



Initial Child Study Profile

Talked to Parent On: _____ Gained Consent on (Date) _____

Child Name _____ DOB _____

1. What jumped out at you about this child as you reviewed their Risk Factor Form and Child Plus information?

Child Strengths:

- 1.
- 2.
- 3.

Child/Family Information

(If unknown, write unknown but make an attempt to find the information before the Child Study meeting).

1. What is the child's ASQSE score? _____
2. What are the child's sleep patterns (home and school)?
3. What is the child's predictable routine at home?
4. Did the child receive Early On Services?
5. Has the child/family received community based services in the past? (Lifeways, Community Mental Health) _____ If so, for what?
6. Has there been CPS involvement or removal from the home?

Concerns: Please list concerns you have for this child's academic/behavior Impact their ability to learn

- 1.
- 2.
- 3.

Interventions Attempted: Please describe the interventions (including frequency and duration) you have tried in the classroom along with the outcomes.

- 1.
- 2.
- 3.

Describe ongoing parent communication regarding the concerns.

