



# Sanilac Intermediate School District

46 N Jackson St., Sandusky, MI 48471

(810) 648-2200

## EARLY CHILDHOOD DEVELOPMENTAL INQUIRY

**(For infants, toddlers, and young children – birth to five years)**

Date of Inquiry: \_\_\_\_\_

Information obtained by: \_\_\_\_\_

Person or agency making Inquiry: \_\_\_\_\_

Phone: \_\_\_\_\_

Has parent been informed of this inquiry? \_\_\_\_\_

If inquiry is from parent/family member, where did they here about Early On/Project Find? \_\_\_\_\_

Child's Name: \_\_\_\_\_ M/F: \_\_\_ D.O.B.: \_\_\_\_\_

Parents or Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone or Contact Number: \_\_\_\_\_

Local School District: \_\_\_\_\_

Is the child currently attending a program? \_\_\_\_\_  
If so, where? \_\_\_\_\_

Social Services/Other Agencies Involved:

CMH

Health Dept

DHS

Court

MSU Extension

4C

Other

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Inquiry (Describe concerns [*health, physical, motor, speech-language, cognitive, or other*] and how this effects development): \_\_\_\_\_

\_\_\_\_\_

Return this form to:

**Sanilac ISD Special Services  
Attn: Early On Secretary  
46 N Jackson St  
Sandusky, Michigan 48471  
OR FAX TO 810-648-2275**

**For Office Use Only**

**Directed to Child Study Team:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Date:** \_\_\_\_\_