



# EARLY LEARNING

PRESCHOOL PRE-K EARLY CHILDHOOD SCREENING ECFE

## 2022- 2023 4-Year-Old Application

Hello Family,

Attached is the enrollment application for Pre-K or the Multi-Age class and consent for Early Childhood Screening. Please return this paperwork to the enrollment office at Brooklyn Center Middle School/ High School at 6500 Humboldt Avenue North in Brooklyn Center.

Paperwork must include:

1. A copy of the child's **birth certificate**
2. **Immunization Records**
3. **Verification of Residency**
4. Early Childhood Screening consent
5. Scholarship Pathway II Application
6. MDE Application for Education Benefits (After July 1, 2022)





# EARLY LEARNING

PRESCHOOL PRE-K EARLY CHILDHOOD SCREENING ECCE

## 4-Year-Old Enrollment

Attached are the forms that are required to register for 4-year-old classes and consent for Early Childhood Screening. All forms must be completed and returned to Jody Rossi, the enrollment coordinator. Make an appointment with Jody Rossi at (763) 561- 2120 ext. 2550.

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION TO COMPLETE APPLICATION:

1. Copy of child's birth certificate
2. Immunization records
3. Verification of Residency document

**Student Name:** \_\_\_\_\_

### Pick A Class:

Both classes are held at Brooklyn Center Elementary - 1500 59th Avenue North, Brooklyn Center

☐

#### **All Day Pre-K Monday through Friday 7:45 am to 1:45 pm**

Class begins Tuesday, September 6, 2022 (birthday between 9-2-17 and 9-1-18). Children must be completely toilet trained. All class availability, times, and locations are subject to change without notice. Transportation provided for All Day Pre-K only within school district boundaries/or within our Magnet Districts.

**OR**

☐

#### **Multi-Age (3-5 year Olds) Monday through Thursday 8:45 am to 11:15 am**

Class begins Tuesday, September 6, 2022 and will follow the Elementary school calendar. Children must be completely toilet trained. All class availability, times, and locations are subject to change without notice. There is no fee for this class.

- Priority given to ISD #286 residents--others will follow the district enrollment guide
- NO FEE
- Children will be required to participate in early childhood screening



2022- 2023

# Early Learning Enrollment Form

The following information is CONFIDENTIAL. Parents/ Guardians are required to complete a new form each school year or if there is a new medical information or current information needs to be updated.

## STUDENT INFORMATION

NAME:	FIRST	MIDDLE	LAST
DATE OF BIRTH:	AGE ON 9/1/2022:		(CIRCLE) GENDER: MALE / FEMALE

STUDENT ADDRESS:	APARTMENT #:
CITY:	STATE: ZIP CODE:

## STUDENT LIVES WITH: (check box)

☐ Both Parents
 ☐ Mother
 ☐ Father
 ☐ Father/ Step Mother
 ☐ Mother/ Step Father

☐ Guardians
 ☐ Foster Parents
 ☐ Other
 ☐ (Specify Relationship):

## OTHERS LIVING IN HOUSEHOLD (SIBLINGS)

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	SCHOOL/GRADE (IF ANY)	RELATIONSHIP TO STUDENT

IS EITHER PARENT/GUARDIAN ACTIVELY DEPLOYED? YES NO

## HAS THIS CHILD RECEIVED AN EARLY CHILDHOOD SCREENING?

☐ Yes
 ☐ No
 Location:
 Date:

## ALLERGIES

Does your child have any allergies? (including food allergies)  
If yes, list allergy(s) and symptom(s) of allergic reaction

\_\_\_\_ Yes \_\_\_\_ No

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How is the allergy treated?

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Does your child have EPIPEN, EPI JR or Auv-Q prescribed to treat the allergy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If, yes contact your school nurse before the first day of school to prepare an emergency action plan

## DAILY MEDICATIONS

Does your child require medication to be given at school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please contact your school nurse

- All prescription medication to be given at school require a medical order from your child's physician for school.
- Only parents/guardians are allowed to bring medication to school. Do not send it with your student. See your student handbook for rules/regulations regarding medication at school.

Does your child take daily medication at home?  
If yes, Please list current medication

Name	Dose	Time Given	Reason Given

## MEDICAL HISTORY

Does your child have any of the following conditions? Circle all that apply, explain below.

ASD

ADD/ ADHD

Asthma

Blood Disease

Bowel/ Bladder

Cancer

Diabetes

Eating Disorder

Emotional Concerns

Food Allergy/  
Intolerance

Genetic Congenital

Glasses

Heart Condition

Head Injury/ Concussion

Hearing Impaired

Migraines

Sleep Disorder

Seizures

Stomachache

Other

**Comments:**

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List any recent hospitalizations or treatments and explain (please include dates):

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**MEDICAL PROCEDURES OR TREATMENTS REQUEST**

Does your child have any medical procedures or emergency treatments needed during school hours?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

All medical procedures or treatments required at school must have a doctor medical order on file with the school nurse before any nursing procedures/treatments can be performed. Orders are good for 1 school year; please contact your school nurse for assistance.

**ACTIVITY RESTRICTIONS**

Does your child have any restrictions for activity physical activity? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, a written note from your physician for the current school year stating the restriction is required.

## EMERGENCY CARE

This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health and safety of the student. In case of emergency, if the school is not able to contact me, I give permission to take the student to the nearest hospital or appropriate facility for medical attention. This medical information may be shared with school personnel, EMT's, and hospital personnel as needed. If it is necessary to contact an ambulance, it will be the responsibility of the parent/guardian to pay for this service. I understand a copy of this information will be sent with my child to the hospital. If I cannot be reached by telephone in the event of an emergency involving:

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(Students Name)

Please send my child to \_\_\_\_\_ or any available medical service.  
(Hospital Preferred)

CLINIC NAME	CLINIC PHONE	PHYSICIAN NAME
HOSPITAL NAME		HOSPITAL PHONE

This information is current and correct; I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes in contact information. I understand that this health history form must be updated every school year.

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Parent/Guardian Signature

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Date

---

Printed Name

---

Phone Number



## ENROLLING PARENT/ GUARDIAN 1 (LIVING WITH)

NAME:	FIRST	MIDDLE	LAST
DATE OF BIRTH:	(MM/DD/YYYY)	(CIRCLE) GENDER: MALE / FEMALE	
RELATIONSHIP TO STUDENT:			

PARENT ADDRESS:		APARTMENT #:
CITY:	STATE:	ZIP CODE:
PHONE:	ALT: PHONE	
EMAIL ADDRESS:		

ETHNICITY (Check One): ☐ HISPANIC/ LATINO

☐ NOT HISPANIC/ LATINO

RACE (Check All That Apply):

<input type="checkbox"/>	American Indian/ Native American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black African American
<input type="checkbox"/>	Pacific Islander/ Native Hawaiian
<input type="checkbox"/>	White

WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED? (Check One):

<input type="checkbox"/>	Less than high school
<input type="checkbox"/>	High School or GED
<input type="checkbox"/>	Some college or no degree
<input type="checkbox"/>	College Degree

EMPLOYMENT STATUS (Check One):

<input type="checkbox"/>	Employed full-time (25 hours/ week or more)
<input type="checkbox"/>	Employed part-time (less than 25 hours/ week)
<input type="checkbox"/>	Unemployed, seeking employment
<input type="checkbox"/>	Unemployed, not seeking employment

ESTIMATED ANNUAL HOUSEHOLD INCOME	\$	PER YEAR
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IS EITHER PARENT/GUARDIAN ACTIVELY DEPLOYED? YES NO

## PARENT/ GUARDIAN 2

<b>NAME:</b>	<i>FIRST</i>	<i>MIDDLE</i>	<i>LAST</i>
<b>DATE OF BIRTH:</b>	<i>(MM/DD/YYYY)</i>		<i>(CIRCLE)</i> GENDER: MALE / FEMALE
<b>RELATIONSHIP TO STUDENT:</b>			

<b>PARENT ADDRESS:</b>		<b>APARTMENT #:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PHONE:</b>	<b>ALT: PHONE</b>	
<b>EMAIL ADDRESS:</b>		

**ETHNICITY (Check One):** ☐ HISPANIC/ LATINO ☐ NOT HISPANIC/ LATINO

**RACE (Check All That Apply):**

<input type="checkbox"/>	American Indian/ Native American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black African American
<input type="checkbox"/>	Pacific Islander/ Native Hawaiian
<input type="checkbox"/>	White

**WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED? (Check One):**

<input type="checkbox"/>	Less than high school
<input type="checkbox"/>	High School or GED
<input type="checkbox"/>	Some college or no degree
<input type="checkbox"/>	College Degree

**EMPLOYMENT STATUS (Check One):**

<input type="checkbox"/>	Employed full-time (25 hours/ week or more)
<input type="checkbox"/>	Employed part-time (less than 25 hours/ week)
<input type="checkbox"/>	Unemployed, seeking employment
<input type="checkbox"/>	Unemployed, not seeking employment

<b>ANNUAL INCOME</b>	
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**PLEASE CIRCLE:**

Is parent allowed contact with student?	Yes	No
Is parent allowed educational rights?	Yes	No
Does this parent have custody rights?	Yes	No
Do you want mailings sent to parent?	Yes	No
Can we release student to this parent?	Yes	No
Does this parent have financial responsibility for student?	Yes	No

### STEP PARENT OR OTHER ADULT GUARDIAN 3

NAME	RELATION TO STUDENT:			
DATE OF BIRTH	GENDER: M / F			
ADDRESS				
STREET		CITY	STATE	ZIPCODE
PHONE NUMBERS				
CELL		HOME	WORK	
EMAIL ADDRESS				

**THIS STEP PARENT OR GUARDIAN CAN PICK UP MY CHILD:**

**(PLEASE CHECK BOX)**

- ☐ ANYTIME
- ☐ ONLY IN EMERGENCY
- ☐ ONLY WHEN I NOTIFY ISD 286

### STEP PARENT OR OTHER ADULT GUARDIAN 4

NAME	RELATION TO STUDENT:			
DATE OF BIRTH	GENDER: M / F			
ADDRESS				
STREET		CITY	STATE	ZIPCODE
PHONE NUMBERS				
CELL		HOME	WORK	
EMAIL ADDRESS				

**THIS STEP PARENT OR GUARDIAN CAN PICK UP MY CHILD:**

**(PLEASE CHECK BOX)**

- ☐ ANYTIME
- ☐ ONLY IN EMERGENCY
- ☐ ONLY WHEN I NOTIFY ISD 286

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE PROVIDE NAMES OF OTHER PEOPLE WE CAN CONTACT IN THE EVENT THAT WE CANNOT REACH THE PARENT OR GUARDIAN**

**EMERGENCY CONTACT 1** *(other than parent/ guardian already listed)*

NAME	RELATION TO STUDENT:			
DATE OF BIRTH	GENDER: M / F			
ADDRESS				
STREET		CITY	STATE	ZIPCODE
PHONE NUMBERS				
CELL		HOME	WORK	
EMAIL ADDRESS				

**THIS EMERGENCY CONTACT CAN PICK UP MY CHILD:**

***(PLEASE CHECK BOX)***

- ☐ ANYTIME
- ☐ ONLY IN EMERGENCY
- ☐ ONLY WHEN I NOTIFY ISD 286

**EMERGENCY CONTACT 1** *(other than parent/ guardian already listed)*

NAME	RELATION TO STUDENT:			
DATE OF BIRTH	GENDER: M / F			
ADDRESS				
STREET		CITY	STATE	ZIPCODE
PHONE NUMBERS				
CELL		HOME	WORK	
EMAIL ADDRESS				

**THIS EMERGENCY CONTACT CAN PICK UP MY CHILD:**

***(PLEASE CHECK BOX)***

- ☐ ANYTIME
- ☐ ONLY IN EMERGENCY
- ☐ ONLY WHEN I NOTIFY ISD 286

***It is our policy to request photo identification for anyone unfamiliar to us. Please inform the person on your pick-up list that if they do not have proper identification, we cannot release your child to them.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Brooklyn Center Early Learning Programs

### Verification of residency

In order to verify residency, one current document from the following list must be provided. Said documents must show parent/guardian/caregiver **name and address**. Post office box numbers are not acceptable as residence addresses.

**Proof of residency must be provided with the completed registration papers.**

Address shown as the student's address on the registration form:

Address	City	State	Zip Code
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#### **Verification attached in the form of:**

\_\_\_\_\_ Escrow papers/ mortgage statement

\_\_\_\_\_ Homeowner's association fees statement

\_\_\_\_\_ Lease agreement/ rental contract **and current rent receipt** with parent's name

\_\_\_\_\_ Letter on apartment complex letterhead, signed by the landlord, stating that the parent/ guardian/ caregiver lives there.

\_\_\_\_\_ Gas/ Electric bill      \_\_\_\_\_ Water bill      \_\_\_\_\_ Trash bill      \_\_\_\_\_ Phone / Cable TV bill

\_\_\_\_\_ Verification of Social Services (SSI / AFDC / Medical Card)

I, \_\_\_\_\_ the parent/ guardian/ caregiver of  
(print name)

Student Name(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verify that the above named students reside at the address shown on the document indicated above and attached. I will keep the school informed if my address changes and provide current proof of residency.

Falsification of any information or document required for residency verification or the use of the address of another person may result in revocation of student enrollment.

\_\_\_\_\_  
Signature of Parent / Guardian / Caregiver

\_\_\_\_\_  
Date





## General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

**IMPORTANT NOTE:** Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

### Section 1: To be Completed by One or Both of the Student's Parents or Guardians

#### Student Information

Student Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Full Middle: \_\_\_\_\_

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE?

☐ Yes    ☐ No\*

**\*If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student's current grade level (If applying for ECSE, write EC): \_\_\_\_\_

Grade Level Desired: \_\_\_\_\_

## Student Resident District Information

Resident District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

City: \_\_\_\_\_

## District of Choice (non-resident school district)

District of Choice Name: \_\_\_\_\_

District Number: \_\_\_\_\_

City: \_\_\_\_\_

Identify the reason for the request to enroll in a nonresident district:

\_\_\_\_\_

## Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Enrollment Timeline

When are you seeking to enroll your child?

- ☐ Immediately
- ☐ Not immediately, but sometime during the current school year
- ☐ Next school year.

## Special Situations

Please check all that apply.

- ☐ Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- ☐ Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.



- ☐ Family move: The student's resident district changed after December 1 prior to the school year requested, waiving deadlines.
- ☐ Student is a resident of City of Edina but the resident school district for the student's Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- ☐ Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this: ☐
- ☐ Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

## Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

### Minnesota Parent/Guardian 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### Parent/Guardian 2:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### Physical Signature of at Least One Parent/Guardian is Required

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

Signature of parent/legal guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/legal guardian 2 (optional): \_\_\_\_\_

Date: \_\_\_\_\_

### Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

### Section 2: To be Completed by the Non-resident District

**Non-resident District:** Notify parents/guardians of application approval or disapproval in writing by **February 15 or no more than 90 days after receiving applications** that come later through an Achievement and Integration School Choice Program. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6).

**Please expedite any requests for open enrollment into Early Childhood Special Education Services.**

Families must accept or decline the offer by **March 1 or 45 days after notification that their application has been approved**. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received: \_\_\_\_\_

District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

District Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Does the January 15 deadline apply?**

- ☐ Yes, the deadline applies and it was met.
- ☐ Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- ☐ No, one or both districts receive Achievement and Integration funding from MDE.
- ☐ No, family moved to resident district on December 1 or later.
- ☐ No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

**Will the student have priority in a lottery?**      ☐ No      ☐ Yes, based on:

- ☐ Sibling of currently open-enrolled student in this district.
- ☐ MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- ☐ Child of Minnesota resident who is a district employee.
- ☐ City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

**Approval/Disapproval of Open Enrollment Application**

☐ **APPROVED**

☐ **APPROVED BUT WITH A NON-RESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

**STUDENT ASSIGNMENT SITE/PROGRAM:** On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

**School Building Name:** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

☐ **NOT APPROVED**

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

☐ The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.

☐ Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))

☐ Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))

☐ District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

**NOTIFICATION TO RESIDENT DISTRICT**

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

**Name of Superintendent/Responsible Authority:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Please Note:** districts may not modify this form, add data fields or create alternative formats.

# HOME LANGUAGE QUESTIONNAIRE



Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

## STUDENT INFORMATION

Student's Full Name:  
[Last, First, Middle]

Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name [printed]:

Parent/Guardian Signature:

Date:

Do either or both parents need an interpreter? Yes. What language?

No

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran        | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/ | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican | Spanish-American                           |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

**Question 2. Is the student American Indian from South or Central America?**

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                   |                                     |                                      |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Karen      | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian        | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean     | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Burmese             | <input type="checkbox"/> Hmong    | <input type="checkbox"/> Vietnamese |                                      |

Go to Question 4.

**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali      |
| <input type="checkbox"/> African-American    | <input type="checkbox"/> Liberian        | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo     | <input type="checkbox"/> Nigerian        | <input type="checkbox"/> Unknown     |

Go to Question 5.

**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

☐ **Yes**

☐ **No**

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

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



# BROOKLYN CENTER COMMUNITY SCHOOLS

# STUDENT DIGITAL EQUITY SURVEY



## SURVEY INFORMATION

*Thank you for participating in the Student Digital Equity Survey.* This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Brooklyn Center Community Schools may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data — without personal, identifying information — to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Brooklyn Center Community Schools will not share your personal, identifying information provided in this survey with others without your consent.

## INSTRUCTIONS

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### STUDENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Primary Address: \_\_\_\_\_

## DIGITAL DEVICE ACCESS

**1. Does the student use an electronic device like a computer, tablet or smartphone to complete homework?**

No [skip to question 2]

Yes [continue to 1a]

**a. If yes, what type of electronic device does the student usually use to complete homework?**

**[select ONLY one]**

Desktop or Laptop

Tablet

Chromebook

Smart phone

Other

**b. Is the electronic device [from 1a] provided by the school?**

Yes      No

**c. Is the electronic device shared with anyone else in the home?**

Yes      No

## INTERNET ACCESS

**2. Can the student access the Internet on their electronic device at home?**

No – Internet is **not** available at home [skip to end of survey]

No – Internet is **not** affordable at home [skip to end of survey]

No – Other [skip to end of survey]

Yes [continue to 2a]

**a. If yes, what kind of Internet service do you have at home?**

Residential broadband [e.g. Cable, Fiber, DSL]

Cellular network

School-provided hotspot

Satellite

Dial-up

Other

I am not sure

**b. Can the student stream a video on their electronic device without pauses?**

Yes – with **no** pauses or buffering

Yes – with **some** pauses or buffering

No – streaming doesn't work

# PRE-K REQUEST FOR TRANSPORTATION

## IMPORTANT BUS INFORMATION

Bussing is provided for In-District students. **Students out of district may request bussing, but it may not be provided depending on location.**

Bus stops will be as close to a child's home as possible. It is not guaranteed to have a drop off location right in front of a home or at the nearest corner. Bus routes are made according to many factors and transportation does their best to accommodate all Pre-K students. Pre-K students will NOT ride busses with grades K-5. An adult must be present for bus to pick-up and drop off Pre-K student. If a parent fails to pick up a student and afternoon drop off the, child is brought back to the school and parent will need to pick up student from school. Transportation reserves the right to suspend or remove bus privileges.

**Read the following important information before completing this form.** Consistent bus stops are necessary for the safety of our students. Students are not allowed to make changes regarding pick-up or drop off stops. Example: riding the bus to a friend's house.

You may only select ONE morning (AM) and ONE afternoon (PM) address for your transportation needs.

<b>PARENT NAME</b>					
<b>STUDENT NAME</b>					
<b>HOME ADDRESS</b>					
	Street Address.	Apt.	City	State	Zip Code
<b>AM PICK-UP ADDRESS</b>					
	Street Address.	Apt.	City	State	Zip Code
<b>PM PICK-UP ADDRESS</b>					
	Street Address.	Apt.	City	State	Zip Code

<b>ALTERNATE CARE GIVER ADDRESS</b>					
<b>ADDRESS</b>					
	Street Address.	Apt.	City	State	Zip Code
<b>CARE GIVER NAME AND PHONE</b>					

**BY SIGNING THIS FORM YOU ARE CERTIFYING THAT ALL INFORMATION CONTAINED ON THIS FORM IS ACCURATE.**

Parent/ Legal Guardian Signature

Date



## Early Learning Scholarship – Pathway II Application

### Instructions

#### What is an Early Learning Scholarship?

An Early Learning Scholarship – Pathway II can help your child attend high-quality child care and early education to help your child get ready for kindergarten. A program is eligible to receive Pathway II funds if they are Parent Aware Four-Star Rated. Parent Aware is a rating tool to help parents select high-quality early childhood programs. For more information, visit the [Parent Aware website](https://parentaware.org) (ParentAware.org). **Note:** Children may only receive one scholarship within a 12-month period and cannot receive a Pathway I and Pathway II scholarship at the same time.

#### Where can my child use a scholarship?

Early Learning Scholarships – Pathway II are awarded to families by an eligible Parent Aware Four-Star Rated program. Pathway II early childhood programs receive scholarship funds from the Minnesota Department of Education. These programs then use their funds to award scholarships to families whose children attend the Pathway II program. The scholarships must be used at the awarding Pathway II program. The funding stays with the program to support other children if your child leaves.

#### Is my child eligible?

Children must meet age eligibility requirements in at least one category listed below at the time they are awarded. Children age out of eligibility for the Early Learning Scholarships Program either (a) the day they are age-eligible for kindergarten (age 5 on September 1), or (b) the day the child is enrolled in and attending kindergarten, whichever is earlier. Once a child is awarded a scholarship, they are eligible to continue to receive a scholarship until they age out.

- Children ages 3 to 4 on September 1 of the current school year, or age 5 if not yet aged out of eligibility.
- Children ages 0 to 4 on September 1 of the current school year, or age 5 if not yet aged out of eligibility, who meet one of the following criteria:
  - A parent of the child is under the age of 21 and currently pursuing a high school or general education equivalency diploma (GED)\*; or
  - The child is in foster care or in need of child protective services\*; or
  - The family has experienced homelessness in the previous 24 months\*; or
  - The child has a sibling who has already been awarded a scholarship and attends the same program, as long as funds are available. Applications for eligible siblings do not require proof of income eligibility.

**\*Note:** Priority for funding is given to children who meet the eligibility criteria with an asterisk (\*). Families must also meet income eligibility requirements after meeting at least one of the criteria above. Awards are made as long as funds are available.

## Additional Requirements

Only a parent or legal guardian of the child/children may apply for an Early Learning Scholarship – Pathway II, and your family must meet the following requirements:

- **Location:** You must have a Minnesota address (residing in the state of Minnesota).
- **Income:** You must have a family income equal to or less than 185 percent of the federal poverty level or be receiving certain publicly funded assistance in an approved state or federal public assistance program.

The chart below is based on the poverty guidelines published in the Federal Register on January 17, 2020 and is valid for awards from July 1, 2020 through June 30, 2021.

Family Size	Gross Income	Family Size	Gross Income
2	\$31,894	6	\$65,046
3	\$40,182	7	\$73,344
4	\$48,470	8	\$80,346
5	\$56,758	9**	\$81,622

\*\*For family units of more than nine members, add **\$8,288** for each additional member.

## How do I Apply for an Early Learning Scholarship?

1. Complete the application in ink or electronically. Information that is required is marked with an asterisk (\*).
  - If the child is in foster care, the county or tribal social service agency must complete and sign the application. The foster parent cannot apply directly for a scholarship.
2. Attach the required documentation to demonstrate your eligibility. See Page 4 for requirements for Option 1 (proof of participation in a publically funded program) or Option 2 (proof of income).
  - If applying in the parent under 21 eligibility category, the applicant must provide written proof of the parent's pursuit of a high school diploma or GED® on the letterhead of the education organization providing the course(s) of study the parent attends.
3. Read the Agreement to Comply with Requirements and Tennesen Warning.
4. Sign and date the application in ink or electronic signature.
5. Submit your original application to the Pathway II program by following the instructions provided at the bottom of the Application Checklist on the next page.

*This form was created by the Minnesota Department of Education and must not be altered or adjusted in any way.*

*Funding provided by the Minnesota Department of Education using state funding to support administration of early learning scholarships, Minnesota Statutes, section 124D.165.*

## Application Checklist

Review the checklist below to make sure you have everything you need for your application:

- ☐ Complete all required areas of the application. The items marked with an asterisk (\*) are required. All other information is optional.
- ☐ Complete this form in ink or electronically.
- ☐ Carefully read each line of the **Agreement to Comply with Requirements** section and the **Tennessean Warning**.
- ☐ Sign and date the application in ink or electronically.
  - *Optional:* Read the agreement to participate in the evaluation and initial to give consent.
- ☐ Staple all supporting documents to the back of the application. Supporting documents include:
  - For Option 1: Documentation demonstrating current participation in one of the approved public programs listed on Page 4.
  - For Option 2: Income documentation in addition to the *Option 2 Income Verification Form* on Page 5 of the application.
    - If none of the adult members of your household have any income, the *Household Declaration of No Income* form on Page 11 must be completed by one adult and submitted with your application.
  - If you are a teen parent under 21 and are pursuing a high school diploma or GED<sup>®</sup>, you must provide written proof of your pursuit of a high school diploma or GED<sup>®</sup> on the letterhead of the educational organization providing the course(s) of study you attend.
- ☐ Submit the completed, signed application with attached eligibility documentation to the Pathway II program listed below.
- ☐ Keep at least one copy of the application and attachments for your own records.

## Submit the Application

Submit your completed application and eligibility documentation to your Pathway II program:

*Missing documentation such as proof of program participation or income, or missing signatures may cause a delay.*

*This page is intentionally left blank.*



## Early Learning Scholarship – Pathway II Application

Complete this form in ink or electronically. Information with an asterisk (\*) is required to be filled out by the parent/guardian. If any required questions are left blank, the parent/guardian will need to correct the application by mail or in person.

### Child Information

Provide information for all children you want considered for a scholarship. Use separate applications for children living at different addresses. Siblings are children who share one or both parents through blood, marriage or adoption, including siblings as defined by the children's tribal code or custom. If a sibling is not yet 3 years old on September 1, the child must attend the same program as Child One at time of award.

**Note:** Children age 5 or older on September 1 of the current fiscal year are not eligible to receive a scholarship.

#### Child One

\*Child's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Child's Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

\*Child's Gender (*check one*):      Male      Female

Is this child in Foster Care?:      Yes      No

Ethnicity (*check one*):      Hispanic/Latino      Not Hispanic/Latino

Race (*check all that apply*):      American Indian or Alaskan Native      Asian      Black or African American  
Pacific Islander or Native Hawaiian      White

Has this child received an Early Childhood Screening?      Yes      No

Location: \_\_\_\_\_ Date: \_\_\_\_\_

#### Additional Children

Are you applying for more than one child?      Yes      No

*If you are applying for more than one child, use the extra page at the end of the application.*

## Parent/Legal Guardian Information

The parent or legal guardian of the children included in this application must complete this section.

**Note:** If any child is in foster care, please skip this section and complete the "Foster Care Information" section.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ County: \_\_\_\_\_

\*Relationship to child: Parent Legal Guardian (appointed by the court)  
Other: \_\_\_\_\_

\*\*Date of Birth (\*\*required only if parent is under 21, MM/DD/YYYY): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (If different from resident address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

### Additional Contact 1

If there are two legal parents/guardians in the household, the second parent must be listed below. By listing this person, you give your consent for the Pathway II program to contact this adult to discuss the information on this form.

Name: \_\_\_\_\_  
*First Middle Last*

Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

### Additional Contact 2

Optional: If there is another contact such as an additional family member, case worker, program staff, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Pathway II program to contact this adult to discuss the information on this form.

Name: \_\_\_\_\_  
*First Middle Last*

Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

## Family Information

**What language does your family speak most at home?**

English      Hmong      Somali      Spanish      Vietnamese

Other: \_\_\_\_\_

**Do you need an interpreter?**

Yes      No

**Has your family experienced any of the following living situations at any point in the last 24 months (including now) due to economic hardship or loss of housing? Check any that apply.**

Shelter      Moving from place to place      Doubling up temporarily with other family or friends  
Hotel, motel, or trailer      Car, outside, or public space

**What is the highest level of education you have completed? Check one.**

Less than high school      High school or GED      Some college or no degree      College degree

**What is your current employment status? Check one.**

Employed full-time (25 hours/week or more)      Employed part-time (less than 25 hours/week)  
Unemployed, seeking employment      Unemployed, not seeking employment

**How did you hear about Early Learning Scholarships? Check all that apply.**

My program      Friend/Family      Another family in my program  
Area Administrator      Community partner (i.e., library)      Social media (Facebook, Twitter)  
Online research      Parent Aware/Child Care Aware      Tribal, County, or State service provider  
Flyer/advertisement      Other: \_\_\_\_\_

## Proof of Income Eligibility: Instructions

Families must demonstrate their eligibility in one of two ways:

### Option 1: Current participation in one of the following public programs:

- Minnesota Family Investment Program (MFIP)
- Free and Reduced-Price Lunch Program (FRPL)
- Food Distribution Program on Indian Reservations
- Head Start
- Child Care Assistance Program (CCAP)
- Child Adult Care Food Program\* (CACFP)
- Supplemental Nutrition Assistance Program (SNAP)
- Foster Care

*\*Families cannot be income-eligible for scholarships based solely on CACFP provider area eligibility. Families must be eligible based on their own income.*

**Acceptable proof of participation includes:** official notice on program letterhead; application with program approval/signature (i.e., approved CACFP or FRPL application); authorization form from the public program; current bill or receipt from the program (i.e., MEC<sup>2</sup> bill from CCAP); or screenshot from a program's official system of record (i.e., free or reduced price lunch status in Infinite Campus). Proof of participation must have the name of the parent/guardian and/or child(ren), must be dated, and must be valid at the time of the award. **Unacceptable proof includes:** a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

**Option 2:** If are not participating in or have documentation from one of the federally funded programs listed in Option 1, then you must complete both charts of the *Option 2: Income Verification Form* on the following page and submit documentation demonstrating your household income.

- **Adults in Household–Income Verification Chart instructions:** List all household members including all people living in the household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. The applicant must include themselves and all children who live with them. Households do not include other people who are economically independent, such as a roommate.
- **Children in Household Chart instructions:** List all infants, children, and students through grade 12 in the household that share income and expenses, even if they are not related. Attach an additional page if necessary. For more information on household size, view the “Who is in a SNAP household” section of the US Department of Agriculture (USDA) [SNAP eligibility webpage](https://www.fns.usda.gov/snap) (<https://www.fns.usda.gov/snap>).

**Attach acceptable proof of all income for each adult listed**, which includes the previous year's W-2 form, two most recent pay stubs, financial aid statement, or a statement from an employer on company letterhead. Pay stubs must be dated within six months of the award. If other types of documentation are not available, the previous year's income tax filing documents may be used. The tax documents must be a copy of the signed version submitted to the Internal Revenue Service (IRS) or include the confirmation notice if submitted electronically. Include proof for all types of income earned. If the household has no income, one of the adults in the household must complete the *Household Declaration of No Income* at the end of this application.

**Note:** Applications for a sibling of a child with an active scholarship do not need to submit proof of income eligibility.

## Family's Documentation Demonstrating Eligibility

### Option 1: Participation in a Public Program

**Do you currently participate in any of these public programs? Check all that apply.** If you currently participate in any of the programs listed below, you must attach an official document showing participation in at least one as proof of eligibility.

- |  |  |
|--|--|
| Minnesota Family Investment Program (MFIP)       | Child Care Assistance Program (CCAP)             |
| Free and Reduced-Price Lunch Program (FRPL)      | Child Adult Care Food Program* (CACFP)           |
| Food Distribution Program on Indian Reservations | Supplemental Nutrition Assistance Program (SNAP) |
| Head Start                                       | Foster Care                                      |

If you do **not** currently participate in one of these public programs, you must complete the *Option 2: Income Verification Form* on the following page and submit valid income documentation for review of eligibility.

**Complete this page** and submit valid income documentation if you do **not** currently participate in an Option 1 public program.  
**Skip this page** if you currently participate in and can provide documentation for one of the Option 1 public programs listed on Page 4.

## Option 2: Income Verification Form

### Adults in Household – Income Verification Chart

Adults – Full Name	Gross Pay from Work <i>Do not write in an hourly wage.</i>				Farm or Self-Employment	Child Support, Alimony				All Other Incomes				No Income			
For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member and their income(s) in whole dollars. Include any college students temporarily away from home. *If none of the adults listed has income, check the last column and submit the <i>Household Declaration of No Income</i> form.	Gross pay before deductions (Not net income) (\$)	Weekly	Bi-Weekly	2x Month	Monthly	Net income after business expenses. State if annual or monthly. (\$)	Payments received. (\$)	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc. (\$)	Weekly	Bi-Weekly	2x Month	Monthly	Check if this adult has no income.
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### Children in Household

Child's First Name	Child's Last Name	Child's Age	Foster Child: If an agency or court has legal responsibility for the child, then mark the circle.
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>

If you are not applying for a child in protective services and/or foster care, skip this page.

## For a Child in Protective Services

If your child is not receiving child protective services, leave this section blank.

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Foster Care Information

**This section must be completed by the foster care county or tribal social service agency worker.**

By completing this section, you are designating yourself as the point of contact for the Pathway II program if there is a need to discuss the information on this form. The county or tribal social service agency worker should notify the Pathway II program of any changes that could impact the child's scholarship.

At the end of the application, the county or tribal social service agency worker should sign as the parent/guardian.

County or Tribal Social Service Agency: \_\_\_\_\_

County or Tribal Social Service Agency Address: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Residence of Child

Current Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

**Resident School District** of the child based on the address of the home from which the child was removed:

\_\_\_\_\_

## Foster Care Parent Contact

Foster Parent's Name: \_\_\_\_\_  
*First Middle Last*

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Agreement to Comply with Requirements

By signing this application, you are confirming that you have read, understand and agree to the Early Learning Scholarships Program requirements and the items listed below.

- The information on this application is true, and all household members' incomes are reported. If I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds paid.
- **My 3- to 5-year-old** must complete an Early Childhood Screening within 90 calendar days of attending a selected program using a scholarship. If my child receives a scholarship between age 0 and 2, they must complete the screening within 90 days of their third birthday.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Pathway II program when my child stops attending the program where we are using a scholarship.
- I will notify the Pathway II program if I move or my contact information changes.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense unless an official exemption has been extended to my child(ren).
- If the program is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program.
- If I am a family child care provider participating in Parent Aware, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family child care.

## Required Consent to Share Your Information

You must consent to all of the following statements to participate in the scholarship program.

- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application, as well as any scholarship amount my child is eligible for and the award date, with the program I choose. This is needed to ensure accuracy between the application and the information retained by the program.
- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application with: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- The Minnesota Department of Education (MDE) may share information about me and my child's/children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), county or Tribal social agency workers, MFIP, SNAP, Head Start, free and reduced-price lunch (FRPL), and the Child and Adult Care Food Program (CACFP). These agencies can also share information about me and my child's eligibility for and use of assistance with the Minnesota Department of Education. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for six months after my scholarship ends.
- Scholarship/Area Administrators may share information from this application with MDE including my name and address; demographic information; parent education; income information; my child's eligibility for and the amount of any Early Learning Scholarship; the program where I am using the scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.
- In order to verify the early childhood screening has taken place, the Scholarship/Area Administrator has my permission to contact the school district office of the child to verify the screening location and date.

**Note:** *I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be eligible to receive an Early Learning Scholarship. Information to be released does not include supporting documents attached to this application.*

# Tennessen Warning from the Minnesota Department of Education

This notice applies to all information collected for the Early Learning Scholarships program. It explains what information we will collect and why we are collecting it.

## **What Information are we requesting?**

We are requesting all information on the Early Learning Scholarship – Pathway II program application, some of which is considered private data under Minnesota law.

## **Why do we ask you for this Information?**

Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. This information is necessary to comply with the state law authorizing the program.

## **Am I required to provide this data?**

There is no legal obligation for you to provide the data requested; however, without it, we cannot determine your child's eligibility and your child will not receive a scholarship.

## **Who else may see this information?**

As described elsewhere in the application, with your required informed consent we will share your information with the program that you choose, your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. All of these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator must not share your data with anyone except MDE. We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services, and/or other agencies with the legal authority to access the information, or anyone authorized by a court order.

## **How else may this information be used?**

We may use or release this information only as stated in this notice, unless you give us your written permission to release the information for another purpose or to another individual or entity. The information may be used for another purpose if the U.S. Congress or the Minnesota Legislature passes a law allowing or requiring other uses.

## **How long will my data be kept?**

Your data will be kept for a minimum of seven years.

## **Optional Consent: Release Information and Participate in an Evaluation**

Please initial to confirm that you have read, understand and agree to the following.

\_\_\_\_ Scholarship/Area Administrator or MDE may share information from my application, my child's eligibility for and amount of any Early Learning Scholarship, and the program where I use my scholarship, with MDE-authorized program evaluators for purposes of analyzing how funds are spent, how families are informed about the program, the program's impact on child development or school readiness, the quality of early learning programs where scholarships are used, and other evaluations deemed relevant by MDE. No public report will include specific identifying information about any individual child.



## Parent/Guardian Signature

By signing below, you agree and verify all of the following:

1. I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose the scholarship and I may need to reimburse the state for funds already paid.
2. I agree to the program requirements described on the Agreement to Comply with Requirements page.
3. I agree to have my information and/or my child's information shared as described on the Required Consent to Share Your Information.
4. I agree that I have read and understand the Tennessean Warning.

### Signature of Parent or Legal Guardian

Sign in ink or electronically, not in pencil.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*MM/DD/YYYY*

### Signature of Secondary Parent (optional, not required)

Parent/Guardian's Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*MM/DD/YYYY*

Submit your completed application and eligibility documentation to your Pathway II program.

## Program Representative Signature

I acknowledge that the required information on this *Early Learning Scholarship – Pathway II Application* has been reviewed and approved as true for the purpose of awarding a Pathway II scholarship within our program. I also acknowledge that we have discussed the Early Learning Scholarship options and benefits with the family and that they have accepted the Pathway II scholarship from our program.

\*Program Representative Name: \_\_\_\_\_  
*First Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*MM/DD/YYYY*

\*Pathway II Program Name: \_\_\_\_\_

\*Site Name (if applicable): \_\_\_\_\_

\*Award Start Date: \_\_\_\_\_ \*Award Amount: \_\_\_\_\_

If you are applying for more than one child, list them here and attach this page to your *Early Learning Scholarship – Pathway II Application*. Do not enter information again for Child One listed on Page 1 of the application. If you are applying for more than three children, photocopy this page and attach the additional sheet(s) to your application.

## Child Two

\*Child's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Child's Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

\*Child's Gender (*check one*):      Male              Female

Is this child in Foster Care?:      Yes              No

Ethnicity (*check one*):      Hispanic/Latino              Not Hispanic/Latino

Race (*check all that apply*):      American Indian or Alaskan Native              Asian              Black or African American  
Pacific Islander or Native Hawaiian              White

Has this child received an Early Childhood Screening?              Yes              No

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Three

\*Child's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Child's Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

\*Child's Gender (*check one*):      Male              Female

Is this child in Foster Care?:      Yes              No

Ethnicity (*check one*):      Hispanic/Latino              Not Hispanic/Latino

Race (*check all that apply*):      American Indian or Alaskan Native              Asian              Black or African American  
Pacific Islander or Native Hawaiian              White

Has this child received an Early Childhood Screening?              Yes              No

Location: \_\_\_\_\_ Date: \_\_\_\_\_

If the household has no income, complete this *Household Declaration of No Income* form and attach it to your *Early Learning Scholarship – Pathway II Application*.

## Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be completed by the same parent or legal guardian who signs the *Early Learning Scholarships – Pathway II Application*.

I, \_\_\_\_\_, declare that we as a household currently  
*Print full legal name*

do not have income on this day of \_\_\_\_\_.  
*Date: MM/DD/YYYY*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*MM/DD/YYYY*



## Registration for Early Childhood Screening

**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 Nickname or Other Name (First, Middle, Last): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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. (choose ONE)

\_\_\_\_\_ 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?** (choose ONE)

\_\_\_\_\_ NO, not Hispanic/Latino

\_\_\_\_\_ YES, Hispanic/Latino

**\*Part B – What is your child's race?** (choose all that apply)

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_\_\_ White

### PRIMARY/SECONDARY LANGUAGE INFORMATION

Which language did your child learn first? \_\_\_\_\_ English Other (specify) \_\_\_\_\_

Which language is most often spoken in your home? \_\_\_\_\_ English Other (specify) \_\_\_\_\_

Which language does your child usually speak? \_\_\_\_\_ English Other (specify) \_\_\_\_\_

### 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: \_\_\_\_\_ Location: \_\_\_\_\_

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Program (IEP) or Individual Family 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
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 peoples 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

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

**Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture of origin, regardless of race.

**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: \_\_\_\_\_

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

\_\_\_ 44 - Private Provider

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

\_\_\_ 43 - Head Start

\_\_\_ 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

\_\_\_ 64 - Referral to early childhood programs\*

\_\_\_ 61 - Referral to special education

*(\*School Readiness, Head Start, Early Childhood Family Education, family literacy)*

\_\_\_ 62 - Referral to health care provider

\_\_\_ 65 – Referral offered, parent declined

\_\_\_ 63 - Referral to special education AND health care provider

\_\_\_ 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.

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

\_\_\_\_\_  
Date

# Early Childhood Screening Consent

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(For office use only)

MARSS other ID: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

Early childhood developmental screening helps a school district identify children who may benefit from district and community resources available to help in their development. Early childhood developmental screening includes a vision screening that helps detect potential eye problems, but is not a substitute for a comprehensive eye exam. This screening does not replace on-going care from your health care provider or dentist. Screening data collected is private so it may only be shared with anyone listed on the release of information; school district staff with a legitimate educational need to know; by court order; or with others as required by law, including the state or legislative auditor.

## A. This Screening includes:

- Review of your child's immunization record
- Check of your child's growth, such as height and weight
- Check for possible hearing problems
- Check for eye health, including how well your child can see
- Review of factors that might interfere with your child's health, growth, development or learning
- Check of your child's development
- Your report of your child's growth and learning including emotional and behavior status
- Information about your child's health care and insurance
- Information about community resources and programs based on your child's or family's needs

## B. If this screening is a Child and Teen Checkup, Head Start, or other equivalent screening it may also include:

- Check of your child's present, past, or other family health
- Check of your child's blood pressure
- Head-to-toe physical exam
- Check of your child's teeth, gums, and mouth
- Check for risk of tuberculosis
- Blood test for anemia
- Blood test for lead
- Other

## Child and Parent Rights, Obligations, and Assurances

1. The standards for screening are the same for every child regardless of race, income, creed, sex, national origin, or political beliefs.
2. Screening is required for your child's entry into public school kindergarten or first grade. You can also meet this requirement if your child has participated in a screening in the past year through Head Start, Child and Teen Checkups, or an equivalent developmental screening through another health provider that includes all required early childhood screening components. You or your provider will need to give summary results of the equivalent to your child's school district.
3. Screening is not required for your child's entry into kindergarten or first grade if you are a conscientious objector to screening. You will need to provide a written statement to your child's school district that documents your conscientious objector status.
4. You have the right to refuse to answer questions or provide information and still receive the rest of the required screening components.
5. You have the right to refuse an assessment, diagnosis, and possible treatment for your child.
6. Your child's medical assistance eligibility or eligibility in any other health, education, or social service programs will not be affected if you refuse this screening or any parts of this screening.

I give permission for the Child Health and Development Screening checked below for:

Child's Name: \_\_\_\_\_

## Check One:

- ☐ Complete screening as described above in A
- ☐ Complete screening as described above in A and B
- ☐ Screening described above except: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

# Early Childhood Screening Release of Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(For office use only)  
MARSS other ID: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_(This organization) uses information from the Child Health and Developmental Screening to identify any possible problems that might interfere with your child's health, growth, development or learning. Under Minnesota law, screening results are classified as private data. This means the results cannot be released or discussed with anyone without your consent. If you refuse to release this information, it will not affect your child's eligibility for medical assistance or any other health, education, or social service program. Summary data about groups of children that does not include information about individual children may be shared without consent.

## Information from Your Child's Screening May be Used for the Following Purposes:

1. To obtain follow-up services for your child after the screening, if you choose to participate.
2. To arrange for further evaluation or assessment of your child's health, growth, development, or learning, if you choose to participate.
3. To fulfill the requirements for your child's entrance into public school or Early Learning Scholarship, School Readiness or Voluntary Pre-Kindergarten programs.
4. To evaluate screening programs by the Minnesota Departments of Education, Health and Human Services. Your child's name will not be identified in any evaluation results.
5. To develop appropriate educational programs to meet student needs and to design appropriate health education programs for the district.
6. To plan for early childhood programs and school entry.
7. To provide access to and accountability for government funds paid to the local school district for providing required early childhood screening services.

**Your signature indicates that you have read, understand and agree that the information can be used as stated above.**

## CONSENT TO RELEASE INFORMATION

I hereby authorize release of my child's screening information to the following checked programs or services for the purpose of evaluation, assessment, diagnosis, follow-up and /or programming. (Please provide names and addresses where available).

Check any persons/agencies that you wish to receive screening information about your child.

☐ Child Care provider \_\_\_\_\_  
☐ Dentist (Name) \_\_\_\_\_  
☐ Early Childhood Family Education (ECFE) \_\_\_\_\_  
☐ Early Childhood Special Education \_\_\_\_\_  
☐ Follow Along Program \_\_\_\_\_  
☐ Head Start (Name) \_\_\_\_\_  
☐ Health Care Provider (Medical Clinic) \_\_\_\_\_  
☐ Interagency Early Intervention Committee (IEIC) \_\_\_\_\_  
☐ Mental Health Agency \_\_\_\_\_  
☐ Public Health Agency (WIC) \_\_\_\_\_  
☐ School District (Name) \_\_\_\_\_  
☐ School Readiness \_\_\_\_\_  
☐ Other (regionally specific programs) \_\_\_\_\_

\_\_\_\_\_ **Understand Information**

\_\_\_\_\_ **Authorize release of information**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_



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

Record Number \_\_\_\_\_  
 Filled out by \_\_\_\_\_

## Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

		Never (0)	Sometimes (1)	Often (2)
1.	Complains of aches/pains	1	_____	_____
2.	Spends more time alone	2	_____	_____
3.	Tires easily, has little energy	3	_____	_____
4.	Fidgety, unable to sit still	4	_____	_____
5.	Has trouble with a teacher	5	_____	_____
6.	Less interested in school	6	_____	_____
7.	Acts as if driven by a motor	7	_____	_____
8.	Daydreams too much	8	_____	_____
9.	Distracted easily	9	_____	_____
10.	Is afraid of new situations	10	_____	_____
11.	Feels sad, unhappy	11	_____	_____
12.	Is irritable, angry	12	_____	_____
13.	Feels hopeless	13	_____	_____
14.	Has trouble concentrating	14	_____	_____
15.	Less interest in friends	15	_____	_____
16.	Fights with others	16	_____	_____
17.	Absent from school	17	_____	_____
18.	School grades dropping	18	_____	_____
19.	Is down on him or herself	19	_____	_____
20.	Visits doctor with doctor finding nothing wrong	20	_____	_____
21.	Has trouble sleeping	21	_____	_____
22.	Worries a lot	22	_____	_____
23.	Wants to be with you more than before	23	_____	_____
24.	Feels he or she is bad	24	_____	_____
25.	Takes unnecessary risks	25	_____	_____
26.	Gets hurt frequently	26	_____	_____
27.	Seems to be having less fun	27	_____	_____
28.	Acts younger than children his or her age	28	_____	_____
29.	Does not listen to rules	29	_____	_____
30.	Does not show feelings	30	_____	_____
31.	Does not understand other people's feelings	31	_____	_____
32.	Teases others	32	_____	_____
33.	Blames others for his or her troubles	33	_____	_____
34.	Takes things that do not belong to him or her	34	_____	_____
35.	Refuses to share	35	_____	_____

Total score \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she/he needs help? ( ) N ( ) Y

Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? \_\_\_\_\_