

# SAMPLE 45-DAY SCREENING FORM

IMPORTANT: Consult your LEA's *Child Find Policies and Procedures* for complete identification and referral requirements.  
See [www.azed.gov/specialeducation/az-find](http://www.azed.gov/specialeducation/az-find) for child find laws, regulations, procedures, sample forms, and other resources.

Student's Name	Grade	DOB	Student ID#	Date of Entry

Home Language Survey completed. If any answer to a question is other than English, conduct an English language proficiency assessment.

**Student Screening**

	Yes	No		Notes:
<b>Vision</b>	<input type="checkbox"/>	<input type="checkbox"/>	Holds reading materials too close or too far away Squints or tilts head to see the board or objects at a reasonable distance Problems with eye health (i.e., tearing, sensitivity to light, eye rubbing, pain) Other: _____	
<b>Hearing</b>	<input type="checkbox"/>	<input type="checkbox"/>	Responds inappropriately to questions/directions Frequently asks for information to be repeated or asks "What?" Watches others to imitate what they are doing Complains of earaches, ear pain, or head noises Difficulty localizing sounds/the speaker Consistently inattentive Uses nonverbal skills (i.e., gestures, nods, head turning, leaning in) Watches speaker intently/moves to see speaker Other: _____	
<b>Communication</b>	<input type="checkbox"/>	<input type="checkbox"/>	Poor articulation Speech is not understandable by most listeners Ineffective communication/messages Difficulty learning new sounds/new words Voice problems (i.e., volume, rate, quality) Difficulty expressing ideas, responding to instructions Does not engage in age-appropriate conversations/discussions Other: _____	
<b>Cognitive or Academic</b>	<input type="checkbox"/>	<input type="checkbox"/>	Learns very slowly compared to peers Attention problems (i.e., attention span, focus on less relevant stimuli) Below grade level in: <input type="checkbox"/> reading, <input type="checkbox"/> writing, <input type="checkbox"/> math Difficulty recalling information Other: _____	
<b>Adaptive</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weak self-care skills (i.e., personal hygiene, dress, belongings) Poor social skills (i.e., working with peers, social perceptions/cues) Difficulty understanding directions, communicating needs, expressing ideas Inappropriate school coping behaviors (i.e., attention, organization, questioning behavior, following directions, monitoring use of time) Other: _____	
<b>Social or Behavioral</b>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits externalizing behaviors (i.e., aggression, vandalism, bullying, excessive absenteeism) Exhibits internalizing behaviors (i.e., fears, phobias, depression, withdrawal) Inappropriate behaviors or feelings under normal circumstances Poor conduct/defiance in campus settings, unstructured environments Trouble transitioning between activities Difficulty developing or maintaining peer or adult relationships Other: _____	
<b>Motor</b>	<input type="checkbox"/>	<input type="checkbox"/>	Gross motor development not age appropriate (i.e., clumsy or awkward; avoids physical tasks to possibly mask pain, fatigue, or lack of endurance) Fine motor skills not age appropriate (i.e., difficulty reaching, grasping, or manipulating objects; shaky, stiff, or weak movements) Other: _____	

Date 45-day screening was completed: \_\_\_\_\_

**Administrative Action:**

- No concerns at this time.     
  Concern(s) noted. Action(s) taken:
  Parent(s) notified on \_\_\_\_\_  
 Referred for student study team  
 Referred to appropriate program administrator  
 Referred for  Comprehensive Evaluation  504 Plan  
 Other: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_