SCREENING

A quick assessment completed with many children at once to determine whether a child is in need of a full evaluation. May include vision, hearing developmental assessments and/or outside reports provided by a parent/guardian. If necessary, the child will be scheduled for an individual evaluation (to be completed on a future date) at the end of screening.

Please Bring Records, a Birth Certificate (Child), and a Proof of Address.

EVALUATION

Individual testing to determine if the child qualifies for services in Mesa Public Schools. A parent/guardian must accompany the child to this appointment. Information regarding the child’s abilities is obtained through formal and informal testing, observation and parent report.
MESA PUBLIC SCHOOLS: PRESCHOOL STUDENT REGISTRATION FORM - PART A

STUDENT INFORMATION:

SCHOOL: [School Name]
SCHOOL YEAR: [School Year]
TEACHER: [Teacher Name]
ROOM: [Room Number]
NAME: [Student Name]

STUDENT'S LEGAL NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE):
LAST NAME: [Last Name]
FIRST NAME: [First Name]
MIDDLE NAME: [Middle Name]
LAST NAME GOES BY: [Last Name Goes By]
GENDER: [Gender]

ADDRESS:

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

CITY: [City]
STATE: [State]
ZIP CODE: [Zip Code]

PHONE (REQUIRED): ☐ CELL ☐ HOME ☐ WORK
☐ CHECK IF UNLISTED
☐ DO NOT USE EXCEPT FOR ATTENDANCE AND EMERGENCIES

BIRTHDATE: [Birthdate]
BIRTHPLACE (CITY, STATE): [Birthplace City, State]
CUSTOMER ISSUES: ☐ YES ☐ NO
IF YES — PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE

NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION.
ETHNICITY: (CHECK ONE) ☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO
☐ AMERICAN INDIAN/ALASKA NATIVE
☐ BLACK/AFRICAN AMERICAN
☐ ASIAN
☐ WHITE

RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY)

WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENT?
WHAT IS THE LANGUAGE MOST OFTEN SPoken BY THE STUDENT?
WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED?
PREFERRED LANGUAGE FOR MESSAGES/SUBMISSIONS SENT TO HOME:

See Enrolling Parent Definition in Part B (Page 2 of 3)

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child. For any nonemergency circumstance, including appointments during the school day, I understand it is my responsibility to notify the school in advance when my child will leave school and to indicate who will pick my child up and take responsibility.

LOCAL CONTACT RELATIONSHIP: (CHECK ONE)
[Local Contact Name]
ADDRESS: [Local Contact Address]
PHONE: [Local Contact Phone]

CELL: [Local Contact Cell Phone]
HOME: [Local Contact Home Phone]
WORK: [Local Contact Work Phone]

PRIMARY PRIMARY CONTACT RELATIONSHIP:
[Primary Contact Name]
ADDRESS: [Primary Contact Address]
PHONE: [Primary Contact Phone]

CELL: [Primary Contact Cell Phone]
HOME: [Primary Contact Home Phone]
WORK: [Primary Contact Work Phone]

SECONDARY CONTACT RELATIONSHIP:
[Secondary Contact Name]
ADDRESS: [Secondary Contact Address]
PHONE: [Secondary Contact Phone]

CELL: [Secondary Contact Cell Phone]
HOME: [Secondary Contact Home Phone]
WORK: [Secondary Contact Work Phone]

PERSONAL OR TELEPHONE PREFERENCES:

If I am an Arizona resident, I affirm that I am an Arizona resident.

STUDENT HEALTH CONDITIONS:

Heart ☐ Asthma ☐ Diabetes
Hearing ☐ Allergies

Specify health problems or any severe allergies:

Is your child on daily medication? ☐ Yes ☐ No
Specify:

Recent surgery, accident or serious illness (past year):

I affirm all Registration & Emergency Information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this registration form.

Signature of Enrolling Parent: ____________________________ Date: __________

OFFICE USE ONLY
ENROLLMENT DATE: ____________________________ ENROLLMENT CODE: ____________________________ DATE ENTERED ON COMPUTER: ____________________________ INITIALS: ____________________________
ENROLLING PARENT DEFINITION

The enrolling parent is ordinarily the natural parent, adoptive parent or legal guardian with whom the student lives most of the school week and who signs school registration forms. In the event of an emergency, school staff members will attempt to contact the enrolling parent first, unless a different order is indicated. If the enrolling parent cannot be reached, the school staff will then call the other parents/guardians listed. If the enrolling parent or other parents/guardians cannot be reached, school staff will call the individuals listed as emergency contacts.

OPT OUT OPTIONS

DISTRICT AND NEWS MEDIA COVERAGE

Your child may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or other medium.

DIRECTORY INFORMATION

In limited situations, the district may disclose “directory information,” which is the student's name, address, email address and telephone number; the parents’ names, addresses and telephone numbers; the student's photograph; date and place of birth; class/grade level; enrollment dates; weight and height if the student is a member of an athletic team; awards received; and extracurricular participation. Unless the parent opts out of directory information releases, the district will disclose such information only if the request is from (i) a post-secondary institution such as a college or university; (ii) a law enforcement agency or the Department of Child Safety; or (iii) a vendor selected by the school to provide a school-related service, such as class photos and yearbooks. Under no circumstance will the district provide directory information to a person or entity for a mass marketing purpose.

HOW TO OPT OUT

• You may opt out of district and news media coverage or directory information releases by completing an Opt Out form and submitting it to the school office within the first two weeks of school or enrollment, whichever is later.
• This form must be resubmitted at the beginning of each school year. For more information, see the district's Information & Guidelines.

The Opt Out form is available in the school office or at www.mpsaz.org/optout. Please also share your opt out selections with your child’s teacher.

Mesa Public Schools does not discriminate on the basis of race, color, ethnicity, national origin, religion, sex or gender, sexual orientation, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

ATTENDANCE

We count on parents to ensure that children attend school and arrive on time.

ABSENCES

Parents are expected to inform the school when their children will be absent. If we don’t hear from parents, the school will make reasonable efforts to notify parents within the applicable time periods prescribed by law. Let us know right away if you change phone numbers.

Parents should provide notes from doctors and dentists to excuse children for appointments, illnesses or injuries.

If parents do not authorize absences within one day after their children return to school, absences are unexcused.

Parents who anticipate extended absences should contact the school. If they do not, children are withdrawn from school after missing 10 days in a row.

TARDINESS

Students are tardy if they are not seated when the bell signals the start of class.

SIBLING LIST:

Please list ALL brothers and sisters of school age and younger (oldest first),

<table>
<thead>
<tr>
<th>NAME (first and last)</th>
<th>AGE</th>
<th>SCHOOL (if attending)</th>
<th>GRADE</th>
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PAGE 2 OF 3
MESA PUBLIC SCHOOLS: PRESCHOOL STUDENT REGISTRATION FORM - PART C

STUDENT NAME: ___________________________  GRADE: ______  PARENT/GUARDIAN NAME: ___________________________

PREVIOUS SCHOOLS ATTENDED

Last school attended:

SCHOOL NAME: ___________________________  ADDRESS: ___________________________  DATES: ___________________________

Type:  □ Public  □ Private  □ Charter  □ Other: ___________________________

Has this student ever attended Mesa Public Schools?

□ Yes  □ No  If yes, indicate grade(s), and year(s): ___________________________

SPECIAL CLASSES & ACCOMMODATIONS

Has this student ever participated in special classes or programs?  □ Yes  □ No  If yes, please check the appropriate box(es) below.

□ SEI/English Language Development

□ Speech Therapy

□ Special Education:  □ ED  □ Autism  □ SLD  □ MIID  □ MOID  □ SID  □ OT  □ SLI  □ Other: ___________________________

Does this student have a current IEP?  □ Yes  □ No  If yes, please provide a copy.

Does this student have a current MET report?  □ Yes  □ No  If yes, please provide a copy.

□ Does this student have a current 504 plan?  □ Yes  □ No  If yes, please provide a copy.

LEGAL DOCUMENTS

Please mark any items that apply to this student, and provide the school with copies of related court documents.

□ Custody/parenting time agreement

□ Letters of guardianship for court-appointed guardian

□ Power of Attorney

□ Student is not living with his/her biological parents

□ Student has an injunction against harassment against/from another person

□ Student has an order of protection against/from another person

□ Student is covered by a court or probation order

OTHER

Transportation to and from school will be:  □ Bus  □ Parent will transport

Are you an American Indian?  □ Yes  □ No  If yes, what community do you live in:  □ Salt River  □ Ft.McDowell  □ Mesa (in-town)

What is your US tribal number? ___________________________

OFFICE USE ONLY

Student ID#: ___________________________  Open Enrollment: □ Yes  □ No

□ Birth Certificate  □ IEP  □ Proof of Address  □ Immunizations  □ Custody Documents  □ Attendance

□ Folder  □ Health Card  □ Screen

RECORDS REQUESTED: ___________________________  OTHER: ___________________________  RECORDS RECEIVED: ___________________________  OTHER: ___________________________
The purpose of this form is to identify and support Mesa Public Schools students who may be eligible to receive services in accordance with the McKinney-Vento Act 42 U.S.C. 11435. Eligibility must be reviewed and reevaluated every school year. The information on this form is confidential. If you have questions or concerns, call (480) 472-0291.

**STUDENT INFORMATION**

Student Name __________________________________________________________

Grade ______ □ Male □ Female

Last ____________________ First ____________________ Middle __________

Birth Date ____________________ Phone ____________________ Email Address __________

Month/Day/Year ____________________ Include Area Code __________

Please answer these screening questions to determine if the student might qualify for homeless support services:

**Question #1**

Does the student lack a fixed, regular, or adequate nighttime residence?  □ Yes □ No

Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship or similar reason; car; park; campsite

**Question #2**

Does the student live alone or with someone other than his or her biological or adoptive parent or a legal guardian due to loss of housing or economic hardship, incarceration or deportation of parent or legal guardian, or abandonment by parent or legal guardian?  □ Yes □ No

Please note: A legal guardian is a person appointed by a court to care for a student.

If you answered "No" to both questions, stop here. You do not need to complete the remainder of this form. Simply sign below to acknowledge you have received Mesa Public Schools' "Rights of Homeless Students."

If you answered "Yes" to either question, sign below to acknowledge you have received Mesa Public Schools' "Rights of Homeless Students" and then complete the bottom portion of this form concerning the student's living arrangements. The Homeless Family Services Liaison will contact you to make a final determination regarding eligibility for support services.

Signature of Parent/Guardian/Caregiver/Host: ____________________________ Date: ________________

**CURRENT LIVING ARRANGEMENTS:** If you answered "Yes" to either Question #1 or Question #2 above, please provide the following information to indicate where the student is currently living. (Check one box).

☐ In a hotel/motel (Name and location of hotel/motel: ____________________________

☐ In a shelter or transitional housing program (Name of shelter or program: ____________________________

☐ In shared housing with another family in their home due to loss of housing, economic hardship, or similar reason

☐ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent/Guardian/Caregiver/Host (Circle One): ____________________________

Address: ____________________________ Email ____________________________ Phone: ____________________________

I affirm that all information on this form is accurate.

Signature of Parent/Guardian/Caregiver/Host: ____________________________ Date: ________________

**School Personnel:**

☐ Indicate Student ID Number: ____________________________ and School Name ____________________________

☐ Fax this form to the Homeless Family Services (McKinney-Vento) Liaison at 480-472-0296 or email it to mckv@mepsaz.org.

☐ If the student does not live with a biological or adoptive parent or legal court-appointed guardian, the person with whom the student lives must complete a Caregiver & Living Arrangements Affidavit for Homeless or Abandoned Student form JC-R-F(7). Fax or email this completed form to the Liaison at 480-472-0296 or email it to mckv@mepsaz.org.

JC-R-F(10) Revised 01/12/2018
RIGHTS OF HOMELESS STUDENTS

Mesa Public Schools shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of homelessness, and until the end of the academic year upon which they are permanently housed.

Participate in programs for which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decisions, providing notice of any appeal process, and filling out dispute forms.

For more information, refer to http://www.azed.gov/populations-projects/home/homeless/ or contact:

<table>
<thead>
<tr>
<th>Homeless Liaison</th>
<th>State Coordinator for Homeless &amp; Refugee Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesa Public Schools</td>
<td>Arizona Department of Education</td>
</tr>
<tr>
<td>CSC, Title 1 Office</td>
<td>1535 W. Jefferson Street</td>
</tr>
<tr>
<td>549 N. Stapley Drive</td>
<td>Phoenix, AZ 85007</td>
</tr>
<tr>
<td>Mesa, AZ 85203-7203</td>
<td>(602) 542-4963</td>
</tr>
<tr>
<td>(480) 472-0291</td>
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</tbody>
</table>

JC-R-F(9) (Revised 06/20/2017)
Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? 

2. What is the language most often spoken by the student? 

3. What is the language that the student first acquired? 

Student Name ___________________________ Student ID _______________________
Date of Birth ___________________________ SAIS ID _______________________
Parent/Guardian Signature ___________________________ Date _______________
District or Charter Mesa Unified School District #4
School _____________________________________________________________

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student's home or primary language.
Arizona Department of Education
Arizona Residency Documentation Form

Student ________________________________  School ____________________________

School District or Charter Holder  Mesa Unified School District #4

Parent/Legal Guardian ____________________________

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
☐ Valid Arizona Address Confidentiality Program authorization card
☐ Real estate deed or mortgage documents
☐ Property tax bill
☐ Residential lease or rental agreement
☐ Water, electric, gas, cable, or phone bill
☐ Bank or credit card statement
☐ W-2 wage statement
☐ Payroll stub
☐ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
☐ Temporary on-base billeting facility (for military families)

☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

________________________________________  ____________________________
Signature of Parent/Legal Guardian  Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.
Health Information Update  
Mesa Public Schools – Health Services

Student Name: ______________ Birth Date: ___________ Class/Rm ___________

School ____________________________ School Year ________________________

Does your child wear glasses? YES NO  Lazy eye? YES NO  Nearsighted? YES NO
Farsighted? YES NO  Any problems with vision? ________________________________

Does your child have frequent ear infections? YES NO  Problems with Hearing? YES NO

Does your child have a Birthmark we should know about? YES NO  Where: __________________________

Asthma? YES NO  : if yes, Mild - Moderate - Severe  Inhaler at School? ________________
List any know allergies: _______________________________________________________

Hospitalizations: Date: _____  Reason: __________________________________________

Chronic Illness or Conditions: Please circle or list:

Anemia, Arthritis, Autism, Birth Defect, Behavioral / Emotional Problems, Bleeding Disorders,
Cerebral Paley, Developmental Delays, Diabetes, Eating Disorder, Heart Problems, Hepatitis,
Immunosuppression, Muscular Dystrophy, Respiratory Disease, Seizures, Skin Conditions, Stomach Disorders

Other: ___________________________________________________________________

Please list any special procedures which will be done at school:

_________________________________________________________________________

Medication: Please list all medications that your child is taking on a regular basis: Reason for medication:

_________________________________________________________________________

_________________________________________________________________________

Parent / Guardian Signature: ___________________________ Date: ________

School Nurse: ___________________________ Date: ________
Emergency, Information and Immunization Record Card

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date Enrolled:</th>
<th>Updated:</th>
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<tbody>
<tr>
<td>Home Address (#, Street, City, State, Zip Code):</td>
<td>Date Disenrolled:</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Date of Birth:</td>
<td>Sex: [ ] male [ ] female</td>
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</tbody>
</table>

<table>
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<tr>
<th>Parent or Guardian Name:</th>
<th>Home Address (#, Street, City, State, Zip Code):</th>
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<tbody>
<tr>
<td>Cell Phone (optional):</td>
<td>Contact Telephone Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent or Guardian Name:</th>
<th>Home Address (#, Street, City, State, Zip Code):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone (optional):</td>
<td>Contact Telephone Number:</td>
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</table>

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

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<th>Name:</th>
<th>Contact Telephone Number:</th>
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<th>Name:</th>
<th>Contact Telephone Number:</th>
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If Medical care is necessary, call:

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<th>Health Care Provider*</th>
<th>Name:</th>
<th>Contact Telephone Number:</th>
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Name(s):  

Custody papers have been provided and are on file at the facility. [ ] yes [ ] no

Telephone Authorization Code (optional):____________
Medical Information

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<tr>
<th>Question</th>
<th>Choice</th>
<th>Answer</th>
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<td>Is child allergic to food or other substances?</td>
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<td>If yes, describe symptoms, name foods or substances to be avoided, and</td>
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<tr>
<td>the procedure to follow if reaction occurs:</td>
<td>☐ No ☐</td>
<td>Yes</td>
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<tr>
<td>Is child usually susceptible to infections and if so, what precautions</td>
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<td>need to be taken?</td>
<td>☐ No ☐</td>
<td>Yes</td>
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<tr>
<td>If yes, list precautions:</td>
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<td></td>
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<tr>
<td>Is child subject to convulsions and what should be our procedure if</td>
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<td>one occurs?</td>
<td>☐ No ☐</td>
<td>Yes</td>
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<tr>
<td>If yes, specify procedure:</td>
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<tr>
<td>Is there any physical condition that we should be aware of and what</td>
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<tr>
<td>precautions should be taken (heart trouble, foot problem, hearing</td>
<td>☐ No ☐</td>
<td>Yes</td>
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<td>impairment, hernia, etc.)?</td>
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<tr>
<td>If yes, list precautions:</td>
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Additional comments:

Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

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<tr>
<th>Parent/Guardian PRINTED Name:</th>
<th>SIGNED Name:</th>
<th>DATE:</th>
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Q:\Forms\Emergency Information and Immunization Record Card (6/16)
SPECIAL EDUCATION PHOTO RELEASE FORM

Student: ___________________________ Date: __________________
School: ___________________________ Grade: Preschool DOB: ____________

I hereby give my permission for ___________________________ (Student Name)
to have his/her video/picture/name used during the ___________________________ school year.

Use within the school district
(Check those for which permission is given.)
Classroom Use
Evaluation and Observation
School Use
School Newspaper
Yearbook
Other ___________________________

Use outside the school district
(Check those for which permission is given.)
Television
Newspaper
Other ___________________________

PARENT/GUARDIAN NAME: ________________________________
ADDRESS: _________________________________________
CITY, STATE, ZIP CODE: ______________________________

SIGNATURE: __________________________________________

PLACE IN STUDENT'S CLASSROOM FOLDER
Mesa Public Schools
Special Education Department
1025 North Country Club Drive
Mesa, Arizona 85201-3307
Telephone: (480) 472-0710
Fax: (480) 472-0705

PARENT INPUT

| Student Name | Home Phone | Date
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Home Address</td>
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<td>Student No.</td>
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<th>Age</th>
<th>Gender</th>
<th>Grade</th>
<th>Current Program</th>
<th>Home School</th>
<th>Attending School</th>
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<th>Student's Primary Language/ Date Determined</th>
<th>Home Language/ Date Determined</th>
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<th>Parent/Guardian Name</th>
<th>Home Phone</th>
<th>Parent/Guardian Name</th>
<th>Home Phone</th>
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<td>Address</td>
<td>Work Phone</td>
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<tr>
<th>Emergency Phone</th>
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PARENT INPUT

Medical and Developmental Information and History

-CONFIDENTIAL-

The following questions concern your child’s development and functioning within your family. Your answers will provide us with information as part of the comprehensive/confidential evaluation. This will be useful in understanding factors which have had an influence on your child’s growth and achievement in school. Thank you for your cooperation in completing this form.

Family Information

With whom does the child live (Specify: Biological parents, adoptive parents, etc.)

Legal Guardian: __________________________________________________________
Natural Father: __________________________________________________________
Father’s Occupation: ______________________________________________________
Health Problems-Father: _________________________________________________
Level of Education: (circle highest level attained) (8th gr./ HS / some college or trade school / college / graduate school)
Natural Mother: __________________________________________________________
Mother’s Occupation: ____________________________________________________
Health Problems-Mother: _________________________________________________
Level of Education: (circle highest level attained) (8th gr./ HS / some college or trade school / college / graduate school)
How many children in family household? _________________________________
Ages of children: _______________________________________________________

GENAZ 03 1
Please check if either of this child's natural parents, or immediate family members, experienced any of the following, which could have contributed to your child's school difficulties:

- alcohol addiction
- drug addiction
- learning disabilities
- mental illness
- mental retardation
- other special education disabilities
- physical disability
- psychological / psychiatric evaluation
- seizures
- speech or language disorder
- violence/abuse
- other

If Yes, provide details: ____________________________________________________________

Educational Information
What is your understanding as to why your child is being referred for a possible evaluation? (If a re-evaluation, please leave blank).

____________________________________________________________________________

What concerns do you have about your child's education?

____________________________________________________________________________

Any other information or concerns you want to share with your child's school team?

____________________________________________________________________________

Has your child ever received Special Education services or Early Childhood Intervention Programming?

____________________________________________________________________________

Medical/Developmental/Health Information
Prenatal/Infancy/Delivery Information

Mother's age at birth: ______________

Did the mother visit doctor regularly during pregnancy? Yes _____ No _____

Was there any difficulty during the pregnancy? Yes _____ No _____

Did the mother take medication during pregnancy? Yes _____ No _____

Did the mother receive anesthesia during delivery? Yes _____ No _____

Did mother smoke during the pregnancy? Yes _____ No _____

Did mother use alcohol during pregnancy? Yes _____ No _____

Did mother use drugs during pregnancy? Yes _____ No _____

Length of pregnancy: ___________ weeks / ___________ months

Any difficulty during delivery? Yes _____ No _____

If yes, explain:

____________________________________________________________________________

Length of labor: ________________ hours
Birth: (circle one)  Vaginal  Cesarean

Any Complications? (cyanosis, meconium, cord compression, etc.)  Yes _____ No _____
If yes, please explain:

Trauma to infant (lack of oxygen, life support, heart problems, etc.)?  Yes _____ No _____
If yes, please explain:

Any birth defects?  Yes _____ No _____
If yes, please explain:

Was there jaundice?  Yes _____ No _____
If yes, please explain and indicate treatment received:

Was child released from hospital with mother?  Yes _____ No _____
If no, explain:

Birth weight: _______ lbs. _______ oz.
Any difficulties during infancy?  Yes _____ No _____
If yes, please explain:

Were there any episodes of seizures?  Yes _____ No _____
yes, please explain:

Was there Anoxia (lack of oxygen)?  Yes _____ No _____
If yes, please explain:

Was there any use of life support systems?  Yes _____ No _____
If yes, please explain:

Did the child gain weight consistently during the first year of life?  Yes _____ No _____
If no, please explain:

Developmental History

Parent reports developmental milestones were within normal parameters.

-OR-

Parent indicated the following areas of developmental delays:

When did your child begin the following:

Rolling over by self:  Before 2 mos.  3-4 mos.  After 6 mos.
Sitting without support:  Before 5 mos.  5-8 mos.  After 8 mos.
Crawling on hands and knees:  Before 6 mos.  6-9 mos.  After 9 mos.
Walking independently:  Before 10 mos.  10-18 mos.  After 18 mos.
Saying first words:  Before 12 mos.  12-18 mos.  After 18 mos.
Talking in simple 2-3 word sentences:  Before 24 mos.  24-36 mos.  After 36 mos.
Toilet training begun:  Before 24 mos.  24-40 mos.  After 40 mos.
Toilet training complete:  Before 30 mos.  30-42 mos.  After 42 mos.
Did your child begin talking normally, then stop at some later date?  Yes _____ No _____
If yes, please explain:

GENAZ 03
Medical History

According to the health history, student has had no serious illnesses or injuries.

OR

According to the health history, student has experienced the following difficulties:

__Significant illness? ___ Yes ______ No ______ If yes, please explain:

__Serious accident? ___ Yes ______ No ______ If yes, please explain:

__Surgery/Hospitalization? ___ Yes ______ No ______ If yes, please explain:

__Seizure? ___ Yes ______ No ______ If yes, please explain:

__Fevers above 103 degrees? ___ Yes ______ No ______ If yes, please explain:

__Vision problems? ___ Yes ______ No ______ If yes, please explain: Glasses or Contacts?

__Hearing problems? ___ Yes ______ No ______ If yes, please explain:

__Wears hearing aids? ___ Yes ______ No ______ If yes, please explain:

__Repeated ear infections? ___ Yes ______ No ______ If yes, please explain:

__Ever had tubes in ears? ___ Yes ______ No ______ If yes, please explain:

__Significant head injury, concussion, loss of consciousness? ___ Yes ______ No ______ If yes, please explain:

__Difficulty eating or drinking? ___ Yes ______ No ______ If yes, please explain:

__Student takes no medication

OR

__Student takes the following medications (Please list):

Has your child ever been diagnosed with ADD/Attention Deficit/Hyperactivity Disorder? ___ Yes ______ No ______ Please explain:
Has your child ever been treated for other medical/Psychiatric disorders?
Yes _______ No_______

When? _____________________________________________

Functional Information
Please check the following that describe your child:

___ participates in family activities
___ gets along well with others
___ is affectionate
___ participates in outside activities, e.g., clubs, performing arts

___ has a good self-image

___ has mood swings
___ has a poor attention span
___ has a poor memory
___ lies

___ steals
___ frustrates easily
___ acts without thinking
___ has temper tantrums

___ becomes angry often
___ is aggressive
___ experiences excessive sadness
___ is withdrawn
___ has made suicide threats

Is there any other information about your child that you would like to share?
_____________________________________________________

_____________

YOUR CHILD IS BEING SCREENED FOR PRESCHOOL
Please answer these additional questions:

Does the child have problems with any of the following? (Check all that apply)
chewing____ swallowing____ drooling____

Does your child respond to: (Check all that apply)
touch ____ noise____ voices____ speech____

In what ways does your child respond? Check all that apply:
moves body____ moves head____ gestures____ signs____ makes sounds____ uses speech____

Your child’s speech is best described as follows (Check one):

Has no speech____
Speech is not understandable at all____
Speech is usually understood by family members but rarely by strangers____
Speech is normal for a child of this age_____

The number of words your child uses is:
Less than 10____ 10-50___ 50-100____ more than 100____

Your child says:
Single words____ 2 to 3 words together____ 3 to 4 words together____
speaks in sentences____

What is the most independent thing your child can do?
_____________________________________________________

GENAZ 03 5
Does your child need any special equipment to be as independent as possible?
COMMUNICATION INVENTORY (Revised 4/25/13)

Dear Parent: Your input is valuable and necessary in the assessment of your child's communication skills. Please answer all questions as completely as possible.

Date:____________
Child's Name:__________________________ Birthdate:__________ Age:_____
Form Completed by:_____________________(relationship to child)____________________

CURRENT DAYCARE/PRESCHOOL:
Location__________________________ Days:______________ Time:______________
Contact person:______________________ Phone Number:________________________

CURRENT SERVICES/ThERAPIES:
Therapy provider______________________ Telephone______________________
How long has your child received speech/language services:______________________

VOCABULARY: Is your child using words: _____yes _____no
Approximately how many words: ____less than 10 _____less than 50 ____75+ words
Examples:
______________________________________________

REQUESTING:
How does your child ask for things? Does she/he use words or does she/he use gestures such as pointing? Please give examples of situations and communication, giving exact quotes if possible. Don't worry about recording the way your child may pronounce words.
How does your child ask for food or drink?
Ask for an activity such as watching T.V. or playing with a particular toy?
Ask for help to find, do or get things?
Ask for directions on how to perform a task?
Other:

PROTESTING:
How does your child tell you she/he does not want to do something: Does she/he use words, gestures or behaviors? For example: How does he/she:
Tell you she/he does not want to do something?
Tell you she/he does not want/like a certain toy or food/drink?

INTERACTING WITH PEERS:
Does your child:
Play interactively with peers?
Next to peers?
Off by him/herself?
Verbalize while playing?
Make vehicle noises, animal sounds or other sound effects while playing with toys?
INTERACTING/SOCIAL LANGUAGE:
Does your child use words or gestures to:
  Respond to social questions such as:
  a. "what is your name?"  b. "how old are you?"
  Answer questions with a "yes" or "no" response?
  Answer "what" questions?  Answer "where" questions?
  Ask "wh" questions? (give examples of "what," "where," "who," "when," "how," "why," questions your child may ask)

Does your child use words and/or gestures to:

<table>
<thead>
<tr>
<th>words</th>
<th>gestures</th>
</tr>
</thead>
<tbody>
<tr>
<td>direct your attention to something?</td>
<td></td>
</tr>
<tr>
<td>talk about what he/she is doing?</td>
<td></td>
</tr>
<tr>
<td>greet someone (say &quot;hi&quot; and &quot;bye&quot;)?</td>
<td></td>
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<tr>
<td>ask for &quot;more&quot; of something</td>
<td></td>
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<tr>
<td>ask to go outside</td>
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<tr>
<td>try to get you to do something?</td>
<td></td>
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<tr>
<td>play with you or a peer?</td>
<td></td>
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<tr>
<td>answer when you talk to him/her?</td>
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<tr>
<td>talk about experiences?</td>
<td></td>
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<tr>
<td>maintain a conversation?</td>
<td></td>
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<tr>
<td>role-play familiar themes?</td>
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</table>

FOLLOWING DIRECTIONS:
Does your child follow:
  familiar routine directions?
  one-step directions (non-routine)?
  two-step directions?

ARTICULATION:
Does your child have a history of feeding or eating difficulties? Please describe, if there is a significant history of problems.

Does your child have a history of significant dental problems? (example: missing teeth/dental surgeries) Please describe.

Estimate percent of speech understood by you or family members. ________%
Estimate percent of speech understood by less familiar listeners. ________%

What does your child do if not understood?
Have you seen improvement over time?

PARENT PRIORITIES:
What are your major concerns about your child's speech/language development? We incorporate your priorities into our recommendations.
  speech sounds/intelligibility
  vocabulary
  combining words to describe/explain
  following directions

OTHER CONCERNS/COMMENTS:
Other than speech, what concerns do you have about your child's development?
Developmental Inventory

Child's Name: ________________________________

Does your child attend daycare/preschool? ______

Daycare/Preschool Name ____________________________________________________________

Days _____ Drop off/Pick Up Time ____________________________________________________

What are your child's strengths? :

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Describe your child's behavior when playing with other children (i.e. at park, neighbors, church, daycare/preschool, etc):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Describe your child's behavior when interacting with adults (i.e. at home, church, daycare/preschool, etc):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please list any food allergies/intolerances, medical diagnoses, current medications or health concerns:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
**Motor:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Runs without falling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumps with both feet together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbs on age appropriate playground equipment</td>
<td></td>
<td></td>
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<tr>
<td>Throws a ball 5 feet forward with direction</td>
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<td></td>
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<tr>
<td>Kicks a ball forward without falling</td>
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<td></td>
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<tr>
<td>Walks up stairs (holding adult's hand)</td>
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<td></td>
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<tr>
<td>Walks up stairs (may hold railing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks down stairs (holding adult's hand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks down stairs (may hold railing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds crayon/marker (with fisted grasp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds crayon/marker (with pads of fingers)</td>
<td></td>
<td></td>
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<tr>
<td>Scribbles spontaneously on paper</td>
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<tr>
<td>Copies a circle</td>
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<td></td>
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<tr>
<td>Horizontal lines</td>
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<tr>
<td>Vertical lines</td>
<td></td>
<td></td>
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<tr>
<td>Looks at pictures in books</td>
<td></td>
<td></td>
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<tr>
<td>Points to pictures in a book</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labels/Names pictures in a book</td>
<td></td>
<td></td>
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<tr>
<td>Completes simple puzzles</td>
<td></td>
<td></td>
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<tr>
<td>Plays appropriately with toys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends to one activity of his/her choice for 3 or more minutes</td>
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<td></td>
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<tr>
<td>Points to 3 colors when named</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names 3 colors (example: &quot;which car is blue?&quot;)</td>
<td></td>
<td></td>
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<tr>
<td>Spontaneously names 5 or more objects</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates appropriate use of everyday items</td>
<td></td>
<td></td>
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<tr>
<td>Imitates activities using substitute objects to represent real ones</td>
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<td></td>
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</table>

**Cognitive:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Complete simple puzzles</td>
<td></td>
<td></td>
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<tr>
<td>Plays appropriately with toys</td>
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**PLEASE COMPLETE BOTH SIDES**
Child ___________________________ Date _______________________
Please provide the following information.

Adaptive:
Picky eater: yes ___ no ___ Due to sensory issues: yes ___ no ___

Any known food allergies: yes ___ no ___ Takes medication(s): yes ___ no ___
List food allergies / medications here: ______________________________________

Uses feeding utensils with minimal spilling:
Fork: yes ___ no ___
Spoon: yes ___ no ___

Able to drink from an open cup with minimal spilling: yes ___ no ___

Removes clothing unassisted: Pants: yes ___ no ___ Shirt: yes ___ no ___
Shoes: yes ___ no ___ Socks: yes ___ no ___

Puts on clothing unassisted: Pants: yes ___ no ___ Shirt: yes ___ no ___
Shoes: yes ___ no ___ Socks: yes ___ no ___

Independent with toileting: goes without reminders, wipes self, completes related
dressing/undressing tasks yes ___ no ___

Transitions from one activity to another upon request: yes ___ no ___

Personal-Social:
Attends a daycare or preschool program: yes ___ no ___
Name of daycare/preschool ________________________________________________
Number of days per week __________________________ Number of hours per day ____________

Initiates social contact with peers: yes ___ no ___ With adults: yes ___ no ___

Plays independently in the company of other children: yes ___ no ___

Plays beside other children: yes ___ no ___

Plays interactively with other children: yes ___ no ___
(example: play involves some social interaction, common goals, and collaboration with others)

Allows adults to play with him/her: yes ___ no ___

Shares toys/materials with others: yes ___ no ___

***********PLEASE COMPLETE BOTH SIDES***********