

**WELCOME TO THE SPRING 2019  
KGBSD PRESCHOOL SCREENING  
APRIL 3-5, 2019**

- ✚ KGBSD Preschool Screening is held two times during the school year, once in April and once in September. During this screening children are tested on general concepts, speech/language, motor, social/emotional and behavioral skills.
- ✚ Once the screening is finished, teachers will have a short exit interview to discuss the results of the testing, as well as discuss any family concerns that could affect the child's education or development.
- ✚ The screening will take approximately **1 hour** to complete.
- ✚ The purpose of the screening is to identify children who may have specific difficulties or disabilities that may impact their educational progress.

**Here is some helpful information:**

- Screening packets for the 2019-2020 school year will not be accepted before February 1st, 2019.
- Screening packets must include a birth certificate and shot records to be considered complete. Screening packets are stamped and dated, for business purposes only, and are not used to create a "waitlist".
- The screening process takes three days and has been scheduled for April 3<sup>rd</sup>-5<sup>th</sup>.
- Families will be contacted and offered screening times prior to these dates.
- If you have not been contacted, and you have completed a registration packet, please call your preferred school as soon as possible.
- The Special Education team will meet to assess the findings on April 12<sup>th</sup>. At this time:
  - it will be determined who will be placed in each class.
  - teachers will contact all families regardless of whether or not their student qualified for placement or not.

**No Family Will Be Contacted About Placement Before April 12<sup>th</sup>**

Placement is not decided until this date. Please note that no school, teacher or SPED Administrator will know if any child is to be enrolled in a particular class until after this date.

### **Here is how placement in each class works:**

- **Preference for placement will go to children who at screening show a need for special education services.**  
*\*Special Education covers a wide range of disability categories under which students may qualify for additional services in the school setting. They include learning disabled, emotionally disturbed, other health impaired, hard of hearing, deaf/blind, deaf, orthopedically impaired, speech impaired, autism, vision impaired, traumatic brain injury, cognitively impaired, developmentally delayed and multiple disabilities. \**
- **In addition, a few spots in each classroom will be held open for children who move/transfer to KGBSD over the summer, or need to be screened in the Fall, and show need for Special Education services.**
- **IEA Preschool has different placement criteria. Their placement is based on first come first serve with documentation of Native Heritage accompanied by a completed 506 form.**
- **After the numbers for each classroom has been calculated, spaces for "peer buddy" children, or children who are typically developing and are not in need of Special Education services, will open.**
  - *At this time, based on screenings and observations, the special education team will best decide what children are placed in each class.*

### **What this means for your preferred school:**

The Special Education team will do their very best to accommodate families in their preferred school. However, based on the needs of all the children, this could mean that there is no room for your child in your preferred school. If this is the case, we will place as many students as possible in alternate schools.

**It should be assumed that there is no waiting list for any school and each family should plan accordingly.**

**As well, please know that preschool placement and/or transportation is not guaranteed.**

**PRESCHOOL SCREENING PACKETS**

PLEASE RETURN THE FOLLOWING 3 FORMS TO  
REGISTER YOUR CHILD FOR PRESCHOOL SCREENING

**Child's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ **Preschool Screening Form**

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Copy of Your Child's Immunization Records**

What is your school preference?

\_\_\_\_\_ Point Higgins

\_\_\_\_\_ Houghtaling

\_\_\_\_\_ Tongass School of Arts and Sciences

\_\_\_\_\_ Fawn Mountain

\_\_\_\_\_ Fawn Mountain Native Education Preschool

\_\_\_\_\_ Pioneer Home Native Education Preschool

-----School Staff Only-----

Date returned \_\_\_\_\_ Time \_\_\_\_\_ am/pm

*Preschool Screening is only for children age(s) 3 years of age, through 5 years of age. If your child is younger or older than this, they are not eligible to be screened.*

**EARLY CHILDHOOD SCREENING INTERVIEW**

**Please fill as much of this form out as possible and return to:  
The school you would like your child to attend  
Houghtaling, Fawn Mountain, Tongass School or Point Higgins.  
For questions phone 907-247-2115, fax 907-225-2269**

Today's Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Add \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physical Add \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

AK Native students, which Tribe, Band or Group does your child belong to? \_\_\_\_\_

**Brothers and Sisters**

Name	DOB	Age	Gender

**PAST MEDICAL HISTORY (check all that apply to your child)**

- |  |  |
|--|--|
| <input type="checkbox"/> difficult birth             | <input type="checkbox"/> had mumps                   |
| <input type="checkbox"/> was premature               | <input type="checkbox"/> had rheumatic fever         |
| <input type="checkbox"/> had meningitis              | <input type="checkbox"/> had measles (red or German) |
| <input type="checkbox"/> had pneumonia               | <input type="checkbox"/> had strep throat            |
| <input type="checkbox"/> had scarlet fever           | <input type="checkbox"/> has asthma                  |
| <input type="checkbox"/> has allergies (please list) | <input type="checkbox"/> has diabetes                |

Takes the following medications: \_\_\_\_\_

Describe any serious accidents: \_\_\_\_\_

Has had problems with vision  yes  no  
if yes, does your child wear glasses?  yes  no

Has had problems with hearing  yes  no  
if yes, does your child have tubes?  yes  no

List any other health issue that is pertinent \_\_\_\_\_  
(Over)

IMMUNIZATION RECORD (check which immunizations are up-to-date)

\_\_\_ diphtheria    \_\_\_ tetanus    \_\_\_ whooping cough (pertussis)  
\_\_\_ polio        \_\_\_ measles    \_\_\_ mumps

Please list your child's age when s(he) could first do the following:

\_\_\_ sits alone    \_\_\_ walks alone    \_\_\_ says single words  
\_\_\_ says sentences    \_\_\_ was toilet trained

Please circle the appropriate responses:

- 1.    yes    no    Plays well with other children
- 2.    yes    no    Follows directions to stay where s(he) is told
- 3.    yes    no    Cooperates with adults
- 4.    yes    no    Wipes nose without reminders
- 5.    yes    no    Dresses and undresses alone
- 6.    yes    no    Fastens and unfastens buttons
- 7.    yes    no    Fastens and unfastens snaps
- 8.    yes    no    Zips and unzips zippers
- 9.    yes    no    Can feed self with spoon
- 10.    yes    no    Can feed self with fork
- 11.    yes    no    Is aware of dangerous situations
- 12.    Is able to wash hands and face    \_\_\_ with help    \_\_\_ without help
- 13.    Is able to brush teeth    \_\_\_ with help    \_\_\_ without help

Does your child attend preschool?    \_\_\_ yes    \_\_\_ no  
If yes, where? \_\_\_\_\_

Does your child attend Head start?    \_\_\_ yes    \_\_\_ no  
If yes, where?    \_\_\_\_\_ RurALCAP    \_\_\_\_\_ Saxman

What concerns do you have about your child? \_\_\_\_\_  
\_\_\_\_\_

Bus Pick up \_\_\_\_\_ Bus Drop off \_\_\_\_\_

(Both pick up and drop off must be within boundaries of school your child is attending)  
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CONSENT FOR SCREENING

I give consent for my child, \_\_\_\_\_ to participate in  
the Early Childhood Screening.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_