Die Diakonie Stetten

IFF

Interdisziplinäre Frühförderstelle

EG am	
Uhrzeit	
MA	

Please fill out the questionaire and send it back to us so we can be prepared for our first consultation. Our address is:
Interdisziplinäre Frühförderung Rems-Murr, Diakonie Stetten e. V., Am Jakobsweg 2, 71364 Winnenden
Thank you very much!

Information concerning your child:

Surname		Name		Date of birth	
Nationalitiy		Which language is spoken in your family?			

Information concerning siblings

Surname		Name		Date of birth	

Information concerning mother

Surname		Name		Date of birth	

Information concerning father

Surname		Name		Date of birth	

Address			
Did you move to the Rems-Murr-Kreis from another region in Germany?	☐ yes ☐ no	If yes, when and from where?	
Did you receive any aids via „Eingliederungshilfe“?			

Why do you wish to consult us at the IFF? What are your concerns regarding your child?

What kind of assistance/help does your child need? What do you need?

Please help us to understand the early development of your child

Have you consulted another Early Intervention Center or other institutions concerning your child in the past?	☐ yes ☐ no
Did you consult a Sozialpädiatrisches Zentrum or another clinic concerning your child?	☐ yes ☐ no
If yes, did your child receive a diagnosis? What did the doctors/psychologists recommend?	
Is your child in therapeutical care/treatment?	☐ yes ☐ no
If yes, what kind? (i.e. physiotherapy, speech therapy, occupational therapy?)	

Does your child go to a kindergarten or another form of day care?	☐ yes ☐ no	If yes, since when?	
		If not, when is it planned?	☐ yes ☐ no

Information concerning pregnancy

Do you have a yellow „U-Heft“? Are there any notes from the pediatrician? If yes, what kind?	☐ yes ☐ no
Did you have any complications/stressful times during your pregnancy? If yes, please describe.	☐ yes ☐ no
In which week of pregnancy did you give birth to your child?	
Were there complications during or directly after birth? If yes, please describe. (i.e. sectio, unusual heartrate, long duration of birth…)	☐ yes ☐ no

How much was your child´s weight and size at birth?	Weight:		Length	
APGAR/ PH- (noted in the yellow „U-Heft“)				

Your child as a baby

Did your child need special medical attention after being born? Did it need treatment in intensive care? I	☐ yes ☐ no	If yes, why?	
Did your child have problems during breast-feeding and/or feeding?	☐ yes ☐ no	If yes, please describe.	
Did your child have difficulties sleeping or falling asleep?	☐ yes ☐ no	If yes, please describe.	

Did your child cry a lot as a baby?	☐ yes ☐ no

<table>
<tr><td rowspan="9">Developmental milestones:</td><td colspan="2">First smile</td><td></td><td>Months</td></tr>
<tr><td colspan="2">Grabbing/holding toys or things</td><td></td><td>Months</td></tr>
<tr><td colspan="2">Rolls from back to stomache</td><td></td><td>Months</td></tr>
<tr><td colspan="2">Sits without support</td><td></td><td>Months</td></tr>
<tr><td colspan="2">Crawls</td><td></td><td>Months</td></tr>
<tr><td colspan="2">Walks without support</td><td></td><td>Months</td></tr>
<tr><td colspan="2">Bowel and bladder control day-time and night-time</td><td></td><td>Months/years</td></tr>
<tr><td colspan="2">Did your child make sounds (cooing/squealing)</td><td></td><td>Months</td></tr>
<tr><td colspan="2">When did your child say its first words?</td><td></td><td>Months/years</td></tr>
<tr><td rowspan="2">Did you child show shy, clingy, fearful behaviour around strangers?</td><td rowspan="2">☐ yes
☐ no</td><td>If yes, when?</td><td colspan="2"></td></tr>
<tr><td>Please describe.</td><td colspan="2"></td></tr>
<tr><td rowspan="2">DId your child have an accident, severe diseases, operations?</td><td rowspan="2">☐ yes
☐ no</td><td>If yes, when?</td><td colspan="2"></td></tr>
<tr><td>Please describe.</td><td colspan="2"></td></tr>
<tr><td>Do you have any other important information we need to know?</td><td colspan="4"></td></tr>
</table>

Date

Signature

Thank you for answering our questions!