

# **South Hadley Public Schools**

## **APPLICATION AND CONSENT FOR PRESCHOOL SCREENING**

**Please complete the attached forms and return, along with  
proof of residency\*, to:**

Attention: Kim Ludkiewicz  
Early Childhood Coordinator  
00 Lyman Street  
South Hadley, MA 01075

You may also scan and send the completed screening consent forms and proof of residency to Kim Ludkiewicz at [KALudkiewicz@shschools.com](mailto:KALudkiewicz@shschools.com).

A screening is a brief check of your child's development and learning and is the first step in enrolling in the South Hadley School District Preschool Program. Screenings are conducted four times a year, or on an individual request by a parent/guardian. Following the screening, the preschool staff will contact you with results either by phone or by email. If there are concerns with your child's development, a rescreen or an evaluation may be recommended. If you have applied to the preschool program and your child has successfully completed the screening and meets the additional criteria to enroll as a peer partner, your child may be enrolled in the program.

In order to participate in a screening or enroll in the preschool program, your child must be three years of age and a resident of South Hadley. \*Proof of residency (e.g. utility bill, rental agreement, bank statement, etc.) must be submitted with this screening application for your application to be considered complete.

All inquiries may be directed to Kim Ludkiewicz, Early Childhood Coordinator, by phone at (413)538-5068 or email at [KALudkiewicz@shschools.com](mailto:KALudkiewicz@shschools.com).

## PRESCHOOL SCREENING CONSENT

Child's Name: (First, Middle, Last) \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Please list other language(s) spoken in the home: \_\_\_\_\_

Are you applying to the Plains Preschool Program? \_\_\_\_\_

If yes, is your child toilet trained? \_\_\_\_\_

Has your child been screened before? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

How did you find out about this screening opportunity? \_\_\_\_\_

Why are you requesting a screening? \_\_\_\_\_

\_\_\_\_\_

What questions would you like answered by this screening? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

I consent to the screening of my child:

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

\_\_\_\_\_  
Date

Please continue to next page

**PARENT(S)/GUARDIAN(S)**

**\*At least one proof of residency must be submitted with this request**

**Parent/Guardian**

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

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

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent Primary Language: \_\_\_\_\_ Other language(s): \_\_\_\_\_

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

*\*Please provide a personal email address and not an email address of an employer/organization. We require a personal email address to correspond with you regarding your child.*

**Parent/Guardian**

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

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

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent Primary Language: \_\_\_\_\_ Other language(s): \_\_\_\_\_

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

*\*Please provide a personal email address and not an email address of an employer/organization. We require a personal email address to correspond with you regarding your child.*