



Redlands Unified School District

Special Services Department

P.O. Box 3008 • Redlands, California 92373-1508 • (909) 307-5300 • FAX (909) 307-5337

Dear Parent/Guardian,

We would like to thank you for your interest in the Redlands Special Education Early Development program. Redlands Unified School district provides special education services for children ages 3 through 5 only.

- In order to begin the referral process, a completed enrollment packet must be received by the district which includes the following forms:

- ✓ Enrollment Form
- ✓ Emergency Contact Form
- ✓ Early Intervention Parent Questionnaire
- ✓ M-CHAT Questionnaire

You must also include a copy of each of the following:

- ✓ Child's official birth certificate (issued by the county),
- ✓ Current immunization record, and
- ✓ Proof of residency where the child lives. This must be one of the following and must show parent's name and address:

Note! If parents have 50/50 custody, either parent's address may be used.

- a. Current water, gas, electric or trash bill with name and address of owner, must be less than 30days old (phone and cable bills are not accepted.) Past due notices are not accepted.
- b. **Declaration of Residency:**

**If the child AND the parent/legal guardian are living with someone else in their home, you*

need to complete a Declaration of Residency form, and have it approved PRIOR TO REGISTERING. The person you live with will be required to submit proof of residency (as defined above) and will need to sign an affidavit stating you live in the residence as well. Please contact the Enrollment Center for this form, if it applies to you, at 909-307-5300.

See reverse side





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- When a completed enrollment is received, an Assessment Plan will be developed within 15 days to assess all areas of concern to determine your child's eligibility for special education services. *Assessors adhere to the Redlands Unified School District calendar and may not be available year round.*
- Once testing has been completed, an IEP (Individualized Education Plan) meeting will be scheduled to discuss the results of the testing. In the IEP, assessors will review educational assessments and discuss eligibility for special education services. Should your child be eligible for services, the IEP Team will discuss appropriate Early Childhood programs to determine the program best suited meet your child's educational needs.
- In order to complete the assessment process, you must make your child available to assess by district staff and keep all appointments.
- It is imperative that you keep your contact information current so that we may contact you regarding testing and meeting dates.

Please return all forms to:

Redlands Unified School District
Special Services Office
ATTN: RSEED
33 West Lugonia Avenue
Redlands, CA 92373-1508

If you have questions about completing these forms, or about the process to assess your child, please contact our office at (909) 748-6967.



Distrito Escolar Unificado de Redlands

Departamento de Servicios Especiales

P.O. Box 3008 • Redlands, California 92373-1508 • (909) 307-5300 • FAX (909) 307-5337

Estimado Padre/Tutor,

Le agradecemos el interés que ha mostrado en el programa Redlands Education Early Development. El Distrito Escolar Unificado de Redlands proporciona los servicios de educación especial únicamente a los niños y niñas de 3 a 5 años de edad.

• Para poder empezar el proceso de inscripción, el distrito debe recibir un paquete de inscripción completo, que incluirá los siguientes formularios:

- ✓ Forma de Inscripción
- ✓ Forma de Contactos de Emergencia
- ✓ Cuestionario a los Padres acerca de la Intervención Temprana
- ✓ Cuestionario M-CHAT

Además, deberá incluir una copia de cada uno de los siguientes documentos:

- ✓ Acta de nacimiento oficial del niño o niña (emitida por el condado)
- ✓ Cartilla de vacunas actualizada, y
- ✓ Comprobante de domicilio en donde vive el niño o niña. Este documento debe ser uno de los siguientes y debe mostrar el nombre y domicilio de los padres:

¡AVISO! Si los padres comparten la custodia 50/50, podrán usar el domicilio de cualquier de los padres.

- a) Un recibo actual de agua, gas, electricidad o de la basura con el nombre y domicilio del dueño, y no debe tener mas de 30 días (no se aceptarán los recibos de teléfono ni de cable). Los recibos con pagos vencidos no se recibirán.
- b) **Declaración de Domicilio:**

**Si e niño o niña Y los padres/tutores legales viven con alguien más, usted deberá llenar una forma de Declaración de Domicilio y tendrá que ser aprobado PREVIO A LA INSCRIPCION. La persona con la que vive tendrá que entregar el comprobante de domicilio (como se describió arriba), y tendrá que firmar una declaración que explique que usted también vive en el domicilio. Si usted requiere esta declaración, favor de comunicarse con el Centro de Inscripciones al 909-307-5300.*

Ver el reverso





Distrito Escolar Unificado de Redlands

Departamento de Servicios Especiales

P.O. Box 1008 • Redlands, California 92373-1508 • (909) 307-5300 • FAX (909) 307-5337

- Cuando se haya recibido el paquete completado, a más tardar, en 15 días se desarrollará un Plan de Evaluación con el cual se evaluarán todas las áreas de preocupación para así poder determinar la elegibilidad de su hijo o hija para los servicios de educación especial.
Los evaluadores se apegarán al calendario del Distrito Escolar Unificado de Redlands y quizás no estén disponibles todos los días hábiles del año.
- Una vez que se hayan realizado los exámenes, se programará una junta IEP (Plan de Educación Individualizado) para hablar acerca de los resultados de los exámenes. En la junta IEP, los evaluadores repasarán las evaluaciones educacionales, y hablarán acerca de la elegibilidad para los servicios de educación especial. Si su hijo o hija califica para los servicios especiales, el equipo IEP le explicará cuáles son los programas de la Niñez Temprana para así determinar cuál sería el mejor programa para cumplir con las necesidades educacionales de su hijo o hija.
- Para poder realizar por completo el proceso de la evaluación, su hijo o hija deberá estar disponible para ser evaluado por el personal del distrito, y deberá acudir a todas sus citas.
- Es de suma importancia que usted mantenga toda su información de contacto al corriente de manera que nos podamos comunicar con usted para informarle de las fechas de las evaluaciones y de las juntas.

Favor de regresar todas las formas a:

Redlands Unified School District

Special Services Office

ATTN: RSEED

33 West Lugonia Avenue

Redlands, CA 92373-1508

Si usted tiene cualquier pregunta acerca de cómo llenar estas formas, o acerca del proceso para evaluar a su hijo o hija, favor de comunicarse con nuestra oficina al (909) 748-6967.



Enrollment Form Datos Para La Inscripción

**RSEED Program: Special Services for Children Ages 0 – 5 Years/
Servicios especiales para los niños edad 0 – 5 años**

Please complete both sides of this form./Favor de completar ambos lados de esta forma.

OFFICE USE ONLY
Start Date:
School Site:
Teacher:
Program:

<u>Child's Legal Last Name/Apellido</u>	<u>Child's Legal First Name/Nombre</u>	<u>Child's Legal Middle Name/Segundo Nombre</u>	<u>Birth Date/ Fecha de Nacimiento</u> MM / DD / YYYY	Boy/Niño <input type="checkbox"/> Girl/Niña <input type="checkbox"/>
<u>Child's Street Address/Dirección</u> Apt # City/Ciudad Zip/Zona Postal		<u>Primary Phone Number/ Contacto 1:</u> ()		
<u>Mailing Address (IF DIFFERENT THAN RESIDENCE ADDRESS)/Dirección Para El Correo (Si es diferente de su residencia)</u>		<u>Secondary Phone Number/ Contacto 2:</u> ()		

FAMILY INFORMATION

	Name/Nombre	Home Address/ Dirección de Residencia	Employment Information/ Información del Trabajo	Living in the Home/ Viviendo en el Hogar?
Father/ Padre			Name/ Nombre: Phone/ Teléfono:	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
Mother/ Madre			Name/ Nombre: Phone/ Teléfono:	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
Step-Parent (Padastro or Madaastro)			Name/ Nombre: Phone/ Teléfono:	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
Guardian/ Guardián			Name/ Nombre: Phone/ Teléfono:	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>

Relationship of Guardian to Student/
Relación del Guardián con el Estudiante: _____

***Proof of Educational Rights is required if child is NOT residing with biological parents/
Prueba de Derechos de Educacion se necesitan si niño NO vive con sus padres naturales**

Other Children in Family/ Otros niños en la Familia	Relationship/ Relación	Birth Date/ Fecha de Nacimiento	School Attending/ Escuela Asistiendo	At Home/ En Casa
				Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
				Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
				Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
				Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
				Yes/Si <input type="checkbox"/> No <input type="checkbox"/>

Please answer both parts of this section. The following portion is for federal and state data collection purposes only.
Por favor conteste las dos partes de esta sección. La siguiente información es solamente para el propósito de recopilar información estatal y federal.

Part A: Is this student Hispanic or Latino/¿Este estudiante es Hispano o Latino? Check one/Seleccione uno solamente: <input type="checkbox"/> No, not Hispanic or Latino/ No, no es Hispano o Latino <input type="checkbox"/> Yes, Hispanic or Latino/ Si, es Hispano o Latino	Part B: What is the student's race? (Select one or more) <input type="checkbox"/> Amer. Indian/Alaskan Native/Indo Amer./Nativo de Alaska <input type="checkbox"/> Asian Indian/Indo Asiático <input type="checkbox"/> Black or African American/Negro o Africano Americano <input type="checkbox"/> Cambodian/Camboyan <input type="checkbox"/> Chinese/Chino <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian/Hawaiano <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese/Japonés <input type="checkbox"/> Korean/Coreano <input type="checkbox"/> Laotian/Laosiano <input type="checkbox"/> Other Asian/Otro Asiático <input type="checkbox"/> Other Pacific Islander/Otras Islas del Pacifico <input type="checkbox"/> Samoan/Samoano <input type="checkbox"/> Tahitian/Tahitiano <input type="checkbox"/> Vietnamese/Vietnamita <input type="checkbox"/> White/Blanca
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HOME LANGUAGE SURVEY/QUESTIONNAIRE DE IDIOMA

1. Which language did your son/daughter learn when he/she first began talking?/
¿Que idioma tu hijo/hija aprender cuando él/ella comenzó hablando? _____

2. What language does your son/daughter most frequently use at home?/
¿Qué idioma tu hijo/hija con más frecuencia utiliza en casa? _____

3. What language do you most frequently use to speak to your son/daughter?/
¿Cuál es el idioma más frecuentemente utiliza para hablar con su hijo/hija? _____

4. Name the language most often spoken by the adults at home./
¿Qué idioma es hablado más a menudo por los adultos en el hogar? _____

PLEASE COMPLETE THIS SECTION IF PARENTS ARE SEPARATED OR DIVORCED

The school has the responsibility for the welfare of the child, but can only function according to the law when properly informed. If parents of student are separated, the school district must be informed (1) who has custody of the student and (2) what person(s) are approved to see the child or to transport him/her away from school. If there is a restraining order in effect denying either of the parents the right to see or contact the child, there must be a statement of file

1. Who has legal custody? Father Mother Joint Guardian

2. Restraining order currently in force? Yes No

If you answered Yes to Question #2, please fill out the following:

Date of Court Order _____ Court order on file in Special Services Office? Yes No

FAVOR DE COMPLETAR ESTA SECCIÓN SI LOS PADRES ESTÁN SEPARADOS OR DIVORCIADOS

Las autoridades escolares tienen la responsabilidad del bienestar del niño/a, pero solo pueden funcionar de acuerdo a la ley cuando están bien informados. Si los padres del alumno están separados, las autoridades del distrito escolar deberán ser informados (1) sobre quien tiene el costodio del alumno y (2) cual(es) persona(s) esta/están aprobado(s) para hacer contacto con el/la niño/a, deberá haber una declaración de esto archivada en la oficina escolar.

¿Quien tiene el costodio legal? Ambos Madre Padre Guardian

¿Existe una orden de alejamiento? Si No

Si ha respondido sí a la pregunta # 2, por favor, responder a las preguntas siguiente:

Fecha de la orden del Tribunal _____ ¿Orden de la corte en archivo en la Oficina de Servicios Especiales? Si No

STATE TESTING DATA SURVEY:

Please circle the response that best describes the education level of the parent with the highest level of education.

ENCUESTA DE DATOS DE PRUEBAS ESTATALES:

Favor de circular la repuesta que describe el padres con nivel de educación mas elevada:

1. Not a High School Graduate/No ha graduado de la Preparatoria

2. High School Graduate (GED/Diploma)/ Graduado de la Preparatoria (diploma/GED)

3. Some College (have not completed 4 year degree)/Alguna educación universitaria (Incluyen el Titulo AA)

4. College Graduate (Bachelors Degree)/ Graduado Universitario (Bachillerato)

5. Education beyond a 4 year degree/Educación más allá de los 4 años universitarios

6. Decline to state/No deseo declarar

I certify that all of the information in this application is current to the best of my knowledge./
Yo certifico que la información en esta solicitud es correcto a lo major de mi conocimiento.

**Falsification of any information on this from may lead to the student being dropped from enrollment./
La falsificación de cualquier información en esta forma puede causar que sea dado de baja el estudiante.**

X _____
Signature of Parent/Guardian/Firma de los Padres/Guardián

Date/Fecha



Emergency Contacts and Release Form Forma de Relevo en Caso de Emergencia

Special Services for Children Ages 0 – 5 Years/Servicios especiales para los niños edad 0 – 5 años

<u>Child's Legal Last Name/Apellido</u>	<u>Child's Legal First Name/Nombre</u>	<u>Child's Legal Middle Name/Segundo Nombre</u>	<u>Birth Date/ Fecha de Nacimiento</u> MM / DD / YYYY	Boy/Niño <input type="checkbox"/> Girl/Niña <input type="checkbox"/>
Child's Street Address/Dirección Apt # City/Ciudad Zip/Zona Postal			Home Phone/Teléfono: ()	

Mother's Name/Madre's Nombre	Work Phone & Ext./Teléfono de Trabaja y ext. ()	Cell Phone/Teléfono celular ()	Child lives with/Niño que vive con: <input type="checkbox"/> Mother/Madre <input type="checkbox"/> Father/Padre *Proof of Educational Rights is required if child lives with / Prueba de derechos de educacion se necesitan si niño vive con: <input type="checkbox"/> Guardian/Guardián <input type="checkbox"/> Grandparent/Abuelo <input type="checkbox"/> Step-parent / Madrasta/Padrasto <input type="checkbox"/> Foster-parent / Adoptivo-Padre
Email address:			
Father's Name /Padre's Nombre	Work Phone & Ext./Teléfono de Trabaja y ext. ()	Cell Phone/Teléfono celular ()	
Email address:			

Childcare Provider ONLY if other than parent/guardian/ SÓLO proveedor de cuidado de los niños si es distinto del padre o guardian Name: _____ Address: _____ Phone: _____	<input type="checkbox"/> Yes, there are court documents (i.e. custody, etc.) pertaining to this student./ Sí, existen documentos de la Corte (de custodia, etc.) pertenecientes a este alumno. NOTE: Any court documents involving custody issues must be sent to the Special Services office./Nota: cualquier documento del tribunal tocante asuntos de custodia deben ser enviados a la oficina de servicios especiales
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CONTACTS (MUST be local residents) CONTACTOS (debe ser residentes locales)

Name/Nombre	Address/Dirección	City/Ciudad	Relationship/Relación	Phone numbers/Teléfono () ()

I hereby authorize the school to refer to the person(s) named above if my child needs emergency care or to release to in case of a disaster if I cannot be reached. I hereby authorize, pursuant to the provisions of Section 25.8 of the Civil Code of California, to give such attention as may be thought necessary by the physician/medical advisor in charge, in case of emergency and I cannot be reached. I also authorize the hiring of an ambulance to transport my child to a suitable place for medical care. I understand that the local police may be called in certain circumstances, in order to ensure emergency procedures./

Yo autorizo al personal docente a dirigirse a la(s) persona(s) mabradas abajo si mi hijo/a necesita cuidado de emergencia o relevo en caso de desarte. Autorizo, con arreglo a las disposiciones de la sección de 25,8 del código civil de California dar tal atención como puede considerarse necesaria por el asesor médico/médicos a cargo, en caso de emergencia y no puedo alcanzarse. También autorizo a la contratación de una ambulancia para el transporte de mi hijo a un lugar adecuado para la atención médica. Tengo entendido que la policía local puede denominarse en determinadas circunstancias, a fin de garantizar procedimientos de emergencia.

X _____
Signature of Parent/Guardian Firma del Padre/Guardian

DATE/FECHA

Continued on other side/ Continuar en otro lado

MEDICAL HEALTH ALERT/ALERTA MÉDICA

Health problems/physical conditions that emergency care person should know/Los problemas/estado físico de la salud que persona de cuidado de emergencia debe saber:

Allergies/Alérgias:

Medications/Medicamento:

Condition/Condición:

History of Seizures/Historia de tomas: No Yes/Si

If yes explain/Si, explicación:

**RELEASE OF INFORMATION/PHOTO
LANZAMIENTO DE INFORMACIÓN/FOTO**

I **circle one- (DO) (DON'T)** give authorization and consent for the Redlands Unified School District (RUSD) and organizations/associations connected with RUSD to use my child's name, photographs, video camera recordings, and interview comments for educational and promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, slide shows, news releases, advertisements, newsletters, video presentations, and the World Wide Web. I understand that published materials may identify students as special education or alternative education and could include references to various special needs based on the program.

Yo **escoja uno- (HACE) (HACE no)** da autorización y consentimiento para el Redlands Unificaron la Escuela Distrito (RUSD) y las organizaciones/asociaciones conectaron con RUSD para utilizar el nombre de mi niño, las fotografías, grabaciones de videocámara, y comentarios de entrevista para propósitos educativos y promocionales. Comprendo que estos artículos pueden ser distribuidos a individuos, a los grupos, y a los medios de noticias y publicados en, pero no limitados a, a las exposiciones de diapositivas, a los comunicados de prensa, a los anuncios, a los boletines, a presentaciones video, y a la telaraña mundial. Comprendo que materiales publicados pueden identificar a estudiantes como la educación especial o la educación alternativa y podrían incluir referencias a varias necesidades especiales basadas en el programa.

X _____
Signature of Parent/Guardian Firma del Padre/Guardian

DATE/FECHA

**PROCEDURAL SAFEGUARDS & PARENT RIGHTS/
MEDIDAS DE PROTECCION PROCESALES Y DERECHOS DE PADRES**

I HAVE RECEIVED THE EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA) NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS./

SE RECIBEN EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA) LAS NOTICIAS DE MEDIDAS DE PROTECCION PROCESALES Y LOS DERECHOS DE PADRES

X _____
Signature of Parent/Guardian Firma del Padre/Guardian

DATE/FECHA



Redlands Unified School District

Special Services Department /Early Intervention Assessment Team

P.O. Box 3008 • Redlands, California 92373-1508 • (909) 748-6967 • FAX (909) 307-5337

OFFICE USE ONLY

Date Received: _____

Date Reviewed: _____

Assignment: _____

Psych SLP

Nurse Teacher

Early Intervention Parent Questionnaire

Please complete this form to help us learn more about your child

Child Name: _____ Date of Birth: _____ Male/Female: _____

Primary Language: _____

Please briefly describe your concerns with your child's development:

Does your child currently attend (or have they ever attended) a preschool program and/or daycare?

Where? _____

When did they begin? _____

What days/hours do they attend? _____

Previous Services\Assessments:

1. Has your child ever received speech therapy or special academic instruction? Yes No

If yes, please describe services and who provided them:

2. Has your child ever had a speech/language evaluation or screening? Yes No

If yes, where and when? _____

What were you told? _____

3. Has your child ever had a hearing evaluation/screening? Yes No

If yes, where and when? _____

What were you told? _____

4. Has your child ever had a psychological evaluation? Yes No

If yes, where and when? _____

What were you told? _____

5. Has your child ever received any other evaluation or therapy (psychological, physical therapy, counseling, occupational therapy, vision, etc.)? Yes No

If yes, where and when? _____

What were you told? _____

Health History

1. Do have any health concerns for your child?

2. Please indicate any medical diagnosis that your child has received:

3. Does your child take any medication? If yes, please describe:

4. Has your child ever been hospitalized? If yes, please describe:

5. Has your child had any surgeries? If yes, please describe:

Speech and Language

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

a. If yes, which one/s? _____

b. Does your child understand the language? Yes No

c. Does your child speak the language? Yes No

d. Who speaks the language? _____

e. Which language does the child prefer to speak at home? _____

2. Do you feel your child has a speech or language problem? Yes No

3. Do you feel your child has a hearing problem? Yes No

<i>Does your child...</i>	Yes	No	Give an example
State name and age	<input type="checkbox"/>	<input type="checkbox"/>	
Follow 2-step directions? (e.g. Get your shoes and bring them to me)	<input type="checkbox"/>	<input type="checkbox"/>	
Respond correctly to yes/no questions?	<input type="checkbox"/>	<input type="checkbox"/>	
Respond correctly to what/who/where/when/why questions?	<input type="checkbox"/>	<input type="checkbox"/>	
Retrieve/point to common objects upon request (e.g. ball, cup, shoe)?	<input type="checkbox"/>	<input type="checkbox"/>	
Make up and tell stories?	<input type="checkbox"/>	<input type="checkbox"/>	
Talk about events that have already happened?	<input type="checkbox"/>	<input type="checkbox"/>	
Talk about things that will happen in the future?	<input type="checkbox"/>	<input type="checkbox"/>	

4. What percentage of your child's speech is able to be understood?

- a. By you/immediate family members? _____% of the time
- b. By other family members/familiar people? _____% of the time
- c. By new people? _____% of the time

Your child currently communicates using...	Yes	No	Give an example
Gestures (e.g. pointing to what they want, using signs)	<input type="checkbox"/>	<input type="checkbox"/>	
Sounds (e.g. vowels, grunting)	<input type="checkbox"/>	<input type="checkbox"/>	
Babbling (e.g. "bababa", "madobado")	<input type="checkbox"/>	<input type="checkbox"/>	
Single words/one word at a time (e.g. doggy, shoe, up). My child uses _____ single words on their own.	<input type="checkbox"/>	<input type="checkbox"/>	
2-4 word sentences (e.g. my car, I go play)	<input type="checkbox"/>	<input type="checkbox"/>	
Sentences longer than 4 words.	<input type="checkbox"/>	<input type="checkbox"/>	

5. Does your child have trouble saying any sounds correctly? Yes No

If yes, please use the table below. (*table continued on next page*)

Check the boxes next to each sound that is difficult for your child to say.	What does your child say instead?
<input type="checkbox"/> M (e.g. m ilk, h ammer, t eam)	
<input type="checkbox"/> N (e.g. n ap, b anana, d own)	
<input type="checkbox"/> P (e.g. p at, h appy, u p)	
<input type="checkbox"/> B (e.g. b ye, b aby, c rab)	
<input type="checkbox"/> W (e.g. w hale, a way)	
<input type="checkbox"/> H (e.g. h i, w hole, f ore h ead)	
<input type="checkbox"/> T (e.g. t eeth, m at)	
<input type="checkbox"/> D (e.g. d og, d addy, b ird)	
<input type="checkbox"/> K (e.g. c at, m onkey, t ruck)	

5b. Does your child have trouble saying any sounds correctly? Yes No

If yes, please use the table below. (*table continued from previous page*)

<input type="checkbox"/> G (e.g. go , hugging , bug)	
<input type="checkbox"/> F (e.g. fox , waffle , giraffe)	
<input type="checkbox"/> Y (e.g. yellow , yes ,	
<input type="checkbox"/> NG (e.g. singing , ring)	
<input type="checkbox"/> L (e.g. lamp , silly , feel)	
<input type="checkbox"/> R (e.g. red , berry , car)	
<input type="checkbox"/> SH (e.g. shop , fishng , wish)	
<input type="checkbox"/> CH (e.g. chop , itching , witch)	
<input type="checkbox"/> DG (e.g. job , judging , fudge)	
<input type="checkbox"/> S (e.g. soap , messy , horse)	
<input type="checkbox"/> Z (e.g. zoo , business , buzz)	
<input type="checkbox"/> TH (e.g. think , feather , breathe)	
<input type="checkbox"/> V (e.g. van , fever , brave)	

1. Does your child stutter or get stuck on any words/sounds, or have any disruption in the forward flow of their speech? If yes, please use the table below.

Please check the boxes next to what you hear and/or see when they stutter.	Give an example.
<input type="checkbox"/> Repeating phrases (e.g. I want-I want cookies).	
<input type="checkbox"/> Repeating whole words (e.g. I-I-I-I want cookies).	
<input type="checkbox"/> Adding words or sounds (e.g. Um, um, I want, um, cookies).	
<input type="checkbox"/> Changing what they want to say (e.g. I like, I want cookies)	
<input type="checkbox"/> Repeating sounds or syllables (e.g. I want an a-a-a-apple, I want a coo-coo-cookie).	
<input type="checkbox"/> Stretching or prolonging sounds (e.g. I aaaaaate a cookie).	
<input type="checkbox"/> Using silent pauses (e.g. My name is.....Alice).	
<input type="checkbox"/> Changing their facial expressions (e.g. tense jaw muscles, lips pressing together).	
<input type="checkbox"/> Using head movements (e.g. back, forward, poor eye contact).	
<input type="checkbox"/> Using distracting sounds (e.g. noisy breathing, clicking sounds).	
<input type="checkbox"/> Moving extremities (e.g. arm/hand movement, foot tapping).	

Behavioral Characteristics

(table is continued on next page)

Do you feel your child...	Yes	No
Is cooperative	<input type="checkbox"/>	<input type="checkbox"/>
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>
Is able to play alone for a reasonable amount of time	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty separating	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty transitioning between activities or environments	<input type="checkbox"/>	<input type="checkbox"/>
Is easily frustrated/impulsive	<input type="checkbox"/>	<input type="checkbox"/>
Is stubborn	<input type="checkbox"/>	<input type="checkbox"/>
Is restless	<input type="checkbox"/>	<input type="checkbox"/>

(Table continued from previous page.)

Do you feel your child...	Yes	No
Has poor eye contact	<input type="checkbox"/>	<input type="checkbox"/>
Is easily distracted/has short attention	<input type="checkbox"/>	<input type="checkbox"/>
Is destructive or aggressive	<input type="checkbox"/>	<input type="checkbox"/>
Is withdrawn	<input type="checkbox"/>	<input type="checkbox"/>
Has inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
Has self-abusive behavior	<input type="checkbox"/>	<input type="checkbox"/>
Easily re-directed	<input type="checkbox"/>	<input type="checkbox"/>
Frequently re-directed	<input type="checkbox"/>	<input type="checkbox"/>
Respond to edible rewards, token boards or verbal praise	<input type="checkbox"/>	<input type="checkbox"/>

Play & Social Skills

Does your child...	Yes	No	Give an example
Visually acknowledge people	<input type="checkbox"/>	<input type="checkbox"/>	
Separates from caregiver/parent	<input type="checkbox"/>	<input type="checkbox"/>	
Show interest in exploring	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to name	<input type="checkbox"/>	<input type="checkbox"/>	
Use toys for the purpose they are intended? (e.g. pushing a car, puts a cup to their own mouth as if to drink)	<input type="checkbox"/>	<input type="checkbox"/>	
Use toys in a non-typical way? (e.g. lining up cars rather than pushing them)	<input type="checkbox"/>	<input type="checkbox"/>	

Play & Social Skills (Continued from previous page)

Does your child...	Yes	No	Give an example
Use symbolic play? (e.g. use a stick to represent a microphone)	<input type="checkbox"/>	<input type="checkbox"/>	
Use pretend play? (e.g. 'feeds' a baby by putting a spoon to baby's mouth)	<input type="checkbox"/>	<input type="checkbox"/>	
Stack toys (e.g. rings, blocks, other)	<input type="checkbox"/>	<input type="checkbox"/>	
Seek control of play	<input type="checkbox"/>	<input type="checkbox"/>	
Share toys with other children?	<input type="checkbox"/>	<input type="checkbox"/>	
Play next to other children?	<input type="checkbox"/>	<input type="checkbox"/>	
Interact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	
Talk/try to talk when they interact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you for your interest in requesting an assessment for your child. Please allow our Early Intervention Assessment Team two weeks to respond to your request either by phone or by U.S. mail. If you have any questions, please contact Christine Martinez at 909-748-6967.

Your name: _____ **Relationship to child:** _____

Do you have educational rights for this child? Yes No

Home phone: _____ **Cell phone:** _____

Email: _____

Home Address: _____

Signature: _____ **Date:** _____



Child's name _____
Age _____

Date _____
Relationship to child _____

M-CHAT-R™ (Modified Checklist for Autism in Toddlers Revised)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

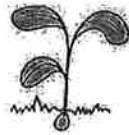
- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE , pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE , if you don't point, can your child understand “put the book on the chair” or “bring me the blanket”?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(FOR EXAMPLE , being swung or bounced on your knee) | Yes | No |

Nombre del estudiante _____ Edad _____
 Relación al estudiante _____ Fecha _____

M-CHAT-R_{tm} (Lista modificada para el Autismo en Niños/Niñas Revisado)

Por favor responda estas preguntas acerca de su hijo/hija. Tome en cuenta cómo se comporta normalmente su hijo/hija. Si ha observado a su hijo/hija tener un comportamiento varias veces, pero normalmente no lo hace, entonces responda **No**. Por favor conteste **Sí** o **No** para cada pregunta. Muchas gracias.

1. Si usted señala algo al otro lado del cuarto, ¿su hijo(a) lo ve?
 (POR EJEMPLO, si usted señala un juguete o un animal, ¿su hijo(a) ve el juguete o el animal?) Sí No
2. ¿Alguna vez se ha preguntado si su hijo/hija podría estar sordo? Sí No
3. ¿Su hijo/hija puede jugar pretendiendo o de mentiritas? (POR EJEMPLO, ¿finge tomar en una taza vacía, o finge hablar por teléfono, o le da de comer a una muñeca o un muñeco de peluche?) Sí No
4. ¿A su hijo/hija le gusta escalar/subirse en las cosas? (POR EJEMPLO, a los muebles, equipo de juegos, o escaleras) Sí No
5. ¿Su hijo/hija hace movimientos raros con sus dedos cerca de sus ojos?
 (POR EJEMPLO, ¿su hijo mueve sus dedos cerca de sus ojos?) Sí No
6. ¿Su hijo/hija señala con un dedo para pedir algo o para pedir ayuda?
 (POR EJEMPLO, señala hacia un bocado o un juguete que está fuera de su alcance) Sí No
7. ¿Su hijo/hija señala con un dedo para mostrarle algo interesante? (POR EJEMPLO señala a un avión en el cielo o un camión en la carretera) Sí No
8. ¿A su hijo/hija le llama la atención otros niños? (POR EJEMPLO, su hijo/hija observa a otros niños, les sonríe, o se acerca a ellos?) Sí No
9. ¿Su hijo/hija le lleva o le enseña objetos para que usted los vea- no para que le ayude, sino solo para compartir? (POR EJEMPLO, le enseña una flor, un animal, o un camión de juguete) Sí No
10. ¿Su hijo/hija responde cuando le llama por su nombre? (POR EJEMPLO, ¿él/ella voltea hacia usted, habla o balbucea, o deja de hacer lo que está haciendo cuando lo llama por su nombre?) Sí No
11. Cuando usted le sonríe a su hijo/hija, ¿le devuelve una sonrisa? Sí No
12. ¿A su hijo/hija le molestan los ruidos cotidianos? (POR EJEMPLO, ¿su hijo/hija llora o grita por los ruidos de la aspiradora o de la música fuerte?) Sí No
13. ¿Su hijo/hija camina? Sí No
14. ¿Su hijo/hija lo/la ve a los ojos cuando le habla, juega con él o ella, o cuando lo/la viste? Sí No



RSEED

Redlands Special Education Early Development

RSEED ASSESSMENT PROCESS

New children must be assessed to determine their eligibility for the RSEED program. The whole process may take 60 days or more—this is only a guideline. **It is important that you keep all appointments made with the Assessors, so that we can expedite this process.**

Child is referred to our program

A child must be 3 to begin the Pre-K program. Children under the age of 3 are referred to us by agencies providing early intervention services.

Child is assigned to an Assessor

Normally within 15 days, not including school breaks of 5 days or more, an Assessor will contact you to gather more information.

An Assessment Plan is developed

Parents have at least 15 days to decide if they would like to proceed with the testing that the Assessor has recommended. Your signature is required.

Assessment/Testing takes place

Normally, the last 2 steps of this process take up to 60 days, though unexpected or extenuating circumstances may prolong this.

Assessors finish testing & Reports are written

IEP (Individualized Education Plan) Meeting is held to discuss the findings and/or eligibility

Together as a team, parents, assessors and coordinator will meet to review the information gathered from the assessments, and if indicated, placement options.

Google maps

Address **33 W Lugonia Ave**
Redlands, CA 92374

Notes

We are located on the South West corner of Orange & Lugonia, our parking lot is off of Washington, across from the Redlands Community Center

