

SCREENING INFORMATION

Developmental screenings will be offered by the Kaukauna Area School District on June 2nd, 5th, 6th and June 7th, 2017. The screenings are offered to all district children who will be four years old on or before September 1, 2017. Younger children who may have a developmental delay or difficulty are also encouraged to participate in the screening. Please plan for your child's screening to last approximately one hour. You will be notified of your child's appointment in May.

PARENT PREFERENCE FOR SCREENING

Child's Name _____ Boy _____ Girl _____

*Is your child a twin, triplet, etc.? If so please check here: _____

_____ Yes, schedule an appointment for my child.

_____ Any day, any time works for me.

Please check the two options that best meet your scheduling needs.

I prefer:

June 2nd

June 5th

June 6th

June 7th

_____ 12:30 - 2:30 pm

_____ 8:00 - 10:30 am
_____ 12:30 - 2:30 pm

_____ 8:00 - 10:30 am
_____ 12:30 - 2:30 pm

_____ 7:45 - 10:15 am

Other scheduling needs: _____.

_____ No thank you. I am not interested in having my child screened.

Do you or your child need an interpreter? No _____ Yes _____ (What language? _____)

Signature of Parent or Guardian

Date

Phone Number

~~~~~  
Please indicate below if you have concerns about a younger child in your family and would like to talk to someone about a screening:

Younger Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

# KAUKAUNA DEVELOPMENTAL QUESTIONNAIRE

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Years Months

Parent/Guardian Name(s) \_\_\_\_\_

Phone(s) and best time(s) to call \_\_\_\_\_

What language(s) are spoken by your family? \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

YES    SOMETIMES    NO    UNSURE

|                                                                               |       |       |       |       |
|-------------------------------------------------------------------------------|-------|-------|-------|-------|
| Does the child use some sentences of four or more words?                      | _____ | _____ | _____ | _____ |
| Does the child talk clearly enough to be understood by most adults?           | _____ | _____ | _____ | _____ |
| Does the child use a pronoun to refer to self (me, my, or I)?                 | _____ | _____ | _____ | _____ |
| Does the child ask and answer "what" questions?                               | _____ | _____ | _____ | _____ |
| Does the child follow two step directions (put bowl in sink, then get shoes)? | _____ | _____ | _____ | _____ |
| Does the child understand the concepts of "in", "on", and "under"?            | _____ | _____ | _____ | _____ |
| Does the child communicate well enough to meet basic wants/needs?             | _____ | _____ | _____ | _____ |
| SPEECH/LANGUAGE COMMENTS:                                                     |       |       |       |       |

|                                                                                |       |       |       |       |
|--------------------------------------------------------------------------------|-------|-------|-------|-------|
| Does the child turn pages of a book and look at the pictures?                  | _____ | _____ | _____ | _____ |
| Does the child listen to stories being read (for five minutes or more)?        | _____ | _____ | _____ | _____ |
| Does the child match by color, and use some color names (need not be correct)? | _____ | _____ | _____ | _____ |
| Does the child count to five without help?                                     | _____ | _____ | _____ | _____ |
| Does the child understand the concept of "one", and "one more"?                | _____ | _____ | _____ | _____ |
| Does the child name at least five basic body parts?                            | _____ | _____ | _____ | _____ |
| Does the child put together simple inset puzzles?                              | _____ | _____ | _____ | _____ |
| LEARNING COMMENTS:                                                             |       |       |       |       |

|                                                                                 |       |       |       |       |
|---------------------------------------------------------------------------------|-------|-------|-------|-------|
| Does the child attempt to color within a certain area in a coloring book?       | _____ | _____ | _____ | _____ |
| Does the child draw a circle if shown an example (not just circular scribbles)? | _____ | _____ | _____ | _____ |
| Does the child easily manipulate small objects (stringing beads)?               | _____ | _____ | _____ | _____ |
| MOTOR SKILLS COMMENTS:                                                          |       |       |       |       |

|                                                                               |       |       |       |       |
|-------------------------------------------------------------------------------|-------|-------|-------|-------|
| Does the child enjoy pretend play (fixing a car or cooking food)?             | _____ | _____ | _____ | _____ |
| Does the child play with other children, using the same materials?            | _____ | _____ | _____ | _____ |
| Does the child take turns and share with another child if an adult is nearby? | _____ | _____ | _____ | _____ |
| Does the child use words to help settle problems with others?                 | _____ | _____ | _____ | _____ |
| Does the child play happily by self for 10 minutes or more?                   | _____ | _____ | _____ | _____ |
| SOCIAL AND PLAY SKILLS COMMENTS:                                              |       |       |       |       |

**MORE QUESTIONS ON BACK OF FORM**

YES    SOMETIMES    NO    UNSURE

|                                                       |       |       |       |       |
|-------------------------------------------------------|-------|-------|-------|-------|
| Does the child get dressed with some help?            | _____ | _____ | _____ | _____ |
| Does the child try a variety of foods?                | _____ | _____ | _____ | _____ |
| Does the child generally use the toilet without help? | _____ | _____ | _____ | _____ |
| ADAPTIVE SKILLS COMMENTS:                             |       |       |       |       |

|                                                                                        |       |       |       |       |
|----------------------------------------------------------------------------------------|-------|-------|-------|-------|
| Does the child tantrum longer than five minutes, or more than three times a day?       | _____ | _____ | _____ | _____ |
| Does the child often seem fearful, clingy, passive or anxious (circle any that apply)? | _____ | _____ | _____ | _____ |
| Does the child often seem sad, mad, destructive or aggressive (circle any that apply)? | _____ | _____ | _____ | _____ |
| Does the child's behavior seem difficult to manage?                                    | _____ | _____ | _____ | _____ |
| Does the child have unusual behaviors or interests?                                    | _____ | _____ | _____ | _____ |
| BEHAVIOR COMMENTS:                                                                     |       |       |       |       |

|                                                                                  |       |       |       |       |
|----------------------------------------------------------------------------------|-------|-------|-------|-------|
| Does the child have frequent or serious health issues?                           | _____ | _____ | _____ | _____ |
| Does the child have a high risk birth history?                                   | _____ | _____ | _____ | _____ |
| Does the child have a history of prior developmental delays or special services? | _____ | _____ | _____ | _____ |
| Does the child have possible problems with hearing?                              | _____ | _____ | _____ | _____ |
| Does the child have possible problems with vision?                               | _____ | _____ | _____ | _____ |
| If checked "yes" to any questions above, please explain: _____                   |       |       |       |       |
| _____                                                                            |       |       |       |       |

Within the past year has your child participated in any of the following programs? (Circle all that apply.)

- |                   |                   |                       |                           |
|-------------------|-------------------|-----------------------|---------------------------|
| Preschool program | Child care center | Home-based child care | Religious education class |
| YMCA program      | Head Start        | Tot-Time              | Dance class               |
|                   |                   |                       | Sports program            |
- Other: \_\_\_\_\_

Was your child eager to go? \_\_\_\_\_

Did your child separate from you easily? \_\_\_\_\_

If not, describe what happened: \_\_\_\_\_

Did your child participate in the activities? \_\_\_\_\_

If not, describe what happened: \_\_\_\_\_

What are some of the child's favorite activities?

What are some of the child's strengths?

What concerns, if any, do you have about the child's development or behavior?

Do you have any reason to believe that the child may need special help from the school?

Is there a younger child in the family that you have concerns about?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes, Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Describe Concern: \_\_\_\_\_

**RETURN THIS FORM AND THE SCREENING INFORMATION FORM, WHETHER OR NOT YOU ARE ENROLLING YOUR CHILD.**