



BURBANK UNIFIED SCHOOL DISTRICT

SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES

1900 WEST OLIVE AVENUE • BURBANK • CALIFORNIA • 91506-2460
TELEPHONE (818) 729-4449 • FAX (818) 729-4544

**REQUEST FOR SPECIAL EDUCATION SERVICES
AND/OR SUPPORT FOR PRE-SCHOOL AGE CHILD**

Dear Parent/Guardian,

In order for Burbank Unified School District to pursue this assessment, please go to or click this link <https://burbankusd.asp.aeries.net/AIR/> to enroll your child.

You will need to upload the following documents:

- A copy of the confirmation form from Aeries Online Enrollment system
- Immunization records
- Original Birth Certificate or Passport
- Parent/Guardian picture ID
- Proof of Residency (Burbank Water & Power bill (preferred), Gas Company bill, Landline Phone bill (cell phone bill not accepted))

To get started registering your student, click the enroll a new student button.

Please complete the attached survey and questionnaire and return it to SamanthaBrody@burbankusd.org when completed.

If you have any questions please contact: Samantha Brody at (818) 729-1650

Thank you.

BURBANK UNIFIED SCHOOL DISTRICT

REFERRAL TO PRE-SCHOOL TEAM

“PARENT QUESTIONNAIRE”

School Year _____
Date _____

PART A – IDENTIFICATION DATA

Pupil Name _____ Sex _____ Birth date _____ C.A. _____ C.A.G.P. _____
Last First I.

School of Attendance _____ Grade _____ Primary Language _____ LEP ☐ FEP ☐

Parent Name _____ Address _____ Telephone: Work _____
Telephone: Residence _____

Referral Source _____
Name Title Signature

PART B – AREAS OF CONCERN

(Check only those items that apply)

ACADEMIC ACHIEVEMENT

Performs significantly below age level in the following areas:

- ☐ a. Reading comprehension.
- ☐ b. Reading accuracy.
- ☐ c. Math computation.
- ☐ d. Math reasoning.
- ☐ e. Written expression.

SPEECH/LANGUAGE SKILLS

- ☐ a. Has difficulty in understanding directions, questions, and commands.
- ☐ b. Has difficulty in expressing thoughts and feelings and/or in formulating sentences.
- ☐ c. Exhibits articulation and/or voice problems.
- ☐ d. Appears to stutter

PSYCHOMOTOR/PERCEPTUAL SKILLS

- ☐ a. Has difficulty in handwriting/printing.
- ☐ b. Displays difficulty in eye/hand movements.
- ☐ c. Poor balance.
- ☐ d. Exhibits reversals, distortions, has difficulty in matching designs, etc.
- ☐ e. Has difficulty in performing large muscle activities.

INTELLECTUAL/COGNITIVE ABILITY

- ☐ a. Appears to have at least average abilities, but exhibits low academic achievement.
- ☐ b. Appears to be a slow learning child with few areas of relative strength.
- ☐ c. Appears to be very bright.

SOCIAL/EMOTIONAL DEVELOPMENT

- ☐ a. Demonstrates inadequate self-concept.
- ☐ b. Has difficulty with peer relationships.
- ☐ c. Exhibits behavior problems: (underline those appropriate) defiant, destructive, easily distracted, short attention span,
- ☐ d. Cannot work independently.
- ☐ e. Lacks motivation.
- ☐ f. Shows signs of excessive nervousness (tics, bites nails, fidgets, etc.)
- ☐ g. Exhibits cyclical behavior (good days, bad days, etc.)

PRE-VOCATIONAL/VOCATIONAL SKILLS

- ☐ a. Is often absent
- ☐ b. Is often tardy.
- ☐ c. Poor work habits (classroom, homework, etc.)
- ☐ d. Lacks responsibility (Describe) _____

HEALTH AND DEVELOPMENT

- ☐ a. Has known medical problem(s) _____
- ☐ b. Is receiving medication (Name and purpose) _____
- ☐ c. Appears to have vision problem.
- ☐ d. Appears to have hearing problem.

COMMENTS: _____

CHILD _____ NICKNAME _____ BIRTHDATE _____

PARENT(S)/GUARDIAN(S) _____

PLEASE LIST ALL PERSONS LIVING IN THE HOME:

<u>NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD'S PRIMARY LANGUAGE _____ LANGUAGE(S) IN HOME _____

Does a parent not living in the home have custody/visitation?

NO _____ YES _____ NAME _____

Is Your child regularly cared for by anyone else? (e.g., grandparent, sitter, daycare?)

NO _____ YES _____ Number of hours/day _____ Language(s) used by caregiver _____

REASON FOR REFERRAL: _____

PREVIOUS EVALUATIONS AND RESULTS: _____

HAS YOUR CHILD BEEN GIVEN ANY DIAGNOSIS? NO _____ YES _____ DIAGNOSIS: _____

PARENTAL HISTORY

Condition of Mother's health during pregnancy: _____

Complications/Illnesses/Accidents during pregnancy: _____

Medications/Other Substances taken during pregnancy: _____

Type of delivery NORMAL _____ CAESAREAN _____ BREECH _____ FORCEPTS _____

Length of pregnancy _____ Birth weight _____

Did the baby have any complications at or right after birth?

No complications _____ Lack of oxygen _____ Incubator _____ Seizures _____ Other _____

Parent Educational Level:

Parent/Guardian Name _____ ☐ Graduate Degree or Higher ☐ College Graduate ☐ Some College or Associates Degree

☐ High School Graduate ☐ Not a High School Graduate ☐ Decline to State

Parent/Guardian Name _____ ☐ Graduate Degree or Higher ☐ College Graduate ☐ Some College or Associates Degree

☐ High School Graduate ☐ Not a High School Graduate ☐ Decline to State

DEVELOPMENTAL HISTORY

At what age did your child do the following :

Sit _____ Finger feed _____

Crawl _____ Dress self _____

Stand _____ Bladder trained _____

Walk _____ Bowel trained _____

Any concerns about your child's physical development? NO _____ YES _____ If yes, explain: _____

Does your child show an interest in drawing, coloring, working with his hands? NO _____ YES _____ If so, what does (s)he like to do? _____

Do you have any concerns about your child's ability to walk, run, jump, throw, kick, etc.? NO _____ YES _____ CONCERN: _____

Do you have any concerns about your child's eating, sleeping, or toileting progress? NO _____ YES _____ CONCERN: _____

CHILD'S HEALTH HISTORY

General Health: GOOD _____ FAIR _____ POOR _____

Diseases/Chronic conditions: _____

Any ear infections? NO _____ YES _____ FREQUENCY _____

Are you concerned about your child's hearing? NO _____ YES _____ Was his/her hearing ever tested? NO _____ YES _____

RESULTS _____

Are you concerned about your child's vision? NO _____ YES _____ Was his/her vision ever tested? NO _____ YES _____

RESULTS _____

Has your child had: Serious accident _____ Operations _____ Seizures _____ High fever (over 104) _____ Please explain: _____

CHILD'S PEDIATRICIAN _____

ADDRESS _____ PHONE _____

Is your child taking any medications? NO _____ YES _____

Other health issues: _____

SPEECH/LANGUAGE HISTORY

Do you have concerns about his/her speech and language? NO _____ YES _____ Please describe your child's speech and language:

At what age did your child:

Babble _____ Say first word _____

Put two words together _____ Use complete sentences _____

Age of child when you became concerned about speech/language: N/A _____ AGE _____

Please check all that apply to your child:

_____ mispronounces words	_____ leaves out sounds in words
_____ stutters	_____ leaves out words in sentences
_____ talks to fast	_____ leaves endings off words
_____ adds extra sounds	_____ uses gestures instead of speech
_____ responds to noises in the environment (doorbell, TV, etc.)	

What do you do when you can't understand your child? _____

How does your child react when you can't understand him/her? _____

Which of the following describes your child's ability to understand speech?

_____ does not understand what is said	_____ understands little of what is said
_____ understands what is said if speaker uses gestures	_____ understands familiar statements or questions
_____ understands clearly everything said	

Which of the following describes your child's ability to express him/herself?

_____ does not use speech or gestures to communicate	_____ uses gestures or motions but zero speech
_____ uses speech, primarily single words	_____ sentences are understood by people who know him/her well but not by others
_____ sentences are understood by others	
_____ speech is clearly understandable	

Childs voice quality: NORMAL _____ TOO SOFT _____ TOO LOUD _____

Other concerns about your child's ability to communicate? _____

What have you done to help your child? _____

GENERAL BEHAVIOR

Do you have significant concerns about your child's behavior or social skills? NO _____ YES _____ CONCERNS: _____

Is your child easy/difficult to manage? _____

What are your child's favorite activities? _____

What does (s)he do with his/her favorite toys? _____

How does your child behave in public places? _____

Please check any of the following that apply to your child:

☐ nervous	☐ sucks thumb	☐ unusual fears
☐ peers not available	☐ overactive/restless	☐ stubborn
☐ plays well with peers	☐ nightmares	☐ cries easily
☐ temper tantrums	☐ shy	☐ destructive
☐ short attention span	☐ likes school	☐ friendly
☐ demands much attention	☐ easily frustrated	☐ sensitive

Who spends the most time with your child? _____

Who disciplines your child? _____

How do you discipline your child? _____

Have other professionals expressed any concerns to you about your child? NO _____ YES _____ CONCERN(S): _____

Do you anticipate moving out of Burbank within the next year? NO _____ YES _____

Any additional information: _____

PRINT NAME

SIGNATURE

DATE



Burbank Unified School District Enrollment Information - Ethnicity Survey

Federal and State government agencies require us to report statistical data relative to total student population of district schools. The following information will be handled confidentially and will appear only as a code on other records.

Please Print

Date _____

School _____

Student Name _____
Last First Middle

Birthdate _____

Country of Birth _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- ☐ **Hispanic/Latino** -(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- ☐ **Not Hispanic or Latino**

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories):

The above part of the question is about ethnicity, not race. No matter what you selected above, you must answer the following by marking one or more boxes to indicate what you consider your child's race to be.

- | | | |
|--|--|---|
| ☐ American Indian or Alaskan Native (100) | ☐ Laotian (206) | ☐ Samoan (303) |
| ☐ Chinese (201) | ☐ Cambodian (207) | ☐ Tahitian (304) |
| ☐ Japanese (202) | ☐ Hmong (208) | ☐ Other Pacific Islander (399) |
| ☐ Korean (203) | ☐ Other Asian (299) | ☐ Filipino/Filipino American (400) |
| ☐ Vietnamese (204) | ☐ Hawaiian (301) | ☐ African American or Black (600) |
| ☐ Asian Indian (205) | ☐ Guamanian (302) | ☐ White (700) |

If you have questions regarding this information, please go to the following link:

<http://www.cde.ca.gov/ds/dc/es/refaq.asp> - Frequently Asked Questions for the New Federal Standards for Collecting and Reporting Race and Ethnicity Categories.

The Burbank Unified School District is committed to providing a safe school environment where all individuals in education are afforded equal access and opportunities. The District's academic and other educational support programs, services and activities shall be free from discrimination, harassment, intimidation, and bullying of any individual based on the person's actual race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression, the perception of one or more of such characteristics, or association with a person or group with one or more of these actual or perceived characteristics. Specifically, state law prohibits discrimination on the basis of gender in enrollment, counseling, and the availability of physical education, athletic activities, and sports. Transgender students shall be permitted to participate in gender-segregated school programs and activities (e.g., athletic teams, sports competitions, and field trips) and to use facilities consistent with their gender identity. The District assures that lack of English language skills will not be a barrier to admission or participation in District programs. Complaints of unlawful discrimination, harassment, intimidation, or bullying are investigated through the Uniform Complaint Process. Such complaints must be filed no later than six months after knowledge of the alleged discrimination was first obtained. For a complaint form or additional information, contact the director of Human Resources.

Signature of parent/guardian _____

Date _____



Burbank Unified School District
1900 West Olive Avenue
Burbank, CA 91506
HOME LANGUAGE SURVEY

Enrolling school:

for the _____ school year.

Name of Student: _____
(Surname / Last Name) (First Name) (Middle Name)

Age of Student: _____ Grade Level: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide appropriate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

NOTE: If your child was enrolled in another California public school, we will contact that school/district to find out the previous language designation results. This Home Language Survey does not override the responses from any prior HLS completed (filled out) in a previous district.

1. Which language(s) did your child first begin to speak?
(in phrases or complete sentences) _____
2. Which language(s) does your child **most frequently** speak at home? _____
3. Which language(s) do you (the parents or guardians) **most frequently** use
when speaking with your child? _____
4. Which language(s) is (are) **most often** spoken between adults in the home?
(parents, guardians, grandparents, or any other adults) _____

☐ Check if your child previously attended a California public school.

Please sign, date, and return this form to your child's school office. Thank you for your cooperation.

Signature of Parent or Guardian

Date

The Burbank Unified School District is committed to equal opportunity for all individuals in education. District programs and activities shall be free from unlawful discrimination, including discrimination against an individual or group based on race, color, ancestry, nationality, national origin, immigration status, ethnic group identification, ethnicity, age, religion, marital status, pregnancy, parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information; a perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.

OFFICE STAFF

1. Enter information in Aeries/Demographics (LAC.BCU) from document provided for proof of age.
2. Enter the reporting (home) language in Aeries (demographics: STU.HL).
3. Enter the language fluency (demographics: STU.LF) according to:
❖ If HL = 00-English, change STU.LF to 0 ❖ If HL is **not** 00-English, change STU.LF to 5
2. Make a copy of HLS for ELD Specialist/Coordinator

ELD SPECIALIST/COORDINATOR

1. If previously enrolled in CA school: EO, IFEP, EL or RFEP (circle one) Verified by: CALPADS or School Records (Circle one)
2. If not previously enrolled in CA school: EO or TBD (circle one)