

Service Coordinator  
Initial Visit Information

Child's Name: \_\_\_\_\_

Date of Initial Visit: \_\_\_\_\_

Information obtained from:

PCP records

Parent report

Documented diagnosis

SC observations

Hospital discharge summary

ASQ (see summary page)

Reviewed developmental screening/assessment

**Health history, diagnosis, medications, specialists involved**

**Parent concerns and priorities**

**ASQ scoring**

**Routines and activities**

What goes well/challenges?

Favorite activity/time of day with child and why?

What's the most difficult activity/time of the day with child and why?

Child's favorite routine/toy?

**Functional Indicators**

1. Social-emotional relationships

Communicate feelings?

Interact with parents/siblings/adults/children?

2. Acquires and uses knowledge and skills

What is understood and how do they show they understand?

3. Ability to take action to get needs met

How do they move around?

Participate in own care?

Let family know what they want?

Words/gestures used:

## **Supports**

Who does the family have to turn to when they need help?

Friends/family in the area they can call?

Other agencies or services involved with family (Healthy families/Early Head Start/CPS)? Contact info?

## **Other observations/helpful information**

## **Service Coordinator recommendations and next steps**

ASQ, vision/hearing screening completed by SC and indicate no significant (>25%) delays in any area of development

ASQ, vision/hearing screening completed by SC and delay(s) were noted

Proceed to Eligibility Determination

Parent has no concerns or stops process (declining service form signed by parent)