

Registration for Early Childhood Screening

GENERAL INFORMATION AND INSTRUCTIONS: Page one of the registration form must be completed by the child's parent/guardian. Page two is completed by school district personnel only. Please print or fill in electronically.

Child's Legal Name: (First, Middle, Last): _____

Child's Nickname or Other Name (First, Middle, Last): _____

Child's Birth Date: _____ **Gender: Male:** _____ **Female:** _____

Address: _____ **P.O. Box:** _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian #1: _____ **Phone:** _____

Parent/Guardian #2: _____ **Phone:** _____

Address (if different than above): _____ **P.O. Box:** _____

City: _____ **State:** _____ **Zip:** _____

Race/Ethnicity (choose ONLY one)

___ 1 - American Indian

___ 5 - White, not of Hispanic Origin

___ 2 - Asian or Pacific Islander

___ 4 - Black, not of Hispanic Origin

3 - Hispanic

Please complete the federal race/ethnicity questions below. You may choose more than one answer in Part B. See top of page two for specifics on how to complete this section.

* **Part A - Is the child Hispanic/Latino?** (choose ONE)

___ NO, not Hispanic/Latino ___ YES, Hispanic/Latino

* **Part B - What is your child's race?** (choose all that apply)

___ American Indian/Alaska Native ___ Asian ___ Black/African American

___ Native Hawaiian/Pacific Islander ___ White

PRIMARY/SECONDARY LANGUAGE INFORMATION

Which language did your child learn first? ___ English Other (specify) _____

Which language is most often spoken in your home? ___ English Other (specify) _____

Which language does your child usually speak? ___ English Other: (specify) _____

PREVIOUS HEALTH AND DEVELOPMENTAL SCREENING INFORMATION

Has your child received comprehensive health and developmental screening as a preschooler (3-5-years-old)?

___ YES ___ NO If yes, screening dates: _____ Location: _____

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Program (IEP) or Individual Family Education Plan (IFSP)? ___ YES ___ NO

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and current to the best of my knowledge.

Parent/Guardian Signature

Date

Instructions and definitions for Part A and Part B Race/Ethnicity questions

The question for Part A is about ethnicity, not race. No matter what is selected in Part A, have the parent continue to answer the question in Part B indicating the child's race by marking one or more boxes.

American Indian or Alaska Native - Person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – Person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippines Island, Thailand and Vietnam.

Black or African American - Person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White - Person having origins in any of the original peoples of Europe, the Middle East or North Africa.

TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL ONLY

Screening District Number and Type: _____

Screening Date: _____ Screening District Name: _____

Child's Resident District Name: _____

Resident Screening District Number and Type: _____

MARSS ID Number: _____

Check type of screening child received – STATE AID CATEGORY (SAC)

(To be completed by the Early Childhood Screening Coordinator)

___ 41 - Screening by District

___ 44 - Private Provider

___ 42 - Child and Teen Checkups/EPSDT

___ 45 - Conscientious Objector, no screening

___ 43 - Head Start

Check the **Primary** type of referral following the early childhood health and developmental screening using STATUS END CODES (SEC). Only one box may be checked. Must have a valid SEC for – STATE AID CATEGORY (SAC) 41. If unsure of referral status for SAC 42-44, use "no referral" SEC 60. **(To be completed by the Early Childhood Screening Coordinator.) Status End Codes:**

___ 60 No referral

___ 64 Referral to early childhood programs*

___ 61 Referral to special education

*(*School Readiness, Head Start, Early Childhood Family Education, Family Literacy)*

___ 62 Referral to health care provider

___ 63 Referral to special education and health care provider

___ 65 Referral, parent declined

SCHOOL DISTRICT VERIFICATION OF INFORMATION

I hereby verify that the above information is true and current to the best of my knowledge.

School District Early Childhood Screening Coordinator Signature

Date