

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 within 45 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: _____

FAMILY FOCUS INTERVIEW / ELPP DOCUMENTATION

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: _____

ATTENTION AND BEHAVIOR

	Does your child:	YES	NO
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.	Obey 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: _____

APPROACHES TO LEARNING, CREATIVE ARTS, HEALTH AND DAILY LIVING, PHYSICAL DEVELOPMENT, AND TECHNOLOGY

	Does your child:	YES	NO
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: _____

