

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating, developing and inspiring our students for lifelong success

Series Number **501.3.2.1P** Adopted **April 1994** Revised **July 2026**

Title **Child History Questionnaire**

**Early Childhood Health
and Developmental Screening**
(Required before school entrance)

Bring to your appointment:

- Completed forms
(found on www.district196.org/screening)
- Document verifying your child's age
(such as birth certificate or passport)

Dear Parent/Guardian:

To help ensure success in school, the State of Minnesota requires all children entering public school be screened before entering kindergarten (or before entering first grade, if your child did not attend kindergarten). The law encourages parents/guardians to have their **child screened prior to their fourth birthday**. The screening may be done by District 196, another school district or by a public or private health care provider or organization. Your child need not be screened by District 196 if the child has received comparable screening by another provider or organization within the preceding year and those records are submitted to the District 196 not later than 30 days after your child first attends public school.

Early Childhood Screening is a careful review and check of your child's health, well-being and development. Together parents and professionals identify strengths and areas that may require special attention before your child enters school. The screeners do not recommend whether your child is ready for kindergarten. At the end of the screening, a staff person will conduct a summary interview and address any concerns you have regarding your child's health or development. You will have the opportunity to be with your child the entire time and you will receive a copy of the screening results. All information will remain private. **The screening process takes approximately 60 minutes.**

To cancel or change your appointment, contact the Early Childhood Screening Office at **651-423-7899**. Please reschedule your appointment if your child has a communicable disease such as chicken pox, "pink-eye," strep-throat, impetigo, etc.

We suggest that you do not bring other children with you to the screening appointment.

NOTE TO PARENTS: Please complete the remainder of this form prior to your child's appointment. The information will help us provide your child with a comprehensive health and developmental screening. Completion of this form is optional. You may also decline to answer questions or provide information about family circumstances that might affect development and identification of risk factors that may influence learning. Declining to answer such questions or provide such information will not prevent your child from enrolling in school if all other screening components are met. The information collected on this form and in the screening will be used for screening purposes by District 196 employees and agents with responsibilities related to the screening program. It may also be shared with the Department of Education, or as otherwise authorized by law. You are not required to provide requested information, however your refusal may prevent the district from completing the mandatory screening. Early Childhood Screening is not a substitute for ongoing health care from your family physician, dentist or other health care providers.

GENERAL AND FAMILY INFORMATION

Person completing form _____ Date completed _____
Relationship to child _____ Email _____
Address _____ Phone Number _____
Child _____ Sex _____ Birthdate _____
last first middle

HEALTH HISTORY

Please check the box(es) if you have concerns or questions about your child's . . .

- | | | | |
|---|--|---|--|
| ☐ Growth | ☐ Eyes/vision | ☐ Teeth | ☐ Skin/bruising/rashes |
| ☐ Allergies | ☐ Wearing glasses | ☐ Breathing/coughing | ☐ Friends/social skills |
| ☐ Toileting | ☐ Ears/hearing | ☐ Stomach | ☐ Learning |
| ☐ Headaches | ☐ Mouth | ☐ Walking/balance | ☐ Behavior |
| ☐ Sleeping habits | ☐ Nose | ☐ Talking | ☐ Feelings/moods |
| ☐ Eating habits/diet | ☐ Seizures | ☐ Activity level | ☐ Other |

NOTES: _____

Do you have health insurance? ☐ Yes ☐ No

Date of last visit to: doctor _____ dentist _____ other health specialist _____ eye dr. _____

Serious illnesses _____

Hospital stays and/or surgeries _____

DEVELOPMENTAL HISTORY

Child's birth weight _____ Child's birth height _____ Delivered at _____ weeks gestation

Did the child's mother experience any problems during pregnancy? ☐ No ☐ Yes If yes, explain (medication, measles, toxemia, etc.) _____

Were there any problems with labor, delivery or during the newborn period? ☐ No ☐ Yes If yes, explain (caesarian delivery, fetal distress, respiratory distress syndrome, resuscitation required, jaundice, etc.) _____

Developmental Milestones

Indicate Early, On Time, or Late

Sit alone ☐ Early ☐ On Time ☐ Late Walk alone ☐ Early ☐ On Time ☐ Late Say single words ☐ Early ☐ On Time ☐ Late
Say two-word sentences ☐ Early ☐ On Time ☐ Late Toilet-train ☐ Early ☐ On Time ☐ Late

Child was primarily attached to: ☐ Mother ☐ Father ☐ Both ☐ Other _____

Feeding and sleeping cycles were: ☐ Regular ☐ Irregular

Child was: ☐ Easy to care for ☐ Average/About the same as any other child ☐ "Challenging"

Were there any changes in the child's primary caregivers during the first three years (different babysitter, mother started work, etc.)?

☐ No ☐ Yes If yes, at what age and under what circumstances? _____

Have you or anyone else ever had concerns about your child's overall physical growth and/or intellectual, social, emotional or motor development? ☐ No ☐ Yes If yes, explain _____

Describe your child's strengths and/or special needs _____

Add any comments or questions regarding your child's early development _____

BEHAVIORS

Check the appropriate box(es) if you are concerned about the following behaviors in your child . . .

- | | | |
|--|---|---|
| ☐ Unable to share | ☐ Unsure of self, seems to lack confidence | ☐ Inappropriate attention-seeking |
| ☐ Bites nails | ☐ Seems worried or anxious | ☐ Daydreams, seems preoccupied |
| ☐ Sucks thumb | ☐ Sibling jealousy | ☐ Distractible, short attention span, difficulty concentrating, restless |
| ☐ Holds breath | ☐ Seems immature compared to other children his or her age | ☐ Temper tantrums |
| ☐ Lies | ☐ Very dependent on adults | ☐ Uncooperative, defiant, disobedient |
| ☐ Destroys things | | ☐ Aggressive towards others, |
| ☐ Sensitive, feelings hurt easily, cries easily | | |
| ☐ Other (please explain)_____ | | verbally or physically |

RESOURCES

Agencies or programs your child has participated in: (check all that apply)

- | | | |
|--|--|---|
| ☐ Public Health Nursing | ☐ Early Childhood Special Education | ☐ Women, Infant and Children (WIC) |
| ☐ Dakota County Social Services | ☐ Early Childhood Family Education | ☐ Mothers and Children (MAC) |
| ☐ Family counseling center | ☐ Religious institution | ☐ Preschool |

Would you like information about: (check all that apply)

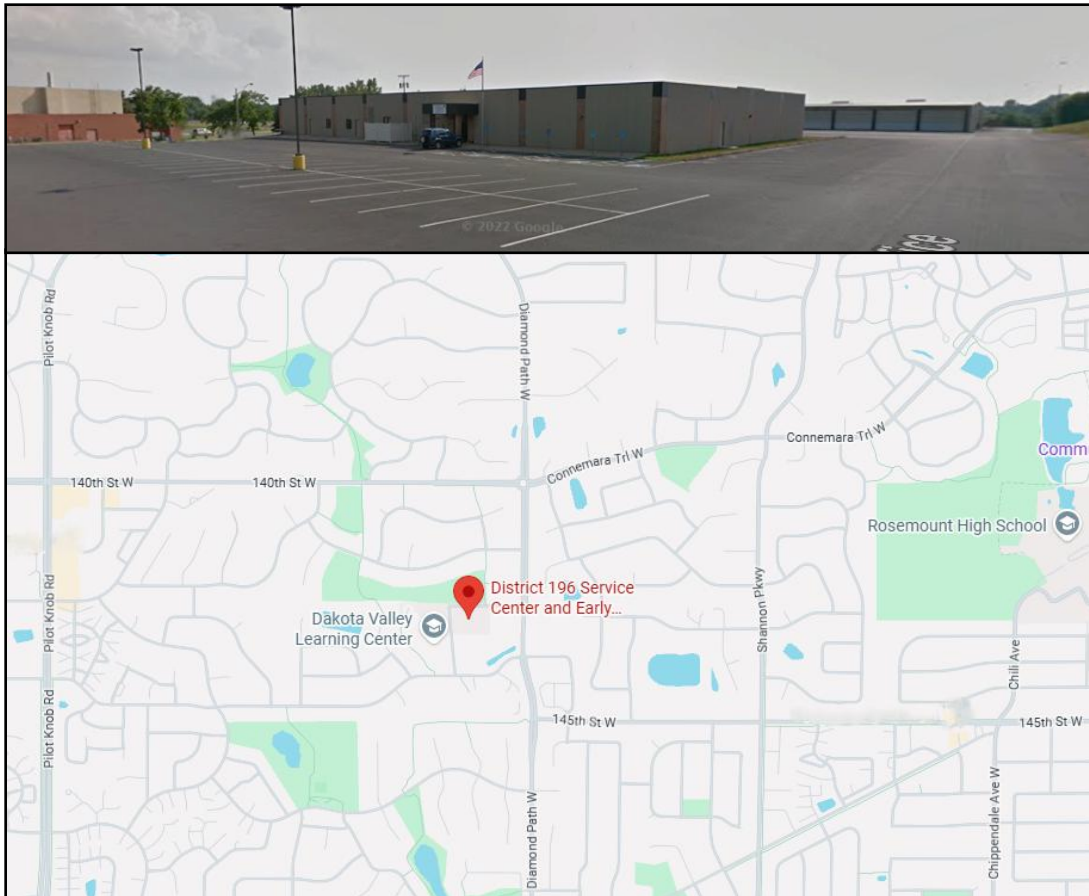
- | | | |
|--|--|-----------------------------------|
| ☐ Meeting other families | ☐ Childcare | ☐ Clothing |
| ☐ Parenting groups | ☐ Recreational programs | ☐ Other |
| ☐ Help with personal problems | ☐ GED | _____ |
| ☐ Preschool programs | ☐ English classes | |

INDEPENDENT SCHOOL DISTRICT 196

Rosemount-Apple Valley-Eagan Public Schools

DISTRICT SERVICE CENTER - DOOR #1

Early Childhood Screening
14301 Diamond Path
Apple Valley, MN 55124



District Service Center

14301 Diamond Path W, Apple Valley, MN 55124

For more information, contact 651-423-7899 or ecscreening@district196.org.