologist, write 60 in the box for per week, 60 in the box for per month, and 30 in the box for the entire period.

Minutes per week:	Minutes per month:	Minutes in the entire period:	DK Don't know

35. Over the number of months recorded in question 33, about what percentage of time scheduled for services in this/these setting(s) did this child or family **not** receive services? ***Example:*** *if the child missed 1 of 3 sessions, record 33% (1 is 33% of 3 scheduled sessions). Or, if 6 months of services were scheduled but they started 3 months later than planned, record 50% (3 months is 50% of 6 months of scheduled service). PLEASE GIVE YOUR BEST ESTIMATE.*

_____% of scheduled service time not received

DK Don't know

36a. *In Part A*, please circle the code(s) for each person who was scheduled to provide services to this child or family in this/these setting(s) during the number of months recorded in question 33.

b. In *Part B*, for each person circled under "A", please write in the minutes of service either per week, per month, or in the entire period that were scheduled for this child or family in this/these setting(s).

*FOR EACH PERSON CIRCLED IN "A", ENTER MINUTES IN **ONE** COLUMN UNDER "B".*

	A	**B**		
	Scheduled to Serve?	Minutes Per Week	Minutes Per Month	Minutes the Entire Period
Audiologist	1			
Behavior therapist	2			
Child development/infant specialist	3			
Family support specialist	4			
Family therapist/mental health professional	5			
Nurse	6			
Nutritionist	7			
Occupational therapist	8			
Occupational therapist assistant	9			
Orientation/mobility specialist	10			
Paraprofessional	11			
Parent (other than parent of this child)	12			
Pediatrician	13			
Physical therapist	14			
Physical therapist assistant	15			
Physician (other than pediatrician)	16			
Psychologist/psychiatrist	17			
Service coordinator	18			
Social worker	19			
Special educator	20			
Speech/language therapist/pathologist	21			
Vision specialist	22			
Other: _____	23			

Please go to next page.

Other Issues

37. Which of the following early intervention service providers consulted with each other about this child or family in the past 6 months? *PLEASE CIRCLE **ALL** THAT APPLY.*

0	None. There was no consultation among providers about this child or family.	12	Parent (other than parent of this child)
1	Audiologist	13	Pediatrician
2	Behavior therapist	14	Physical therapist
3	Child development/infant specialist	15	Physical therapist assistant
4	Family support specialist	16	Physician (other than pediatrician)
5	Family therapist/mental health professional	17	Psychologist/psychiatrist
6	Nurse	18	Service coordinator
7	Nutritionist	19	Social worker
8	Occupational therapist	20	Special educator
9	Occupational therapist assistant	21	Speech/language therapist/pathologist
10	Orientation/mobility specialist	22	Vision specialist
11	Paraprofessional	23	Other: _____

38. Did any early intervention service provider consult with a family day care provider or preschool/nursery school teacher about activities or services that could be undertaken by the day care provider or teacher for this child?

1 Yes

2 No

8 Don't know

39. If any services scheduled for this child or family in the past 6 months were not provided or received (i.e., were missed), which of the following reasons help explain why? *PLEASE CIRCLE **ALL** THAT APPLY.*

0 No services were missed in the past 6 months.

1 Reasons related to the child (e.g., child was sick).

2 Reasons related to the family (e.g., transportation problems, parent forgot appointment).

3 Reasons related to the program or service provider (e.g., provider illness, staff not available).

8 Don't know

40. Please indicate the extent to which this child **now** has a delay or impairment in each of the areas listed below relative to typically developing children of the same age. *PLEASE CIRCLE **ONE** NUMBER ON **EACH** LINE; DO NOT LEAVE ANY LINE BLANK.*

	Degree of Child's Delay or Impairment				
	None	Mild	Moderate	Severe	Don't Know
Gross motor development/functioning	1	2	3	4	8
Fine motor development/functioning	1	2	3	4	8
Social development	1	2	3	4	8
Receptive language	1	2	3	4	8
Expressive language	1	2	3	4	8
Cognitive development	1	2	3	4	8
Self-help skills, independent skills	1	2	3	4	8
Vision	1	2	3	4	8
Hearing	1	2	3	4	8

41. Which of the following statements best describes the progress this child has made in the past 6 months toward the outcomes specified in the IFSP? *PLEASE CIRCLE **ONE** NUMBER.*

The child has:

1 Made more progress than expected toward the outcomes in the IFSP.

2 Made about as much progress as expected toward the outcomes in the IFSP.

3 Made less progress than expected toward the outcomes in the IFSP.

8 Don't know

42. Please circle below all the services that you believe the child and family will need after leaving early intervention. *PLEASE CIRCLE **ALL** THAT APPLY.*

0 None
1 Assistive technology services/devices
2 Audiology
3 Behavior management services
4 Consultation with family day care or preschool/nursery school provider(s)
5 Consultation among early intervention service providers
6 Developmental monitoring
7 Family counseling/mental health counseling
8 Family training
9 Other family support
10 Genetic counseling/evaluation
11 Health services
12 Medical diagnosis/evaluation
13 Nursing services
14 Nutrition services
15 Occupational therapy
16 Physical therapy
17 Psychological or psychiatric services
18 Respite care
19 Service coordination
20 Social work services
21 Special instruction for the child
22 Speech/language therapy
23 Translation services (interpreter)
24 Transportation and related costs
25 Vision services
26 Other. Please specify: _____
_____

43. Will the child be receiving special education or related services through the local school system after leaving early intervention? PLEASE CIRCLE ONE NUMBER.

1 Yes. Name of school district: _____

2 No, the child does not meet special education eligibility criteria.

3 No, the child is eligible, but the family is not interested in the child receiving special education services.

4 No, the child is not going into special education for other reasons. Please describe:

_____

5 The child's special education eligibility or placement has not yet been determined.

8 Don't know

Please provide your name and telephone and fax number below so that we can contact you if we have questions, and return this form in the envelope provided to:

NEILS
SRI International, Room B-S129
333 Ravenswood Ave.
Menlo Park, CA 94025

PLEASE PRINT

Your name: _____

Agency name: _____

Phone: ( ) - _____ Fax: ( ) - _____

Date completed: ____ / ____ / ____
MM DD YY

THANK YOU FOR THIS IMPORTANT INFORMATION.

Questions? Phone the NEILS Hotline toll free: 1-800-682-9319