

Matrix of Services Needs Intake Form

18-36 Months

CHILD INFORMATION

Date: _____

Student's Name: _____ Date of Birth: _____ Age: _____
Last First Middle

Adjusted Age: _____ Gender: Male Female

Address: _____
City State Zip

Phone: _____ Language(s) Spoken at Home: _____

FAMILY INFORMATION

Parent or Guardian's Name: _____ Preferred Language: _____
Last First Middle

Address: _____
City State Zip

Home Phone: _____ Alternate Phone: _____

CHILD BACKGROUND INFORMATION

Has the child been formally evaluated and/or diagnosed with any of the following?

Yes No

If yes, please provide name of person/agency: _____

Date of last evaluation: _____ Referral: Yes No

<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Autism
<input type="checkbox"/> Emotional Disabled	<input type="checkbox"/> Intellectually Disabled
<input type="checkbox"/> Hearing Impairment (including /deafness)	<input type="checkbox"/> Visual Impairment (including blindness)
<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Physically Impaired
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Other _____

Does the student have an IEP/IFSP? Yes No Does the center have a copy? Yes No
 If so, please attach.

EARLY CARE AND EDUCATION CENTER

Provider: _____ Director's Name: _____

Participating in Quality Counts? Yes No

Site Address: _____
City State Zip

Phone: _____ Fax: _____ Email: _____

License# _____ Effective Date of License: _____ Licensed Capacity: _____

Student/ Teacher Ratio in student's class: _____

No. of days student attends center: _____ Specify Days: _____

No. of hours student attends center: _____ Start Time: _____ End Time: _____

Matrix of Services 18-36 Months

Child's name: _____ DOB: _____ Chronological Age: _____ Center: _____ Adjusted Age: _____

	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
A. Personal / Social						
Plays alongside peer(s) for an age-appropriate length of time						
Calms self with age-appropriate behavior						
Participates in group activities						
Plays appropriately with toys						
Seeks adult help when needed						
Total:						

	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
B. Independent Functioning						
Follows simple daily routine						
Tries to do things for himself/herself						
Feeds self						
Ambulates and/or moves about						
Transitions from one activity to another						
Total:						

	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
C. Communication						
Uses language to express wants and needs						
Asks questions to gain information						
Answers simple "Wh" questions (who and what)						
Engages in turn-taking conversation during play						
Imitates actions or words during play						
Total:						

	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
D. Motor						
Total:						

****Complete this section only if child demonstrates any of the following behaviors:**

	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
E. Preventive Supports Needed						
Injuries to others						
Property destruction						
Self-injury						
Other serious behavior issue(s)- Specify:						
Total:					<input type="text"/>	

Rating Key			
<p>No Support = 0</p> <ul style="list-style-type: none"> ▪ Requires no services or assistance beyond that which is normally available to all students 	<p>Minimal Support = 1</p> <ul style="list-style-type: none"> ▪ monitoring ▪ verbal prompt ▪ gestural prompt ▪ demonstration 	<p>Moderate Support = 2</p> <ul style="list-style-type: none"> ▪ teacher proximity ▪ physical prompt ▪ picture cards ▪ individual schedule 	<p>Intensive Support = 3</p> <ul style="list-style-type: none"> ▪ hand over hand ▪ physical assistance ▪ voice output device ▪ sign language as primary ▪ assistive technology or low vision aids

Individual Support Needs Rating Sheet 18-36 months

Child's name: _____ DOB: _____ Adjusted Age: _____ Center: _____

A-D: Individual Support Needs	
Enter the total scores for each area	
Areas	Total Scores
A. Personal / Social	
B. Independent functioning	
C. Communication	
D. Motor	
Total:	

Level of Support (A-D only)	Score	Consultative Guidelines
Universal Practices	0	
Minimal Support	1-20	1x per week for 2 weeks / 1x monthly consultation for 3 months
Moderate Support	21-44	1x per week for 4 weeks / 2x monthly consultation for 3-6 months
Intensive Support	45-60	1x per week for 4 weeks / weekly consultation for 3-6 months

E: Exceptional Behavior Support Needs	
Enter the total scores for each area	
Areas	Total Scores
E. Preventive Supports Needed	
Total:	

Level of Support (E only)	Score	Consultative Guidelines
No Support (Universal Practices)	0	
Minimal Support	1-5	1x per week for 2 weeks / 1x monthly consultation for 3 months
Moderate Support	6-9	1x per week for 4 weeks / 2x monthly consultation for 3-6 months
Intensive Support	10-12	1x per week for 4 weeks / weekly consultation for 3-6 months

Based on the screening results, teacher interview and classroom observation:

- _____ appears to be age appropriate and no follow-up is needed at this time
- _____ referral to FDLRS or other community intervention will benefit progress
- _____ individual support plan will benefit this child's progress

Parent or Legal Guardian's Signature / Date

Print Name

Consultant Signature / Date

Print Name

Teacher Signature / Date

Print Name

Director Signature / Date

Print Name