



Birth-3 Team Input

TODAY'S DATE: _____

CHILD'S NAME: _____ DOB: _____

NAME OF PERSON FILLING OUT FORM: _____

ROLE/JOB OF PERSON FILLING OUT FORM: _____

Check the services this child receive through Birth to 3?

Speech OT Special Education PT Infant Mental Health

Other: _____

Has there been a change in services or intensity of services since the child started Birth to 3?

Select the behaviors that your team is <i>currently</i> seeing (check boxes to select more than 1 per category):	Details (of those chosen or others not included)
Communication: <input type="checkbox"/> No attempts to communicate/Doesn't seem to understand they can do so <input type="checkbox"/> Repetitive/unusual vocal (including echo/stereotyped) <input type="checkbox"/> Lack of conversation skills <input type="checkbox"/> Word approximations/no single words <input type="checkbox"/> Simple words <input type="checkbox"/> Simple phrases	
Play: <input type="checkbox"/> Does not play with toys <input type="checkbox"/> Lines up toys <input type="checkbox"/> Plays with only parts of toys <input type="checkbox"/> Closely examines things <input type="checkbox"/> No pretend play <input type="checkbox"/> Does not invite others to play <input type="checkbox"/> Ignores the invitations of others <input type="checkbox"/> Prefers to play alone	
Social: <input type="checkbox"/> Limited response to name <input type="checkbox"/> Limited eye contact <input type="checkbox"/> Limited sharing interests (showing, pointing things out) <input type="checkbox"/> Treats unfamiliar and familiar people similarly <input type="checkbox"/> Difficult to engage	
Sensory: <input type="checkbox"/> Explores new places and things with mouth <input type="checkbox"/> Overly sensitive to textures/sounds <input type="checkbox"/> Food aversions <input type="checkbox"/> Seeks sensory input	
Other: <input type="checkbox"/> Toe walking <input type="checkbox"/> Hand flapping <input type="checkbox"/> Other repetitive body movements <input type="checkbox"/> Difficulty with transitions <input type="checkbox"/> Resistance to change <input type="checkbox"/> Ritualistic <input type="checkbox"/> Overly focused on topic/specific objects	

