



Arizona Department of Education Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

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.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____,
By _____.

My Commission Expires: _____

Notary Public



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

Paradise Valley Unified School District • Phoenix, Arizona

SCREENING FORM – VALORACIÓN INICIAL

SCREENING MUST BE COMPLETED WITHIN 45 CALENDAR DAYS OF ENROLLMENT

Enrollment Date: _____ Student ID #: _____ Teacher: _____

TO BE COMPLETED BY PARENT/GUARDIAN AT TIME OF REGISTRATION
LOS PADRES DEL ALUMNO LLENAN ESTA SECCIÓN

Student Name [Nombre del alumno]	<input type="checkbox"/> Male [Masculino] <input type="checkbox"/> Female [Femenino]	Date of Birth [Fecha de nacimiento]	Age [Edad]	Grade [Grado]	School [Escuela]
Last Grade Attended [Último grado al que asistió]		Year Attended [Año en que asistió]		Last School Attended [Última escuela a la que asistió]	
Student Home Address [Dirección de la casa del alumno]			City [Ciudad]	Zip [Zona Postal]	Home Phone [Teléfono de casa]
Ethnicity [Grupo étnico]	Language Spoken at Home [Idioma que se habla en casa]	Language Spoken by Student [Idioma que habla el alumno]	First Spoken Language of Student [Primer idioma que habló el alumno]		

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____
[FIRMA DE UNO DE LOS PADRES O TUTOR LEGAL]: _____ **[FECHA]:** _____

TO BE COMPLETED BY SCHOOL NURSE

ACUITY Snellen Test <input type="checkbox"/> SPOT <input type="checkbox"/> Distance: Wears Glasses: Yes <input type="checkbox"/> No <input type="checkbox"/> Both Eyes: Right Eye: Left Eye: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Near: Wears Glasses: Yes <input type="checkbox"/> No <input type="checkbox"/> Both Eyes: Right Eye: Left Eye: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	VISION SUBTEST Ocular Alignment Pass <input type="checkbox"/> Fail <input type="checkbox"/> Color Deficiency Pass <input type="checkbox"/> Fail <input type="checkbox"/> HEARING Pure Tone <input type="checkbox"/> Impedance <input type="checkbox"/> OAE <input type="checkbox"/> Right Ear: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Left Ear: Pass <input type="checkbox"/> Fail <input type="checkbox"/> HEIGHT _____ WEIGHT _____	NEUROMATURATIONAL/DEVELOPMENTAL Dominance: Hand ____ Eye ____ Leg ____ Fine Motor: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Gross Motor: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Tactile/Kinesthetic: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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EDUCATIONALLY RELEVANT HEALTH INFORMATION: _____ **NURSE SIGNATURE:** _____ **DATE:** _____

TO BE COMPLETED BY CLASSROOM TEACHER

<p style="text-align: center;">1. VISION</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far <input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board <input type="checkbox"/> <input type="checkbox"/> Has trouble with eyes <input type="checkbox"/> <input type="checkbox"/> Has weak note taking skills <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">2. SOCIAL or BEHAVIORAL</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing) <input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn) <input type="checkbox"/> <input type="checkbox"/> Has difficulty with unstructured environments or transitions between activities <input type="checkbox"/> <input type="checkbox"/> Has difficulty developing or maintaining peer or adult relationships <input type="checkbox"/> <input type="checkbox"/> Displays inappropriate types of behavior or feelings under normal circumstances <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">3. MOTOR SKILLS</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Has short attention span <input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward) <input type="checkbox"/> <input type="checkbox"/> Problems with fine motor skills (reaching, grasping, manipulation of objects) <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">4. COGNITIVE or ACADEMIC</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers <input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli) <input type="checkbox"/> <input type="checkbox"/> Below grade level in reading: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in writing: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in math: _____ <input type="checkbox"/> <input type="checkbox"/> Difficulty acquiring, retaining, recalling, manipulating information <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">5. ADAPTIVE DEVELOPMENT</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Poor self care skills related to personal hygiene, dress, maintaining personal belongings <input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language <input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use <input type="checkbox"/> <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">6. COMMUNICATION</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Difficulty understanding directions <input type="checkbox"/> <input type="checkbox"/> Difficulty expressing ideas <input type="checkbox"/> <input type="checkbox"/> Difficulty expressing needs <input type="checkbox"/> <input type="checkbox"/> Difficulty producing speech sounds <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">7. HEARING</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class <input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks, "What?" <input type="checkbox"/> <input type="checkbox"/> Has significantly delayed language <input type="checkbox"/> <input type="checkbox"/> Has frequent earaches <input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">8. TRANSFER STUDENT RECORDS REVIEW</p> <p>Last grade attended: _____ Year attended: _____ Last school attended: _____ Date records requested: _____ Received: _____ Date records reviewed: _____ Reviewer: _____ History of early intervention or special education? <input type="checkbox"/> Yes <input type="checkbox"/> No History of poor performance or progress in school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> NO PROBLEM AT THIS TIME <input type="checkbox"/> PROBLEM NOTED: See Administrative Action below.</p> <p>TEACHER SIGNATURE: _____ DATE: _____</p> <p style="text-align: center;">9. ADMINISTRATIVE ACTION</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Parents notified in 10 school days if concerns were noted: Date _____ <input type="checkbox"/> <input type="checkbox"/> Current IEP/Special Education Records Received/Reviewed <input type="checkbox"/> <input type="checkbox"/> Referred for Teacher Assistance Team: Date _____ <input type="checkbox"/> <input type="checkbox"/> Referred for 504 Plan: Date _____ <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>ADMINISTRATOR SIGNATURE: _____ DATE: _____</p>
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TO BE COMPLETED BY SPEECH LANGUAGE PATHOLOGIST

If student has been screened by the Speech-Language Pathologist, please indicate results: No apparent problems Typical developmental errors

Area(s) of concern: _____

SPEECH-LANGUAGE PATHOLOGIST SIGNATURE: _____ **DATE:** _____