Matrix of Services Needs Intake Form

3-5 Years

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**

- ☐ Developmental Delay
- ☐ Emotional Disabled
- ☐ Hearing Impairment (including /deafness)
- ☐ Multiple Disabilities
- ☐ Specific Learning Disability
- ☐ Traumatic Brain Injury
- ☐ Autism
- ☐ Intellectually Disabled
- ☐ Visual Impairment (including blindness)
- ☐ Physically Impaired
- ☐ Speech or Language Impairment
- ☐ 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 3-5 years

Child's name: ___________________________ DOB: ___________ Chronological Age: ___________ Center: ______________________________ Adjusted Age: ____________

A. Personal / Social	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
Interacts easily with one or more peers						
Calms self when upset and returns to class activity						
Participates in group activities						
Interacts appropriately with classroom materials						
Seeks adult help when needed to resolve conflicts						
				Total:		

B. Independent Functioning	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
Follows daily classroom routine						
Stays on task for an appropriate length of time						
Takes care of personal needs (feeding, dressing, toileting and washing hands						
Ambulates and/or moves about						
Transitions from one activity to another						
				Total:		

C. Communication	No Support Necessary - Universal Practices (0 Points)	Minimal Support Needed (1 Point)	Moderate Support Needed (2 points)	Intensive Support Needed (3 points)	Total	Comments
Uses language to express wants and needs						
Asks questions of adult to peer to gain information						
Answers "Wh" questions (who, what, where, when)						
Initiates and maintains a conversational topic for an appropriate length of time						
Communicates in age-appropriate phrases or sentences						
				Total:		

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

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

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

Rating Key

No Support = 0
- Requires no services or assistance beyond that which is normally available to all students

Minimal Support = 1
- monitoring
- verbal prompt
- gestural prompt
- demonstration

Moderate Support = 2
- teacher proximity
- physical prompt
- picture cards
- individual schedule

Intensive Support = 3
- hand over hand
- physical assistance
- voice output device
- sign language as primary
- assistive technology or low vision aids

Individual Support Needs Rating Sheet
3-5 years

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. Communitcation	
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 Practi	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

Teacher Signature / Date

Print Name

Print Name

Consultant Signature / Date

Director Signature / Date

Print Name

Print Name