

## FAMILY FOCUS INTERVIEW / ELPP DOCUMENTATION

The Family Focus Interview (FFI) is intended to document strengths, needs and concerns related to the child. The entire form should be completed by LEA personnel through interview format with the parent or guardian. The FFI information is required for Developmental Delay (DD) eligibility and should also be used to assist in documenting the Early Learning Progress Profile (ELPP) levels for children with any disability area within 30 days of the beginning of special education services.

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

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSID#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preschool/Daycare Child Attends: \_\_\_\_\_ Days/Times: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_ Position in LEA: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Who does the child live with: ☐ Parent(s) ☐ Other Relative(s) ☐ Custodian ☐ Guardian ☐ Other

Mother's/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent(s) is/are: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Deceased: father/mother (circle one)

Other children in household:

Name	Sex	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Birth History (Explain any illnesses/injuries/complications during pregnancy: \_\_\_\_\_

Was your child born prematurely? ☐ Yes ☐ No If yes, how many weeks/months early? \_\_\_\_\_

Were there problems after birth? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

How long was your child in the hospital after birth? \_\_\_\_\_

Are there any other known or suspected disabilities in the family? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Has your child been diagnosed with any health or medical concerns? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Did your child previously receive Early Intervention Services? ☐ Yes ☐ No

If yes, Date of Entry and Exit: Entry: \_\_\_\_\_ Exit: \_\_\_\_\_

Has your child been evaluated and/or received any other special services? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Release of Information from doctor obtained ☐ Yes ☐ No

What is your child's major means of communication?

☐ Speech ☐ Signing ☐ Communication Device ☐ Gestures ☐ Vocalizations ☐ Picture exchange

☐ Combination of Modes ☐ Other (Specify) \_\_\_\_\_

What are some of your child's likes/interests? \_\_\_\_\_  
\_\_\_\_\_

Are there any foods your child cannot eat (include allergies or foods that are rejected due to textures)?

☐ Yes ☐ No If yes, list foods: \_\_\_\_\_

Are there any foods your child does not eat? ☐ Yes ☐ No

If yes, list foods: \_\_\_\_\_

Does your child currently take any medication? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Does your child sleep at appropriate times? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

List any recent progress or changes you have seen in your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Continue this section through interview format with the parent/guardian. Provide verbal or picture examples if a question is not clear to the respondent.

LANGUAGE/LITERACY/COMMUNICATION			
	Does your child:	YES	NO
1.	Identify sounds? (LL.P.2.1-2, LL.P.7.2)		
2.	Identify syllables? (LL.P.2.3, LL.P.6.5)		
3.	Identify/recognize words that rhyme? (LL.P.2.4)		
4.	Identify environmental print (McDonald's, Wal-Mart, etc.)? (LL.P.6.2, LL.P.6.5)		
5.	Recognize name in print? (LL.P.6.2-3, LL.P.6.5)		
6.	Identify letters? (LL.P.6.4-5, LL.P.7.1)		
7.	Speak clearly? (LL.P.4.4)		
8.	Speak so that he/she is understood by family?		
9.	Speak so that he/she is understood by people outside the family?		

Comments/Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MATH AND SCIENCE			
	Does your child:	YES	NO
1.	Count up to five objects accurately? (M.P.1.1)		
2.	Understand positional concepts (in, on, under, behind, in front)? (M.P.2.2)		
3.	Tell what comes next in a simple pattern? (M.P.3.2)		
4.	Compare objects by size (big, little, long, short, small, medium, large)? (M.P.4.1, S.P.2.1)		
5.	Compare objects by weight (heavy, light)? (M.P.4.2, S.P.2.1)		
6.	Name the days of the week? (M.P.4.3)		
7.	Understand more and less? (M.P.5.1)		
8.	Tolerate different textures, smells, tastes, and noises? (S.P.1.1)		
9.	Point to or name picture of winter or summer? (S.P.4.1)		
10.	Point to or name types of weather (rainy, sunny, hot, or cold)? (S.P.4.2)		

Comments/Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>ATTENTION AND BEHAVIOR</b>			
	<b>Does your child:</b>	<b>YES</b>	<b>NO</b>
1.	Demonstrate appropriate attention span?		
2.	Make eye contact?		
3.	Have tantrums?		
4.	Appear excitable/overactive?		
5.	Accept limits? (S.E.P.3.2)		
6.	Interact well with others? (S.E.P.2.1)		
7.	Obeys and comply with requests? (LL.P.1.1)		
8.	Hit or hurt others?		
9.	Recognize danger?		
10.	Seem quiet/withdrawn?		
11.	Have unusual fears? List:		

Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>APPROACHES TO LEARNING, CREATIVE ARTS, HEALTH AND DAILY LIVING, PHYSICAL DEVELOPMENT, AND TECHNOLOGY</b>			
	<b>Does your child:</b>	<b>YES</b>	<b>NO</b>
1.	Complete puzzles? (AL.P.1.2)		
2.	Build block towers? (AL.P.1.2, CA.P.1.1)		
3.	Use crayons/markers? (CA.P.1.1, PD.P.2.1)		
4.	Use paint? (CA.P.1.1, PD.P.2.1)		
5.	Use glue? (CA.P.1.1, PD.P.2.1)		
6.	Play musical instruments? (CA.P.2.1, CA.P.2.2)		
7.	Play with toys appropriately (dolls, trucks, etc.)? (CA.P.3.1)		
8.	Brush teeth independently? (HDL.P.1.3)		
9.	Cut with scissors? (PD.P.2.1, CA.P.1.1)		
10.	Manipulate playdough? (PD.P.2.1, CA.P.1.1)		
11.	Nest cups? (PD.P.2.2)		
12.	String beads? (PD.P.2.2)		
13.	Use computer mouse/game controller/iPad/Game Boy, etc.? (T.P.1.1)		

Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_