

## Early Childhood Screening - Student Information

### DATA PRIVACY RIGHTS / PARENT/GUARDIAN VERIFICATION OF INFORMATION

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's cumulative record and will be available to appropriate staff members of District 11. Certain information, known as "directory information", is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

I hereby verify that the information below is true and correct to the best of my knowledge.

	Name (printed) - Parent/Legal Guardian	Parent/Guardian Signature	Date
STUDENT	Student Legal Name _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Last	First	Middle
	Student Nick Name _____		Generation
	Last	First	Middle
	Home Address _____		
	Street	Apt #	City
	Home Phone (____) _____ Birthdate _____ Email: _____		
	Month/Yr Moved in ____/____ Type of Dwelling <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex		
	Home Language (if other than English) _____ Country of Origin _____		
	Racial/Ethnic Background 1 (select only one) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White		
Racial/Ethnic Background 2 (select one or more)			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this student a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when did the student enter the United States? ____/____/____			

### PRIMARY / SECOND LANGUAGE INFORMATION

Which language did your child learn first?	<b>English</b>	<b>Other (specify):</b> _____
Which language is most often spoken in your home?	<b>English</b>	<b>Other (specify):</b> _____
Which language does your child usually speak?	<b>English</b>	<b>Other (specify):</b> _____

### PREVIOUS HEALTH & DEVELOPMENTAL SCREENING INFORMATION

Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)? **Yes No**

If yes, screening date: \_\_\_\_\_ Where: \_\_\_\_\_

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP), Individual Family Services Plan (IFSP) or Individual Interagency Intervention Plan (IIIP)? **Yes No**

PARENT/GUARDIAN	(1) Name _____ Relationship _____ Home Phone (____) _____
	Gender <b>M F</b> Birthdate ____/____/____ Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Phone (____) _____
	Street _____ Alt Phone (____) _____ Cell Pager _____
	City/ST/Zip _____ Student Resides Here: <b>Yes No</b>
	(2) Name _____ Relationship _____ Home Phone (____) _____
	Gender <b>M F</b> Birthdate ____/____/____ Legal Guardian? <b>Yes No</b> Work Phone (____) _____
	Street _____ Alt Phone (____) _____ Cell Pager _____
	City/ST/Zip _____ Student Resides Here: <b>Yes No</b>

Please list all others living in the household.

Name	Birthdate	Gender M-F	Relationship to (1) above	School Attending	Grade

### TO BE FILLED OUT BY SCHOOL DISTRICT PERSONNEL

Screening Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Family ID: \_\_\_\_\_ Dwelling #: \_\_\_\_\_

Screening District, #, Type: Anoka-Hennepin, 0011, 01 MARSS I.D.: \_\_\_\_\_

Child's Resident District, #, Type: \_\_\_\_\_

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

41 - Screening by District  42 - Child & Teen Check-ups/EPSTD  43 - Head Start  44 - Private Provider  45 - Conscientious Objector

Check the primary type of referral following the early childhood health and developmental screening - STATUS END CODE. Only one box may be checked.

60 - No referral  61 - Referral to SPED  62 - Referral to health care provider  63 - Referral to SPED AND health care provider

64 - Referral to early childhood programs (e.g., School Readiness, Head Start, ECFE, family literacy)  65 - Referral, parent declined

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

Signature - School District Coordinator \_\_\_\_\_

Date \_\_\_\_\_