

## 2012-2013 NSECD Intake Form

(Complete only for children funded through NSECD)

---

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

**Instructions:** Please complete all of the requested information for the items listed below (B, C & D are to be completed by the teacher when entering data on [www.nsecd.org](http://www.nsecd.org)). Please attach a copy to the student application before mailing to the NSECD Office.

A. **Child Identification** (If both the social security (SSN) and state identification number are available, please provide the SSN).

**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. **Test Administrator's Name:** \_\_\_\_\_

**MM/DD/YY**

C. **Entry Date:** \_\_\_/\_\_\_/\_\_\_

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

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

E. **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

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

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

<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$ 20,000 - \$29,999	<input type="checkbox"/> \$ 40,000 - \$49,999
<input type="checkbox"/> \$ 10,000 - \$ 19,999	<input type="checkbox"/> \$ 30,000 - 39,999	<input type="checkbox"/> \$ Over \$ 50,000

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

Yes- Free Lunch                       Yes- Reduced Lunch                       No

I. **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

J. **What is the Highest Grade in School that the Mother/Female 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

K. **What is the Highest Grade in School that the Father/ Male 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

L. **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:** \_\_\_\_\_

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