

**Instructional Support Screening**  
**(Special Education/ 504/ GT/RTI/ML)**  
**RSU5**  
**Grades K-12**

**Principal's Checklist Screening Process for new students entering: (please check school)**

**Morse Street School**                       **Mast Landing School**  
 **Pownal Elementary School**             **Durham Community School**  
 **Freeport Middle School**                  **Freeport High School**

Date: \_\_\_\_\_ (File review should be completed within 10 school days of this date)

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

If the file comes in over the summer the principal will be responsible for filling out the form.

- \_\_\_\_ 1. School Counselor : Review record, stamp folder and check results of screening, complete items 1 – 6
- \_\_\_\_ 2. Nurse: Complete items 7 – 12
- \_\_\_\_ 3. Classroom Teacher/Advisor
- \_\_\_\_ 4. Special Education Teacher (if applicable)
- \_\_\_\_ 5. Principal: Review screening results and start referral process if necessary

1. Has the child ever been involved with special education prior to coming to RSU5?

\_\_\_No \_\_\_Yes

If yes, (Please forward original IEP, 504, GT documentation, ML original documentation to Instructional Support Office)

2. Do you suspect any serious emotional or behavioral problems? \_\_\_No\_\_\_Yes

If Yes, describe \_\_\_\_\_

3. Are you concerned about any speech or language difficulties? \_\_\_No \_\_\_Yes

If Yes, describe \_\_\_\_\_

4. Academic achievement markedly delayed? \_\_\_No\_\_\_Yes\_\_\_\_\_

If Yes, describe \_\_\_\_\_

5. Is the child excessively absent? \_\_\_No\_\_\_Yes

If Yes, please note your concern \_\_\_\_\_

6. Has the student graduated from a High School program or International Equivalent?

\_\_\_Yes \_\_\_ No

7. Has the child had a complete physical examination in the past year? \_\_\_No\_\_\_Yes\_\_\_\_\_

Doctors Name: \_\_\_\_\_

8. Do you suspect any general health problems? \_\_\_No \_\_\_ Yes

- 9. Has vision been screened? \_\_\_No \_\_\_Yes
- 10. Has hearing been screened? \_\_\_No \_\_\_Yes
- 11. Vision and hearing has been screened by a nurse. Date\_\_\_\_\_
- 12. Compliance with immunization requirements?\_\_\_\_\_No \_\_\_\_\_Yes

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Administrative Procedure Approved: 10/2/12  
Administrative Procedure Revised: 11/6/12; 4/2/24