

**FAMILY FOCUS INTERVIEW/GOLD® 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 Teaching Strategies GOLD® levels for children with any disability area within 60 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	Age	Sex	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.

<b>LANGUAGE/LITERACY/COMMUNICATION</b>			
	<b>Does your child:</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Identify sounds in spoken language? (GOLD® 16. b.)		
<b>2.</b>	Identify syllables? (GOLD® 15.c.)		
<b>3.</b>	Identify/recognize words that rhyme? (GOLD® 15.a.)		
<b>4.</b>	Identify environmental print (McDonald's, Wal-Mart, etc.)? (GOLD® 17)		
<b>5.</b>	Recognize name in print? (GOLD® 16.a.)		
<b>6.</b>	Identify letters? (GOLD® 16.a.)		
<b>7.</b>	Speak clearly? (GOLD® 9.b.)		
<b>8.</b>	Speak so that he/she is understood by family? (GOLD® 9.b.)		
<b>9.</b>	Speak so that he/she is understood by people outside the family? (GOLD® 9.b.)		

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

<b>MATH AND SCIENCE</b>			
	<b>Does your child:</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Count up to five objects accurately? (GOLD® 20.a. b.)		
<b>2.</b>	Understand positional concepts (in, on, under, behind, in front)? (GOLD® 21.a.)		
<b>3.</b>	Tell what comes next in a simple pattern? (GOLD® 23)		
<b>4.</b>	Compare objects by size (big, little, long, short, small, medium, large)? (GOLD® 22. a.)		
<b>5.</b>	Compare objects by weight (heavy, light)? (GOLD® 22.a.)		
<b>6.</b>	Name the days of the week? (GOLD® 31 – not required)		
<b>7.</b>	Understand more and less? (GOLD® 20.b.)		
<b>8.</b>	Tolerate different textures, smells, tastes, and noises? (GOLD® 33 – not required)		
<b>9.</b>	Point to or name picture of winter or summer? (GOLD® 27 – not required)		
<b>10.</b>	Point to or name types of weather (rainy, sunny, hot, or cold)? (GOLD® 27 - not required)		

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

**ATTENTION AND BEHAVIOR**

	<b>Does your child:</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Demonstrate appropriate attention span? (GOLD® 11.a.)		
<b>2.</b>	Make eye contact? (GOLD® 10.b.)		
<b>3.</b>	Have tantrums? (GOLD® 1.a., 1.b.)		
<b>4.</b>	Appear excitable/overactive? (GOLD® 1.a., 1.b.)		
<b>5.</b>	Accept limits? (GOLD® 1.b.)		
<b>6.</b>	Interact well with others? (GOLD® 2, 3)		
<b>7.</b>	Obeys and complies with requests? (GOLD® 1.b.)		
<b>8.</b>	Hit or hurt others? (GOLD® 1.a.)		
<b>9.</b>	Recognize danger? GOLD® 1.b., 12.b.)		
<b>10.</b>	Seem quiet/withdrawn? (GOLD® 2.b, 11.a.)		
<b>11.</b>	Have unusual fears? (GOLD® 2.a.) List:		

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

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

	<b>Does your child:</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Complete puzzles? (GOLD® 7.a.)		
<b>2.</b>	Build block towers? (GOLD® 7.a.)		
<b>3.</b>	Use crayons/markers? (GOLD® 7.b., 19.a.)		
<b>4.</b>	Use paint? (GOLD® 7.a.)		
<b>5.</b>	Use glue? (GOLD® 7.a.)		
<b>6.</b>	Play musical instruments? (GOLD® 34 – not required)		
<b>7.</b>	Play with toys appropriately (dolls, trucks, etc.)? (GOLD® 11.e.)		
<b>8.</b>	Brush teeth independently? (GOLD® 1.c.)		
<b>9.</b>	Cut with scissors? (GOLD® 7.a.)		
<b>10.</b>	Manipulate play dough? (GOLD® 7.a.)		
<b>11.</b>	Nest cups? (GOLD® 7.a.)		
<b>12.</b>	String beads? (GOLD® 7.a.)		
<b>13.</b>	Use computer mouse/game controller/iPad/Game Boy, etc.? (GOLD® 28 – not required)		

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