

Registration for Early Childhood Screening

Head Start Site: \_\_\_\_\_ CPID: \_\_\_\_\_

**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 Birth Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** MN **Zip:** \_\_\_\_\_

**Please complete the state race/ethnicity question below: American Indian: Person having origins in any of the original peoples of North America and maintains cultural identification through tribal affiliation or community recognition.**

No, not American Indian  Yes, American Indian

**Please complete the federal race/ethnicity questions below. You may choose more than one answer in Part B. See top of page two for specifics on how to complete this section.**

**\*Part A – Is the child Hispanic/Latino?**  No, not Hispanic/Latino  Yes, Hispanic/Latino

**\*PART B – What is your child's race?** \_\_\_\_\_

**PRIMARY/SECONDARY LANGUAGE INFORMATION**

Which language did your child learn first? \_\_\_\_\_  
Which language is most often spoken in your home? \_\_\_\_\_  
Which language does your child usually speak? \_\_\_\_\_

**PREVIOUS HEALTH AND DEVELOPMENTAL SCREENING INFORMATION**

Has your child received comprehensive health and developmental screening as a preschooler (3-5-years-old)?

YES  NO

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

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP) or Individual Education Plan (IFSP)?

YES  NO

**PARENT/GUARDIAN VERIFICATION OF INFORMATION**

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

\_\_\_\_\_  
**Signature - Parent/Guardian**

\_\_\_\_\_  
**Date**

**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 people 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, Japan, Korea, Malaysia, Pakistan, the Philippines Island, Thailand and Vietnam.

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

**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:** \_\_\_\_\_ AEOA - HEAD START

**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 CATEGORY (SAC)**

*(To be completed by the Early Childhood Screening Coordinator)*

\_\_\_ 41 - Screening by District

\_\_\_ 42 - Child and Teen Checkups/EPSTD

43 - Head Start

\_\_\_ 44 - Private Provider

\_\_\_ 45 - Conscientious Objector, no screening

Check the **Primary** type of referral following the early childhood health and developmental screening using STATUS END CODES (SEC). Only one box may be checked. Must have a valid SEC for – STATE AID CATEGORY (SAC) 41. If unsure of referral status for SAC 42-44, use “no referral” SEC 60. **(To be completed by the Early Childhood Screening Coordinator.)**

**Status End Codes:**

60 – No referral

61 – Referral to special education

66 – Rescreen planned

**SCHOOL DISTRICT VERIFICATION OF INFORMATION**

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

\_\_\_\_\_  
**Signature – School District Early Childhood Screening Coordinator**

\_\_\_\_\_  
**Date**