

Eudora Early Childhood Preschool
Permission for Screening



Developmental Screening Permission:

I request that my son/daughter be screened by the early childhood team. I understand that the screening will focus on the following areas:

- | | |
|------------------------------|------------------------------|
| Speech/Language Skills | Vision and Hearing Screening |
| Motor Skills | Social / Behavioral Skills |
| Self-Care / Attention Skills | Thinking Skills |
| | Emotional Development |

I understand that the results are used to help determine eligibility for the preschool and that the parents or guardians will receive the results. Unless the parents requests otherwise, the results will be maintained in the school where the child would attend kindergarten. All screening results during the school year are grouped for program planning and evaluation purposes, but no child or family's name is identified for those reports.

Parent / Guardian Signature

Date

Developmental Screening Intake:

Date: _____ Child's Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Parents / Guardians: _____ Phone: _____

Address: _____

Has your child ever been part of a screening or evaluation before? _____

If so, when and where? _____

Results / recommendations of that evaluation:

Does your child have a disability (i.e. cerebral palsy, hearing impairment, ADHD)? _____

If so, what is it and when was it diagnosed? _____

Your concerns (mark all that apply):

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Hearing | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Thinking and Learning | <input type="checkbox"/> Sight | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Do Things for Self | <input type="checkbox"/> Motor | <input type="checkbox"/> Social |
| <input type="checkbox"/> Toilet Training | <input type="checkbox"/> Health | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Nutrition / Eating | <input type="checkbox"/> Other: _____ | |

Do you meet any of the following Kansas-defined categories for 'at risk'(mark all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Qualify for Free Lunch | <input type="checkbox"/> Limited English Skills |
| <input type="checkbox"/> One/both parents lack high school diploma/GED | <input type="checkbox"/> Migrant Status |
| <input type="checkbox"/> One/both parents under age 20 when child born | <input type="checkbox"/> Single Parent Family |
| <input type="checkbox"/> SRS referral for preschool participation | |