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**Intake Checklist for Deaf or Hard of Hearing Newly Identified Children**

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| **Child Name** | **DOB** |
| **Intake/IFSP Date:** | **FS ID** |

Check all topics that were discussed, and documents left with the family/completed.

* Introduction & automatically eligible for services
* Explain that First Steps covers cost of hearing aids, earmolds, batteries, and hearing aid kids
* Review hearing results (Review of DAE information)
  + - * From their doctor or audiologist
      * Familiar sounds audiogram
      * Family could describe hearing results
* Obtain signed release\*:
  + If no hearing test results, add name of identifying source so we can get them
* Explain why specialized services from our network:
  + - * Serve-and-Return, importance of early language
      * Roles and Services from the Network
      * Say Yes to EI Infographic from NCHAM
      * CDHHE Network Postcard
      * Other documents or resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* First Steps scheduled Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ IDEAL entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* IFSP Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + - * OR Interim IFSP with Outcomes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      * Requested service based on family needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Questions from the family:
* Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Additional Notes:*