

Date Received: _____
(For Office Use)



CHILD FIND SCREENING

**PRIVATE SCHOOL STUDENTS
ONLY**

Dear Parent/Guardian, please complete the attached packet and
return it to:

**Osborn Elementary School District #8
Attention: Student Services
1226 W Osborn Rd
Phoenix AZ 85013
Oficina: (602) 707-2014
Email: lfonseca@osbornsd.org**

FOR OFFICE USE ONLY
CHILD FIND FOLDER CHECK SHEET

Included (please check off)	
	Packet completed and returned to Student Services Office
	Proof of Residency
	Copy of parent ID
	Birth Certificate of child (verify student age)
	Immunization record
Yes No	Passed Vision Date:
Yes No	Passed Hearing Date:

Optional	Copy of outside evaluation or therapy notes
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Proposed screening date: _____

Proposed screening time: _____

Parent Best Contact: _____

Preschool Screening Information Form

1. Child and Caregiver Information

Child's full legal name	
Preferred name	
Date of birth / age	
Date completed	
Caregiver completing form / relationship	
Phone / email	
Home language(s)	
Interpreter requested	☐ No ☐ Yes — Language: _____
Preschool / childcare, if any	

2. Why You Are Attending the Screening

What is your main concern or question about your child's development?

When did you first notice?	
Who else has shared a concern?	☐ No one ☐ Family ☐ Preschool/childcare ☐ Medical provider ☐ Other
Previous screening/evaluation?	☐ No ☐ Yes — Type/date/result: _____
Current services?	☐ None ☐ Speech ☐ OT ☐ PT ☐ Early intervention ☐ Other

3. Big-Picture Development

For each area, mark the statement that best describes your current view.

Developmental area	No concern	Some concern	Major concern	Examples / comments
Communication understanding language; using words, signs, gestures, or a communication device; speech clarity	☐	☐	☐	
Thinking & Learning curiosity, problem solving, imitation, memory, concepts, books, and early learning	☐	☐	☐	
Movement walking, running, jumping, balance, hand use, drawing, puzzles, and manipulating toys	☐	☐	☐	

Social-Emotional & Play relationships, play, sharing enjoyment, coping, behavior, attention, and transitions	☐	☐	☐	
Daily Living feeding, dressing, toileting, sleep, safety, and participation in routines	☐	☐	☐	

4. Quick Developmental Indicators

What you observe	Usually	Sometimes	Not yet	Not sure
Responds to name, voices, and everyday sounds.	☐	☐	☐	☐
Understands familiar directions and questions.	☐	☐	☐	☐
Communicates wants, needs, and ideas in a way familiar adults understand.	☐	☐	☐	☐
Learns new play or routine skills with modeling and practice.	☐	☐	☐	☐
Moves safely and uses hands effectively during play and daily routines.	☐	☐	☐	☐
Shows interest in people and shares enjoyment, attention, or play.	☐	☐	☐	☐
Participates in familiar routines with age-expected support.	☐	☐	☐	☐
Skills are continuing to develop; there has been no loss of previously used skills.	☐	☐	☐	☐

5. Health, Hearing, and Vision Snapshot

Item	Response	Brief details
Pregnancy, birth, or newborn complications that may affect development	☐ No ☐ Yes ☐ Unknown	
Serious illness, hospitalization, surgery, injury, seizures, or ongoing medical condition	☐ No ☐ Yes	
Current medication, allergy, dietary restriction, or health/safety plan	☐ No ☐ Yes	
Concerns about hearing, frequent ear infections, or response to sound/name	☐ No ☐ Yes	
Concerns about vision, eye alignment, squinting, or seeing objects safely	☐ No ☐ Yes	
Loss of a skill the child previously used	☐ No ☐ Yes	

Most recent hearing screen	Date: _____ ☐ Passed ☐ Did not pass ☐ Unknown
Most recent vision screen	Date: _____ ☐ Passed ☐ Did not pass ☐ Unknown
Primary care provider	

Please briefly explain any "Yes" answers or other important health information:

6. Participation in Everyday Routines

Which routines are easiest or most enjoyable for your child?

Which routines are difficult (for example: meals, play, separation, groups, transitions, toileting, or bedtime)?

What helps your child learn, communicate, calm, or participate?

7. Family Priorities

What is the most important skill you would like your child to develop next?

Is there anything about your family's language, culture, routines, or circumstances that would help us understand your child?

Anything else you would like the screening team to know?

Caregiver signature	
Date	
Best way/time to contact	

Screening Team Use Only

Screening date / location	
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Screening tool(s) / areas	
Hearing result	☐ Pass ☐ Refer ☐ Not completed
Vision result	☐ Pass ☐ Refer ☐ Not completed
Developmental screening outcome	☐ No further action now ☐ Rescreen/monitor ☐ Refer for comprehensive evaluation ☐ Other
Family informed of results	☐ Yes Date: _____ Method: _____
Next steps / responsible person	
Reviewer name / role	
Signature / date	



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)

Osborn School District No. 8
1226 W. Osborn Road
Phoenix, AZ 85013
Phone: 707-2000
Fax: 707-2040

**PARENT/LEGAL GUARDIAN'S AUTHORIZATION
FOR
RELEASE OF INFORMATION FROM THE SCHOOL DISTRICT**

Date of Request: _____

Student Name: _____ Birth Date: _____

School Attended: _____

I hereby authorize the Osborn School District to release all academic and medical records, as well as any information on file as a result of evaluations or studies made on the above named child. This request includes educational assessments, individual intellectual, and emotional assessments, school and academic history, and cumulative records.

I understand that this information will help in planning the educational program for my child, and that the confidential nature of these records will be maintained.

I also understand that educational information will be shared with Maximus and AHCCCS, if required for health services.

Signature of Parent/Legal Guardian

Relationship to Child

Address: _____

Date: _____

Phone Number: _____

Name of School Student will be attending: _____

FOR OFFICE USE ONLY

☐ Health Records

☒ Special Services Records

☐ Other _____