

<b>Guiding Questions for Learning about the Child</b>
Information may be gathered from multiple sources such as available reports, conversations with caregivers/family members, observations, and consultation with service providers and relevant professionals who are familiar with the child.
<b>Key Points</b>
<ol style="list-style-type: none"> <li>1. What are the child's strengths, likes, and dislikes?</li> <li>2. In what situations does this child seem to be the most attentive and responsive?</li> <li>3. What are this child's primary learning needs?</li> <li>4. What services are currently provided to the child and family?</li> <li>5. What are the family's main concerns and priorities related to their child's development?</li> </ol>
<b>Vision</b>
<ol style="list-style-type: none"> <li>1. How does the child use his/her vision? How much time does the child need to respond to a visual stimulus? What does he or she like to look at? What does he/she seem to recognize visually?</li> <li>2. When was the child's last vision test? Who did this evaluation?</li> <li>3. If this child has a visual impairment, what is the type and degree of vision loss?</li> <li>4. If this child wears corrective lenses, who is the child's optometrist or ophthalmologist?</li> <li>5. Is this child receiving services from a teacher certified in the area of visual impairment?</li> <li>6. Are there any concerns about the child's vision use?</li> </ol>
<b>Hearing</b>
<ol style="list-style-type: none"> <li>1. How does this child use his/her hearing? How much time does he/she need to respond to sound? What does he/she like to listen to? What sounds does he/she seem to recognize? What words does he/she seem to understand?</li> <li>2. When was the child's last audiological test? Who did this evaluation?</li> <li>3. If this child has a hearing loss, what is the type and degree of the hearing loss?</li> <li>4. If this child wears hearing aids, who is the audiologist?</li> <li>5. Is this child receiving services from a teacher certified in the deaf and hard of hearing specialization?</li> <li>6. Are there any concerns about the child's use of hearing?</li> </ol>
<b>Motor</b>
<ol style="list-style-type: none"> <li>1. How does this child grasp, hold, or handle toys and objects?</li> <li>2. Is he/she sitting, standing, or walking without help?</li> <li>3. If this child has a physical disability, what is the diagnosis?</li> <li>4. Is this child receiving services from a physical or occupational therapist?</li> <li>5. Are there any concerns about the child's motor development?</li> </ol>
<b>Health</b>
<ol style="list-style-type: none"> <li>1. How would you describe the child's health?</li> <li>2. If the child has health or medical problems, what are they?</li> <li>3. If the child takes medication, what is it? What is it for? Are there any side effects?</li> <li>4. Are there any concerns about the child's health or medical needs?</li> </ol>
<b>Other</b>