



Non Timoun: \_\_\_\_\_

Dat Nesans : \_\_\_\_\_

**Miami-Dade County Public Schools**  
**Florida Diagnostic and Learning Resources System – South (FDLRS-South)**  
**Child Find Referral Packet**  
**6521 S.W.62<sup>nd</sup> Avenue, South Miami, Florida 33143**  
**Main Office - Phone: (305) 274-3501**

Chèr Pàran/Gadyen,

Yo té référè pitit ou a FDLRS-South pou yon tès depistaj ak oswa évalyasyon pou déterminé bezwen posib pou sèvis édikasyon nan Lékol Léta Miami Dade County (MDCPS). Amba la sé yon lis dokiman ki bezwen rampli épi soumèt anvan oswa nan moman tes depistaj ki programé a.

Tampri, rampli épi poté lis dokiman bay FDLRS-South. Dokiman ki gen yon étwal yo, ou obligé poté'l pou nou ka travay kà à. Tcheké ti bwat ki sou bo gòch dokiman ki nan lis la si ou pral soumet atik sa a kom yon pati nan référans lan.

- Kopi sètifika nésans\*** (si li pa disponib, paspò oswa sètifika batem yo aksétab)
- Dokiman Gàd (obligatwa Sèlman si pitit la pa nan gàd yon paran biyologik)*
- FDLRS-Sid Timoun Jwen Fom observasyon Paran
- Prékindergarden Rézime Ekip Dyagnostik nan Istwa Sikosoyal Elèv la.**
- Sondaj pou Lang Lakay ou** (FM # 5196)
- Siyen Fòm Konsantman pou Echanj Mutual Enfòmasyon.** (FM # 2128)
- Observasyon of Prekindergarden Compòtman Elèv La** (FM # 4140 – (Pou pwofèsè/Térapis rampli si timoun nan aie nan yon sant timoun piti oswa résévwa térapè.)

**Dokiman Ki empòtan pou Timoun Jwen:**

Tampri soumèt kopi dosyé say o, si yo disponib.

- Dosyé Médikal ki empòtan** (pa egzam, newòlòg, jénétik éksétéra)
- Odyans/Rapò Odyolojik oswa kopi fom Egzamen Santé Antré Eta Florid la.**  
(DH 3040 Yellow Form)
- Rapò Vizyon oswa kopi fom Egzamen Santé Antré Eta Florid la.**  
Part II - **Evalyasyon Medikal** (DH 3040 Fom jon)
- Rapò Evalyasyon Sikolojik**
- Rapò Evalyasyon lapawòl/langaj**
- Rapò Evalyasyon Compòtman**

Dokiman yo ka soumèt bay via imèl: [FDLRS-South@dadeschools.net](mailto:FDLRS-South@dadeschools.net)

Si ou bezwen asistans pou rampli fòm nan, ou bien ou gen nenpòt késyon, tampri rélé nou nan 305-274-3501.

Sensèman,  
Timoun Jwen Ekip La an FDLRS-Sid

Rampli si Referans sa a fèt pa yon ajans oswa yon lékol:  
Moun pou kòntakté: \_\_\_\_\_  
Ajans/Lékol: \_\_\_\_\_  
Téléfòn: \_\_\_\_\_ Faks: \_\_\_\_\_



FLORIDA DIAGNOSTIC & LEARNING RESOURCES SYSTEM - SOUTH  
LEAD SHEET

Pick a service location for the evaluation:

Main Office

JRE Lee Educational Center  
6521 SW 62nd Avenue  
South Miami, FL 33143

Central

Thena C. Crowder Early  
Childhood Diagnostic and  
Special Education Center  
757 NW 66th Street  
Miami, FL 33150

North

Robert Renick Educational Center  
2201 NW 207 Street  
Miami Gardens, FL 33056

South

Center for International Education  
900 NE 23 Avenue  
Homestead, FL 33033

Dat: \_\_\_\_\_ Référé pa (Non) \_\_\_\_\_

Sous Rêkòmandasyon Téléfòn: \_\_\_\_\_ Imèl: \_\_\_\_\_

Non timoun nan: \_\_\_\_\_ DOB: \_\_\_\_\_ Laj: \_\_\_\_\_

Sèks:  M  F Birthplace: Ras: \_\_\_\_\_

Lang Prensipal: \_\_\_\_\_ Lòt lang ki palé lakay ou \_\_\_\_\_

Alé nan lekòl matènèl:  Wi  No Si wi, non établisman: \_\_\_\_\_

Paran  Adoptè  Non Gadyen: \_\_\_\_\_

Imèl: \_\_\_\_\_ Pòtab \_\_\_\_\_

Adrès lakay: \_\_\_\_\_

Vil: \_\_\_\_\_ Kòd Postal: \_\_\_\_\_ Lòt Niméwo \_\_\_\_\_

Nom/Relasyon ak pitit la : \_\_\_\_\_ Niméwo: \_\_\_\_\_

**Rézon pou, Rekomandasyon (Maké tout sa ki apliké)**

- Lapawòl** (difisil pou konprann, palé pa klè)
- Lang ekspréyion** (vokabilè palé limité)
- Lang récéptive** (li pa konpran lè yo palé avèk'l)
- Sosyal-Emosyonèl** (entèraksyon ak lòt moun, konpétans sosyal)
- Koyisyon** (sanble dèyè, difikilté pou kenbé enfòmasyon)
- Konpòtman** (agrésif, fè tèt ou mal oswa lòt moun, inatantif, aktif)
- Fine Motè** (kenbé, trasé, atrab, ranmasé ti objè)
- Motè brit** (maladi, tonbé anpil, mové kowòdinasyon oswa balans)
- Edé pwòp tèt ou** (fonksyoné endépandan, twalèt, manjé, abiyé)
- Difikilté vizyon**
- Difikilté pou tandé**

Dyagnostik Médikal:  Wi  No Espesifyé: \_\_\_\_\_

Resevwa terapè:  Lapawol/Langaj  Okipasyonel  Fisik  Konpotman Ki Kote: \_\_\_\_\_

Kòmantè: \_\_\_\_\_

**FOR CHILD FIND USE ONLY:**

Kòd Lang: \_\_\_\_\_ K- \_\_\_\_\_ Enfòmasyon ki anrejistre pa: \_\_\_\_\_

Lekòl lakay: \_\_\_\_\_ Antre nan CHRIS pa (inisyalyal) \_\_\_\_\_

Randevou tès depistaj/evalyasyon: \_\_\_\_\_ D \_\_\_\_\_

Imèl fòm ranpli a bay [FDLRS-South@dadeschools.net](mailto:FDLRS-South@dadeschools.net)

Kontakte: FDLRS-South at 305-274-3501



Miami-Dade County Public Schools  
Florida Diagnostic and Learning Resources System-South (FDLRS-South)  
Child Find Parent Observation Form

Non Pitit La \_\_\_\_\_ Dat Nésan: \_\_\_\_\_ Laj: \_\_\_\_\_

Moun ki rampli fòm sa a: \_\_\_\_\_ Relasyon ak Timoun: \_\_\_\_\_ Dat: \_\_\_\_\_

Direksyons: Tampri tchéké nenpòt konpòtman ki konsèné zon nan. (kite bwat vid si pa gen okenn konsèn'n):

1. Patispé nan kompòtman

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Distrè fasil  | <input type="checkbox"/> San reflechi | <input type="checkbox"/> Difikilté pou sonjé                       |
| <input type="checkbox"/> Atansyon kout | <input type="checkbox"/> Tròp active  | <input type="checkbox"/> Bezwen ampil attentasyon nan men granmoun |

2. Kompòtman déranjé

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fizikman agresif (frapé, pousé, modé, zonglé) | <input type="checkbox"/> Fè tèt li mal entansyonèlman | <input type="checkbox"/> Vèbalman abizan (rélé, itilizé langaj kip a apwoprié) |
|--|---|--|

3. Endikativè sosyal/ emosyonèl

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anxious/nervous                 | <input type="checkbox"/> Répété kompòtman san rété (dodiné, éspasé, viré) | <input type="checkbox"/> Li encolè souvan   |
| <input type="checkbox"/> Enkyété/ nèvé                   | <input type="checkbox"/> Li pa aji byen ak lòt timoun                     | <input type="checkbox"/> Li pa respèkté granmoun  |
| <input type="checkbox"/> Samblé li pa kontan             | <input type="checkbox"/> Préféré jwé pou kont li                          | <input type="checkbox"/> Li kriyé san rété  |
| <input type="checkbox"/> Gen difikilté tan'n tou pa'l    | <input type="checkbox"/> Jwé avek ou jowèt san rété pou ou ampil tan      | <input type="checkbox"/> Li pè nan ou nouvo sityasyon   |
| <input type="checkbox"/> Evité entéraksyon ak lot timoun |   | <input type="checkbox"/> Li pa engage nan jwèt prètann (ex : bay ti bébé manjé, palé nan téléfòm ect) |
| <input type="checkbox"/> Faché fasil                     |   |   |

Lapawòl/Lang

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pa swiv direksyon ki semp                     | <input type="checkbox"/> Paka fè fraz ki gen 3-4 mos  | <input type="checkbox"/> Son vwa'l diferan de lòt timoun yo (rasy, nan nen, anroué, wo, two mou, two fò) him/her |
| <input type="checkbox"/> Lòt moun andéyo fanmi an pa komprann pawòl li | <input type="checkbox"/> Bégé ak son ("m, m, m, many"), répété mò ou fraz oswa kolé sou ou mò |  |
| <input type="checkbox"/> Pa angajé nan konvèsasyon                     | <input type="checkbox"/> Gen difikilté pou nonmem objè debaz oswa moun                        |  |
| <input type="checkbox"/> Toujou itilizé sison chak jou                 |   |  |

5. Ladrès Motè

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Parèt maladwa oswa pa koòdoné               | <input type="checkbox"/> Tout tan ap jété chaviré ou frapé bagay yo                | <input type="checkbox"/> Li enstab lè'l ap machè                    |
| <input type="checkbox"/> Gen difikilté pou viré paj yon liv an katon | <input type="checkbox"/> Gen difikilté pou'l kembe yon boutèy oswa tas pou kont li | <input type="checkbox"/> Gen difikilté pou'l kembé yon kréyon koulè |

6. Ladrès pou édé tèt ou

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Paka manjé pou kont li | <input type="checkbox"/> Gen souvan aksidan twalèt pandan jounen an | <input type="checkbox"/> Bezwen assistans pou lave/siyé men'l |
|---|---|---|

7. Pwoblèm Sansoryèl

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Li manjé sa li rinmim         | <input type="checkbox"/> Sanssib pou mété sèten rad (chosèt, soulyés, rad ak etikèt) | <input type="checkbox"/> Pa toléré gwo foul moun |
| <input type="checkbox"/> Li kouvri zorèy pou bwi ki fo |  |  |

8. Other

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gen difikilté ak chanjman nan woutin'l li | <input type="checkbox"/> Gen difikilté Has frequent nightmares | <input type="checkbox"/> Li pa réponn lè ou rélé 'l               |
| <input type="checkbox"/> Gen difikilté pou'l apran règ ki sem      | <input type="checkbox"/> Li mouyé kaban'l li souvan            | <input type="checkbox"/> Gen krent ki dwòl                        |
| <input type="checkbox"/> Gen krent ki dwòl                         | <input type="checkbox"/> Maché sou point pyé'l                 | <input type="checkbox"/> Yo té mandé'l pou li kite lékol oswa gad |
| <input type="checkbox"/> Fè mové rèv souvan                        | <input type="checkbox"/> Maché sou point pyé'l                 |   |



LEKÒL PIBLIK MIYAMI

FÑM KONSANTMEN POU ECHANJ EMFÑMASYON  
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat \_\_\_\_\_

Nom elèv \_\_\_\_\_

Dat li fèt \_\_\_\_\_ ID# \_\_\_\_\_

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m, \_\_\_\_\_, ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl, doktè, sikològ, klinik, esetera, ki te an afè avèk pitit ou):

**Nom**

**Adrès**

_____	_____
_____	_____
_____	_____
_____	_____

- Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: \_\_\_\_\_
- Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: \_\_\_\_\_
- **Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.**

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro, fòm sa a ou swa mwen se yon elèv ki majè e ke mwen gen otorite ou siyen pèmisyon sa a.

\_\_\_\_\_ Non \_\_\_\_\_ Siyati

\_\_\_\_\_ Adrès

Sil vou plè, retounen fòm sa bay:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Parent Language \_\_\_\_\_ Student Language \_\_\_\_\_  
Month Day Year

Date Entered U.S. School: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ethnic \_\_\_\_\_ (Check all that apply)  
Month Day Year Hispanic \_\_\_\_\_ (Y/N) Race: White  Black  Asian   
American Indian  Native Pacific Islander

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

1. Is a language other than English used in the home? Yes  No

2. Did the student have a first language other than English? Yes  No

3. Does the student most frequently speak a language other than English? Yes  No

School \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE  
ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_  
Apellido Nombre Inicial

Fecha de Nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado \_\_\_\_\_ Lengua Paterna \_\_\_\_\_ Idioma del Estudiante \_\_\_\_\_  
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Origen Etnico \_\_\_\_\_ (Marque todo lo pertinente)  
Mes Día Año Hispano \_\_\_\_\_ (S/N) Raza: Blanco  Negro   
Asiático  Indígena de los EEUU  Originado de las Islas del Pacífico

Si responde "SI" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

1. ¿Usan en su casa algún otro idioma que no sea el Inglés? Sí  No

2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? Sí  No

3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? Sí  No

Escuela \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del Padre/Madre \_\_\_\_\_

MIAMI-DADE COUNTY PUBLIC SCHOOLS  
SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La \_\_\_\_\_

Non Elèv la \_\_\_\_\_  
Non fanmi Non

Dat Fèt li \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Klas \_\_\_\_\_ Lang paran Yo \_\_\_\_\_ Lang Elèv La \_\_\_\_\_  
Mwa Jou Ane Etnisite \_\_\_\_\_ (Tcheke tout Espanyol \_\_\_\_\_ (W/N) sa ki aplike) Ras: Blan  Nwa  Azyatik

Dat ou Antre U.S. Lekòl: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amriken Endyen  Natif li Pasifik   
Mwa Jou Ane

Si repons lan se "W!" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? Wi  Non

2. Eske elèv la te genyen yon premye lang anvan Anglè? Wi  Non

3. Eske elèv la abitye pale yon lang ki pa Anglè? Wi  Non

Lekòl \_\_\_\_\_ Dat \_\_\_\_\_ Siyati Paran \_\_\_\_\_

**Miami-Dade County Public Schools  
Pre-K Diagnostic Team  
Summary of Student Psychosocial History**

			Dat:
Non Timoun nan:	ID#:	D.O.B:	Laj:
Lekòl Lakay:	Moun ki rampli fòm lan:		
Non/relasyon moun ki réponn lan:	Siyati:		
Adrès Lakay:	Lwayé <input type="checkbox"/>	Pwòp	
Téléfòn:	Imèl:		

**Konpozisyon Fanmi**

Non	Relasyon	Moun ki habité ak Timoun'n	Laj	Okipasyon
	Manman	Wi / Non		
	Papa	Wi / Non		
		Wi / Non		
		Wi / Non		
		Wi / Non		

Koté timoun nan fèt: \_\_\_\_\_ Orijin kiltirèl fanmi an: \_\_\_\_\_

Prémýé lang yo palé nan kay la: \_\_\_\_\_

Lòt lang timoun ekspozé avek: \_\_\_\_\_

Sitiyasyon sivil paran/gadyen an:  Sèl  Maryé  Separé/Divòsé  Vèv

Reason for referral/parent concerns: \_\_\_\_\_

**Istwa Edikasyon**

Eské timoun nan lékòl kounyé a: Wi  Non  Si Wi, Non/Dat li té antré: \_\_\_\_\_

Dékri eksperyans, fòs ak defi lékòl la genyen kounyé a: \_\_\_\_\_

**Istwa dévlòpman**

Dékri gwòsès ak akouchman timoun, faktè risk ak oswa difikilté: \_\_\_\_\_

Jestasyon (mwa): \_\_\_\_\_ Pwa Nesans: \_\_\_\_\_ Difikilté posnatal: \_\_\_\_\_

Enpòtan etap nan dévlòpman timoun: (Laj Maché: \_\_\_\_\_ premyé mò : \_\_\_\_\_ Fraz: \_\_\_\_\_ Fòmasyon twalè: \_\_\_\_\_)

Mouyé Kaban: Wi  Non  Ekspliké: \_\_\_\_\_

### Istwa Santé Medical/Mantal

Dékri istwa maladi, pwoblèm santé kwònik, sendwòm: \_\_\_\_\_

Alèji ak manjé, médikaman: \_\_\_\_\_

Blési, opérasyon, aksidan, enténé lopital: Wi  Non  Si wi, dat/ekspliké: \_\_\_\_\_

Médikaman aktyèl yo: \_\_\_\_\_

Pwoblèm majé: Wi  Non  Pwoblèm dòmi: Wi  Non  Pwoblèm lapawòl/langaj: Wi  Non

Andikap vizyon: Wi  Non  Mété linèts: Wi  Non  Andikap tandét: Wi  Non

Eské yon newòlòg, sikòlòg, oswa lòt pwofesyonèl té wè timoun nan? Wi  Non  Si Wi, ekspliké: \_\_\_\_\_

Eské timoun nan té fè nenpòt tè dyagnostik tankou MRI, EEG, etc.? Wi  Non  Si Wi ekspliké: \_\_\_\_\_

Eské timoun nan té résévwa terapi lapawòl/langaj? Wi  Non  Si Wi Si Wi koté sèvis té bay'l dat: \_\_\_\_\_

Eské timoun nan té résévwa terapi okipasyonèl, terapi fizik, terapi konpòtman? Wi  Non  Si

Si wi koté sèvis té bay'l dat: \_\_\_\_\_

Istwa Familyal nan aprantisaj, medical, oswa pwoblèm santé mantal: \_\_\_\_\_

### Relasyon/Konpòtman Entèpèsònèl

Dékri konpòtman jeneral élèv la alkay li: \_\_\_\_\_

Mezi disiplin yo itilize nan kay la: \_\_\_\_\_

Dékri relasyon kanmarad timoun nan: \_\_\_\_\_

Entèrè ak fòs élèv la: \_\_\_\_\_

Konpòtman: Distrè fasil: Wi  Non  Fistré fasil: Wi  Non  Agresif: Wi  Non

Endépandan: Wi  Non  Impusif: Wi  Non  Tampéraman kòlè Wi  Non

Si wi, eskpliké: \_\_\_\_\_

### Evènman twòmatik/ Stressors sikolojik

Eské timoun nan té ekspozé oswa afekté pa Séparasyon/divòs: Wi  Non  Gwò maladi/lanmò: Wi  Non

Polis oswa Dépatman Timoun ak Fanmi patisipasyon: Wi  Non  Evènman katastrofik: Wi  Non

Sanzabri: Wi  Non  Si Wi, ekspliké: \_\_\_\_\_

Lòt enfòmasyon: \_\_\_\_\_



## Paran Rampli Vizyon ak Tandé Lis Verifivasyon an

Non Timoun nan: \_\_\_\_\_ Dat \_\_\_\_\_  
Nesans \_\_\_\_\_

Dat Jodi a: \_\_\_\_\_ Paran/Gadyen: \_\_\_\_\_

### Vizyon

Eské pitit ou a mété linèt? \_\_\_ Wi \_\_\_ non

Eské ou gen nenpot enkyetid sou kapasité pitit ou ouè? \_\_\_ Wi \_\_\_ petèt \_\_\_ non

Eské pitit ou a téréfé bay ou doktè jé? \_\_\_ Wi \_\_\_ non

Eské ou doktè jé té testé pitit ou? \_\_\_ Wi \_\_\_ non

Dyagnostik/Rekomandasyon pou swiv: \_\_\_\_\_

Non Doktè: \_\_\_\_\_ Da tès la: \_\_\_\_\_

Komantè: \_\_\_\_\_

Tampri rampli si pitit ou a pa té gen yon évalyasyon vizyon fomèl:

	Wi	Non
Eské youn, oswa tou dé jé'l viré oswa soti?		
Eské pitit ou montré foto nan yon liv?		
Eské pitit ou ka fè ou yon semp devinèt (jwenn koté moso yo alé/ matché yo)		
Eské pitit ou ka swiv ak bul pop lè ou jwé ak bul?		
Eské pitit ou a ka jwenn ramasé ti objè nan yon étaj oswa yon sifas?		
Eské pitit ou montré bagay ki nan environman li?		
Eské pitit ou a ka pran ou jwot?		

### Tandé

Eské pitit ou a gen yon P.E. tib? \_\_\_ Wis \_\_\_ non

Eské 'w gen nenpot enkyetid sou kapasité pitit ou tandé? \_\_\_ Wi \_\_\_ petèt \_\_\_ non

Eské yo te référé pitit ou a bay ou Odyolojist? \_\_\_ Wi \_\_\_ non

Eské ou Odyolojist té testé pitit ou a? \_\_\_ Wi \_\_\_ non



Non Odyolojist: \_\_\_\_\_ Dat: \_\_\_\_\_

Non Pedyat (Si Pedyat la té complété fom/): \_\_\_\_\_

Komantè: \_\_\_\_\_

Tampri rampli si pitit si pitit oua gen yon evalyason fomèl:

	Yes	No
Eské pitit ou a pa reponn a son tipik na environman? (chyen kap japé, sonèt, yon bagay ki tombé)		
Eské pitit ou a souvan pa réponn lè ou rélé non'l oswa yon bri ké ou ta atann li tandé (yon bwi bien fo, yon bagay ki tombé)		
Eské pitit ou répond lè ou rélé non li?		
Esé pitit ou répété mo ké ou di yo?		
Eské pitit ou lonjé dwèt sou bagay sa yo ké ou vèbalman lonjé dwèt sou li? (oh gadé zwazo a na sièl la, oh gadé cyen sa ect)		
Eské pitit ou a angajé nan rétownen ak lidé konvèsasyon?		



Miami-Dade County Public Schools  
OBSERVATION OF PREKINDERGARTEN STUDENT BEHAVIORS

Child's Name _____	Birthdate _____	Age _____
Observer _____	School _____	

*To be completed by child's teacher(s) and/or therapist(s).* Please check the behaviors that occur more frequently than is typical for same-age peers. If no concerns, check the box marked age appropriate.

**I. Attending Behaviors**

- |   |  |
|---|--|
| <input type="checkbox"/> Easily distracted                      | <input type="checkbox"/> Acts upset by a change in plans   |
| <input type="checkbox"/> Has short attention span               | <input type="checkbox"/> Over-active/hyperactive           |
| <input type="checkbox"/> Impulsive                              | <input type="checkbox"/> Has difficulty remembering things |
| <input type="checkbox"/> Needs help from adult to stay on task  | <input type="checkbox"/> Appears to daydream               |
| <input type="checkbox"/> Needs excessive attention from teacher | <input type="checkbox"/> Age appropriate                   |

**II. Disruptive Behaviors**

- |  |   |
|--|---|
| <input type="checkbox"/> Argumentative-  | <input type="checkbox"/> Verbally abusive |
| <input type="checkbox"/> Physically aggressive (hits, kicks, destructive-etc.) | <input type="checkbox"/> Bullies peers    |
| <input type="checkbox"/> Self-injurious behavior e.g. _____                    | <input type="checkbox"/> Age appropriate  |

**III. Indicators of Anxiety/Sadness**

- |   |  |
|---|--|
| <input type="checkbox"/> Withdrawn                            | <input type="checkbox"/> Easily overwhelmed                  |
| <input type="checkbox"/> Anxious/nervous                      | <input type="checkbox"/> Cries easily/inappropriately        |
| <input type="checkbox"/> Seems unhappy                        | <input type="checkbox"/> Exhibits inappropriate mood changes |
| <input type="checkbox"/> Becomes ill when upset or frustrated | <input type="checkbox"/> Age appropriate                     |

**IV. Language/Speech**

- |   |   |
|---|---|
| <input type="checkbox"/> Has difficulty understanding instructions or directions- | <input type="checkbox"/> Frequently stutters (e.g. "m,m,m,many");     |
| <input type="checkbox"/> Has difficulty naming people or objects                  | <input type="checkbox"/> repeats words, whole phrases or "gets stuck" |
| <input type="checkbox"/> Has difficulty speaking in sentences                     | <input type="checkbox"/> while trying to say a word                   |
| <input type="checkbox"/> Has difficulty staying on topic                          | <input type="checkbox"/> Voice is hoarse, raspy or nasal              |
| <input type="checkbox"/> Speech is difficult to understand                        | <input type="checkbox"/> Age appropriate                              |

**V. Social/Emotional**

- |   |   |
|---|---|
| <input type="checkbox"/> Has difficulty with self-control when frustrated   | <input type="checkbox"/> Has difficulty joining in peer group play      |
| <input type="checkbox"/> Has difficulty sharing with other children   | <input type="checkbox"/> Avoids interaction with other children         |
| <input type="checkbox"/> Exhibits repetitive behavior e.g. _____  | <input type="checkbox"/> Has temper tantrums (length of tantrums _____) |
| <input type="checkbox"/> Becomes easily upset   | <input type="checkbox"/> Has difficulty taking turns                    |
| <input type="checkbox"/> Displays unusual reactions to sensory stimulation (e.g. lights, sounds, smells, tastes, touch, etc.) | <input type="checkbox"/> Lacks imaginative play                         |
|   | <input type="checkbox"/> Age appropriate                                |

**VI. Gross and Fine Motor Skills**

- |  |   |
|--|---|
| <input type="checkbox"/> Has unsteady gait                       | <input type="checkbox"/> Frequently drops, spills or knocks things over |
| <input type="checkbox"/> Appears clumsy or uncoordinated         | <input type="checkbox"/> Age appropriate                                |
| <input type="checkbox"/> Has difficulty using a pencil or crayon |   |

**VII. Adaptive/Self-Help Skills**

- |  |  |
|--|--|
| <input type="checkbox"/> Has frequent toileting accidents          | <input type="checkbox"/> Needs assistance with eating e.g. _____ |
| <input type="checkbox"/> Needs assistance washing and drying hands | <input type="checkbox"/> Age appropriate                         |

Comments/Concerns: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_