



Dear Child Care Provider:

The Infant & Toddler Connection of Virginia provides early intervention services to infants and toddlers from birth up to 3 years of age who are not developing as expected or who have a medical condition that can delay typical development. Early intervention services take place where all children typically spend their days and involve parents and caregivers who regularly interact with the child. Our work supports parents and caregivers as they support the child's ongoing development throughout their daily routines.

You have been given this questionnaire because (child's name) _____ has been referred to the Infant & Toddler Connection due to concerns related to _____. Recognizing you are a key person in this child's day, please take a moment to share your knowledge about your time together so that we can all work collaboratively moving forward.

1. Routines

Routine	Rating	Observations: If you chose <i>Sometimes Challenging</i> or <i>Tough</i> , please share what happens during these routines.
Sleeping	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	
Meals/Snacks	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	
Transitions (remember to consider arrival and pick-up times here as well)	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	
Outside Play	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	
Circle Time	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	
Free Play	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	
Other:	<input type="checkbox"/> Easy <input type="checkbox"/> Sometimes challenging <input type="checkbox"/> Tough	

2. Peer Interactions:

Strengths	Challenges
-----------	------------

3. Adult Interactions:

Strengths	Challenges
-----------	------------

4. Are there any other comments you feel it would be helpful for the team to know about this child?

Thank you so much for your response. Please return this form to the child's parent(s) when you have completed it.

Child Care Provider's Name: _____ Date: _____

Service Coordinator's Name: _____ Phone: _____

A special thanks to the Infant & Toddler Connection of Fairfax-Falls Church who created the original version of this information form.