

## **Northeastern Local Pre-Screening Form**

**\*\*Both pages must be completed and turned back in prior to your child being placed on a waitlist\*\***

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Please circle: **Northeastern Elementary Preschool** or **Rolling Hills Preschool** Native Language \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Please Circle:** Male Female

### **Custodial Parent (s)/Guardians with whom the Students Resides/Please circle:**

(Both Parents) (Shared parenting) (Mother only) (Father only) (Guardian/Foster care) (Grandparent) (Other)

Parent/Guardian with whom the student resides: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian with whom the student resides: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

### **Family History:**

1. Indicate siblings or other individuals living with the child.

Name	Age	Relationship to Child

2. With whom does the child stay during the day? \_\_\_\_\_

3. Does the child have special needs that require daily care or activities from the caretaker? **YES / NO**

If yes, please describe: \_\_\_\_\_

Did the child's birth follow a full-term pregnancy with not complication prior to or immediately following the delivery? **YES / NO**

If **NO**, please describe. \_\_\_\_\_

Has the child had, or does the child currently have, significant health concerns, major childhood illness/disease, diagnosed syndromes, or adaptive/medical needs? **YES / NO**

If **YES**, please describe. \_\_\_\_\_

Does the child take medication on a regular basis? **YES / NO**

If **YES**, please describe. \_\_\_\_\_

Do you have concerns with your child's vision **YES / NO** or hearing **YES / NO**?

Has the child participated in therapy (e.g., speech-language, occupational, physical, orientation and mobility, etc.)? **YES / NO**

If **YES**, please provide dates and contact information. \_\_\_\_\_

Which preschool waitlist would you like your child to be placed on?      2023/24      2024/25      2025/26      2026/27  
(Circle only one)

**Date form completed/turned back to staff** \_\_\_\_\_

Please check **Yes** or **No** for each of the following:

**Adaptive Behavior**

- Yes  No Eats and drinks with utensils independently
- Yes  No Dresses without help
- Yes  No Undresses without help
- Yes  No Toileting – Independent
- Yes  No Washes and dries hands without help

**Cognition/Preacademic Skills**

- Yes  No Sorts toys or objects by at least one feature (e.g., color, size, shape)
- Yes  No Names two or three colors
- Yes  No Counts to 5 or higher
- Yes  No Matches objects to pictures in books
- Yes  No Uses imagination to play (e.g., pretends to cook dinner, pretends to be going to work)

**Social/Emotional**

- Yes  No Initiates or joins in play with other children
- Yes  No Shares toys and takes turns with assistance
- Yes  No Accepts changes in daily schedule and routines
- Yes  No Recognizes the feelings of others and responds appropriately
- Yes  No Willing to separate from parent(s) in familiar surroundings

**Motor Skills**

- Yes  No Demonstrates basic locomotor skills (walking, running, jumping, hopping)
- Yes  No Demonstrates balance and coordination while moving
- Yes  No Uses one hand consistently in most activities
- Yes  No Draws some recognizable shapes/pictures
- Yes  No Stacks 6-7 blocks

**Behavioral**

- Yes  No Cooperates with other children during play
- Yes  No Asks for assistance when having difficulty
- Yes  No Demonstrates aggressive behavior
- Yes  No Has frequent temper tantrums and/or cries or whines excessively
- Yes  No Disobedient or does not mind well

**Communication**

- Yes  No Shows an understanding of many words and most sentences
- Yes  No Can follow simple directions such as “Give Daddy the ball”
- Yes  No Average sentence length is 3-4 words or longer
- Yes  No Can be understood by people not familiar with his/her speech
- Yes  No Points to pictures of common objects described by their use (e.g., show me what you use to eat)

Please use this space for anything else that you'd like to share about your child at this time (e.g., strengths, interests, concerns, etc.)

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