

First Name: _____

Date of Birth: _____



Fairview Park City School District
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Dr. William W. Wagner, Superintendent

Last Name: _____

Graduation Year: _____

Student Number: _____

Document Type: _____

FOR PRESCHOOL SCREENING PURPOSES

Identifying Data

Name: _____
Date of Birth: _____
Address: _____

Father: _____
Address (if different than student): _____

Phone: _____
Legal Guardian: _____
Address (if different than student): _____

Home: Phone (if different than student): _____
Work Phone: _____
Mother: _____
Address (if different than student): _____
Work Phone: _____

Parents' Native Language (if not English): _____
Student's native Language (if not English): _____
Student ID Number: _____
Building of Current Attendance: _____
Grade: _____ Present Teacher(s): _____

If student or parent need assistive technology, environmental adaptation, or other such accommodations in order to attend meetings or understand the content of written and/or verbal information, please specify/explain: _____

Reason for Request for Assistance: _____

A. Family History

1. With whom does the child live? _____

2. Indicate siblings or any other individuals living with child.

Names	Ages	Relationship to Child

3. With whom does the child stay during the day? _____
(Name of person and relationship to child, or care center)

4. Describe any unique family circumstances that have a significant impact on this child's development: _____

B. What is the child currently doing?

Please check **ONE** box in each section that most closely describes what the child is doing now.

Method Used: (✓) Check Observation Structured Interview

Name and Title of Person Completing Form: _____

Eating

- Needs to be fed
- Picks up food and eats with fingers
- Feeds self with spoon
- Eats and drinks independently

Dressing

- Needs to be dressed
- Removes small articles of clothing
- Puts on some clothes such as socks, shirt and/or pants
- Dresses self except shoes

Toileting

- Wears diapers
- Uses potty with help or with reminders
- Independent

Attention

- Needs constant attention/supervision
- Occupies self with toys for 10 or more minutes
- Attends to small-group activity for 10 or more minutes

Receptive Communication

- Does not appear to understand words
- Shows understanding of several words (e.g., “mommy or “pop”)
- Can follow simple directions such as “Give Daddy the ball”

Expressive Communication

- Uses gestures and/or sounds
- Says at least words you can understand
- Says two or three words together
- Can carry on a simple conversation
- Repeats easy rhymes/jingles
- Can be understood by people not familiar with his/her speech

Hearing

- Does not respond regularly to sounds
- Looks at or reacts correctly to sources of sounds (looks at phone when it rings, looks out the window when a truck passes, turns when name is called)
- Responds to simple directions given when Back is turned

Cognitive

- Looks for toy or person who is out of sight
- Shows understanding of how things work by turning things on/off, activating a variety of toys or directing adults to do so
- Sorts toys or objects by at least one feature (e.g., color, size, shape)
- Counts to four and names two or three colors

Fine Motor

- Needs help to pick up small pieces of food or small toys
- Independently picks up small toys and transfers from hand to hand
- Scribbles on paper
- Draws some recognizable shapes/pictures

Play

- Needs stimulation to be provided by another person
- Holds and manipulates toys (e.g., shakes, chews, bangs)
- Uses some toys and objects appropriately (e.g., pushes truck, rocks baby, uses brush to brush hair)
- Uses imagination to play (e.g., pretends to cook dinner, pretends to be Mommy going to work, dresses like Daddy)

Gross Motor

- Needs to be carried or moved by another Person
- Crawls
- Walks holding onto furniture
- Walks independently
- Demonstrates balance and coordination (e.g., jump/hop)

Vision

- Does not show recognition of people or objects by sight
- Recognizes familiar people and toys, locates familiar objects in the house (e.g., shoes, tooth brush, TV)
- Points to and names things and people in pictures pictures

Social

- Shows little response to other people
- Enjoys frolic play, peek-a-boo, pat-a-cake
- Plays along side other children (parallel play)
- Sometimes shares toys and cooperates in play
- Takes turns in simple games (e.g. Duck, Duck Goose, The Farmer in the Dell)

C. What Concerns are there about this child?

Information supplied by: Parent Teacher Other (specify): _____

Please check the area(s) which are of concern:

- Eating Dressing Toileting Attention Receptive Communication
- Expressive Communication Hearing Cognitive Fine Motor
- Play Gross Motor Vision Social/Emotional Behavior

For each area that is checked above, please explain why this is a concern by describing:

1. What the child is/is not doing: _____

2. How this behavior interferes with the child's typical daily routines: _____

3. How long this concern has been observed/evident: _____

Describe the things that have been done (interventions) to address the concerns listed above:

D. Medical History

1. Who is the child's regular physician? _____
2. When was the child's last physical examination? _____
3. The child's birth followed a full-term pregnancy with no complication prior to or immediately following the delivery.
Yes No (if **no**, please describe)
4. Parent and medical records indicate a history of significant health concerns, major childhood illnesses, disease, or diagnosed syndromes. No Yes (if **yes**, please describe)
5. The child takes medication on a regular basis. No Yes (if **yes**, please describe)
6. The child has food or environmental allergies. No Yes (if **yes**, describe the allergies)
7. The child has adaptive or medical needs No Yes (if **yes**, please describe)
(i.e., glasses, hearing aids, walkers, leg braces, wheelchair, specialized seating, prone stander, feeding tube, dietary restrictions, catheter, shunt, etc.).

8. The child has vision within normal limits. Yes (provide documentation) No (provide documentation)
9. The child's hearing is within normal limits. Yes (provide documentation) No (provide documentation)
10. Other significant health/nutrition issues not covered in the previous questions: _____

E. Education/Intervention History

11. The child has participated in therapy (e.g., speech-language, occupational therapy, physical therapy, orientation and mobility, etc.)
No Yes

If **Yes**, please provide dates of therapy, type of therapy, contact person, address and phone number:

12. The child participated in Early Intervention No Yes

If **Yes**, provide dates of service, contact person, address, and phone: _____

13. The child has attended (is attending) a childcare, preschool, or Head Start Program. No Yes

If **Yes**, provide dates of attendance, contact person, address, and phone: _____

Signature of Person Initiating the Request for Assistance

Relationship to Child

Date

Signature of Person Receiving the Request for Assistance

Telephone Number

Date

Initial review of Request for Assistance: Date _____

Follow-up Date: _____

Outcome:

Follow-up Date: _____

Outcome:

Signature

Date