EARLY CHILDHOOD INTERVENTION PROGRAM
SISSETON-WAHPETON OYATE
PO Box 509 12554 BIA HWY 711
AGENCY VILLAGE, SD 57262
Ph: 605-698-4400 Fax: 605-698-4429

INTAKE FORM

Date:_____

CHILD INFORMATION

Child Name:_____ Also Known As:_____

DOB:_____ Male ( ) Female ( ) Weight:_____ Length when born or height now:_____

Which hospital he/she born at:_____ Normal birth ( ) Premature ( )

Breech Birth ( ) C-Section ( ) High Risk ( ) Number of weeks pregnant:_____

Any other medical reasons? Please explain:_____

Medicaid? Yes ( ) No ( ) If yes, where? City and State:_____

PARENT INFORMATION

Mother:_____ DOB:_____

Are you a Tribal member: Yes ( ) No ( )

Where are you enrolled?_____

Mailing Address:_____

Resident Address:_____

Phone:_____ Cell:_____

Father:_____ DOB:_____

Are you a Tribal member: Yes ( ) No ( )

Where are you enrolled?_____

Mailing Address:_____

Resident Address:_____

Phone:_____ Cell:_____

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*Guardian:*_____

*Mailing Address:*_____

*Resident Address:*_____

*Phone:*_____ *Cell:*_____

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Does your children receive special education services? Yes ( ) No ( )

If yes, list services:_____

Have any of your children been diagnosed with any physical or medical conditions that could cause a delay in growth or development? Yes ( ) No ( )

Explain:_____

CONSENT FOR ONGOING SCREENING, DATA COLLECTION AND PARTICIPATION IN THE EARLY CHILDHOOD INTERVENTION PROGRAM

I, _____, give permission to the Early Childhood Intervention Program (ECIP) for on-going monitoring of my child's development. This monitoring will include periodic screenings.

If at any time, ECIP feels that your child is in need of a formal evaluation for possible special education services and supports, we will refer your child to the local school and/or educational cooperative. Further formal testing will not occur without your permission. If my child is placed on an Individual Family Services Plan (IFSP) or an Individual Education Plan (IEP), I am allowing those records to be shared with the Early Childhood Intervention Program.

Child's Name:_____ Child's Birthdate:_____

Parent/Guardian Signature:_____ Date:_____

ECIP Staff Member Signature:_____

Entered in Data Base by:_____

Date :_____