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, I	_ast):			
Child's Birth Date:	Gender: Male _	Fer	nale	
Parent/Guardian:	Phone:	P.	O. Box:	
Address:				
City:	State:	Zip:		
Parent/Guardian:		P.	O. Box:	
Address:				
City:	State:	Zip:		
Please complete the state race/ethnicity question peoples of North America and maintains cultural (choose ONE)				
NO, not American Indian YES, American Indian		YES, American Ind	erican Indian	
Please complete the federal race/ethnicity quest page two for specifics on how to complete this s		ose more than one	answer in Part B. See top of	
*Part A - Is the child Hispanic/Latino? (choose O	NE)			
NO, not Hispanic/Latino	O, not Hispanic/Latino YES, Hispanic/Latino		atino	
*Part B - What is your child's race? (choose all th	nat apply)			
American Indian/Alaska Native	Asian Black/African American			
Native Hawaiian/Pacific Islander	White			
PRIMARY/SEC	CONDARY LANGUAGE IN	FORMATION		
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 Othe	(specify)		
PREVIOUS HEALTH AND	D DEVELOPMENTAL SCR	EENING INFORMAT	TION	
Has your child received comprehensive health and o	developmental screening as	a preschooler (3-5-	/ears-old)?	
YESNO If yes, screening dates: _	Loca	tion:		
Has your child ever been evaluated for special educ Education Program (IEP) or Individual Family Educa		ial education service	s through an Individual	
YES NO				
PARENT/GUAR	DIAN VERIFICATION OF	NFORMATION		
I hereby verify that the above in	formation is true and curre	t to the best of my k	nowledge.	
Parent/Guardian Signature		Date		

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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 peoples 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

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

Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture of origin, regardless of race.

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 (To be completed by the Early Childhood Screening Cod	
41 - Screening by District	44 - Private Provider
42 - Child and Teen Checkups/EPSDT	
43 - Head Start	45 - Conscientious Objector, no screening
CODES (SEC). Only one box may be checked. Must have	illdhood health and developmental screening using STATUS END ave a valid SEC for – STATE AID CATEGORY (SAC) 41. If unsure of (To be completed by the Early Childhood Screening Coordinator.)
60 - No referral	64 - Referral to early childhood programs*
61 - Referral to special education	(*School Readiness, Head Start, Early Childhood Family
62 - Referral to health care provider	Education, family literacy)
63 - Referral to special education AND health care provider	65 – Referral offered, parent declined
	66 - Rescreen planned
	T VERIFICATION OF INFORMATION nation is true and current to the best of my knowledge.
School District Early Childhood Screening Coordinator S	Signature Date

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