

PRESCHOOL SCREENING PACKETS

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

Childs Name _____

_____ **Preschool Screening Packet**

_____ **Birth Certificate**

_____ **Copy of Your Child's Immunizations Records**

What is your school preference?

_____ Point Higgins

_____ Houghtaling

_____ Fawn Mountain

_____ Fawn Mountain Indian Education Preschool

_____ Tongass School of Arts and Sciences

_____ Pioneer Home Indian Education Preschool

School Staff Only

Date returned _____ Time _____ am/pm

PRESCHOOL SCREENING QUESTIONNAIRE

Child's Name:

Date of Birth:

Age:

Parent/Guardian(s):

School/Program Preference:

1. Circle any area of concern for your child?
Speech
Language
Motor
Behavior
Social Skills
Adaptive
Pre-academic
None that I know of
2. What is your biggest desire in having your child attend preschool?
(K-Readiness, child care, catch up with peers, etc)

Speech/Language

1. What are your biggest concerns with your child's speech and/or language?
2. How does your child communicate their wants (i.e what does it look like if they want more of their favorite snack)
3. Can you understand most of what your child tells you verbally?
4. Can others understand most of what your child says verbally?
5. Is your child able to understand and follow directions given to them orally? 1-2 steps?

Motor

1. Is your child's mobility a concern? Are they able to hop, run, and access play equipment at the same rate as their peers? Do they tend to be very clumsy or get injured a lot?
2. Is your child able to help with dressing, eating independently, show interest in scribbling, cutting, etc.?
3. Does your child appear to have sensory difficulties? If so, please describe.

Behavior/Social/Emotional/Adaptive

Describe any concerns you may have in this area. (You may include things like: my child is/is not potty trained, how they show an understanding of risks, describe how they play with their peers, how they listen to adults, etc.)

Pre-Academic

This addresses possible concerns with learning of letters, numbers, counting, memory, etc. Describe any concerns you may have in this area. (You may include things like: my child can count to 10, knows colors, shapes, body parts, recognizes his name orally, but not in print, etc.)

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 of Arts and Sciences, 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 our child belong to? _____

Brothers and Sisters

Name _____ DOB _____ Age _____ Gender _____

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

_____ difficult birth	_____ had mumps
_____ was premature	_____ had rheumatic fever
_____ had meningitis	_____ had measles (red or German)
_____ had pneumonia	_____ had strep throat
_____ had scarlet fever	_____ has asthma
_____ has allergies (please list)	_____ 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)

CONSENT FOR SCREENING

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

Parent Signature

Date
