



## Getting to Know Form for Ages 18 Months - 4 Years

This child has been referred to the SMART Team for behavioral and developmental assessment. This form is for any service providers, family members, or others in close contact with the child named on this form. Please fill out the form in its entirety to the best of your ability. **\*Please write in your personal experiences on the second page, this is extremely helpful for the team.** If you have questions, call Stefani Joesten at Grays Harbor County Public Health at 360.533.6272. If you need assistance filling out this form, contact The Arc of Grays Harbor at 360-537-7000.

**Please remit this form by fax or mail to:**

Grays Harbor County Public Health  
Stefani Joesten – SMART Coordinator  
Fax: 360.533.6272  
Mailing Address:  
2109 Sumner Ave  
Aberdeen, WA 98520

Child's name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Your Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Please answer these questions about your child. Keep in mind how the child usually behaves. If you have seen the child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

- |   |     |    |
|---|-----|----|
| 1. If you point at something across the room, does your child look at it?<br>( <b>FOR EXAMPLE</b> , if you point at a toy or an animal, does your child look at the toy or animal?)                               | Yes | No |
| 2. Have you ever wondered if your child might be deaf?  | Yes | No |
| 3. Does your child play pretend or make-believe? ( <b>FOR EXAMPLE</b> , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)                             | Yes | No |
| 4. Does your child like climbing on things? ( <b>FOR EXAMPLE</b> , furniture, playground equipment, or stairs)  | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?<br>( <b>FOR EXAMPLE</b> , does your child wiggle his or her fingers close to his or her eyes?)                                      | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?<br>( <b>FOR EXAMPLE</b> , pointing to a snack or toy that is out of reach)  | Yes | No |
| 7. Does your child point with one finger to show you something interesting?<br>( <b>FOR EXAMPLE</b> , pointing to an airplane in the sky or a big truck in the road)  | Yes | No |
| 8. Is your child interested in other children? ( <b>FOR EXAMPLE</b> , does your child watch other children, smile at them, or go to them?)  | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? ( <b>FOR EXAMPLE</b> , showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? ( <b>FOR EXAMPLE</b> , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)                         | Yes | No |
| 11. When you smile at your child, does he or she smile back at you?   | Yes | No |
| 12. Does your child get upset by everyday noises? ( <b>FOR EXAMPLE</b> , does your child scream or cry to noise such as a vacuum cleaner or loud music?)  | Yes | No |
| 13. Does your child walk?   | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?  | Yes | No |

15. Does your child try to copy what you do? ( <b>FOR EXAMPLE</b> , wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? ( <b>FOR EXAMPLE</b> , does your child look at you for praise, or say “look” or “watch me”?)	Yes	No
18. Does your child understand when you tell him or her to do something? ( <b>FOR EXAMPLE</b> , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? ( <b>FOR EXAMPLE</b> , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? ( <b>FOR EXAMPLE</b> , being swung or bounced on your knee)	Yes	No

**Please provide more information about any additional concerns you may have about the child in the space below. Use an additional page if necessary.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---