



SEARCH to SERVE

Seeking Educationally At Risk Children (SEARCH) to Serve

1502 W Mountain View Rd, Phoenix, AZ 85021

Hours of Operation: Monday - Friday 8:00 a.m. – 3:30 p.m.

Email: searchtoserveoffice@wesdschools.org

Phone: 602-347-4850

Fax: 602-347-4870

Screening Referral Checklist

WE CANNOT KEEP INCOMPLETE REFERRALS

Required items to bring

1. Student's birth certificate
2. Student's current Immunization records
3. Proof of Residency
(See the Arizona Residency Documentation form for documents that will be accepted)
4. Parent/Guardian's Photo ID

Pre-registration Packet Forms

1. Student Information – filled out, signed and dated
2. Parent Information & Additional Emergency Contacts – filled out, signed and dated
3. Arizona Residency Documentation – filled out, signed and dated (with Registering student's name on it)
4. McKinney Vento Residency Survey – filled out appropriately, signed and dated
5. Unique Populations Identification – filled out appropriately, signed and dated
6. Home Language Survey – filled out, signed and dated
7. Student Health Information – filled out, signed and dated

Additional Referral Documents

- Parent Input Packet
- Ages and Stages Questionnaire (ASQ)
- Any outside therapy notes (if your child is receiving speech therapy, occupational therapy, counseling, or other services through an outside (not a school) agency).



S.E.A.R.Ch. to Serve

1502 West Mountain View Road
Phoenix, Arizona 85021

Phone (602) 347-4850 | Fax (602) 347-4870

Parent Input

Aporte de los Padres

Date/Fecha: _____

Student Name: _____

Date of Birth: _____

Nombre del Estudiante: _____

Fecha de Nacimiento: _____

Gender/Género: ☐ M ☐ F

Home School/Escuela de Origen: _____

Age/Edad: _____ Grade/Grado: _____ Attending School/Escuela de Asistencia: _____

Phone Number / Teléfono del Hogar: _____ Alt./Alternar: _____

Email / Correo Electrónico: _____

Home Address / Domicilio: _____

Current Parents/Guardian Padres/Guardianes

Current Parents/Guardian (please circle the B(irth), S(tep), A(doptive), F(oster), (G)uardian

Padres/Guardianes Actuales (favor de encerrar en un círculo B(biológico), S(padrastro), A(adoptivo), F(de cuidado temporal), (G)uardián

Mother / Madre (B) (S) A) (F) (G) Name/Nombre: _____

Home Address (if different from above): _____

Dirección (si es diferente de la de arriba): _____

Phone/Teléfono: _____ Email/Correo Electrónico: _____

Father / Padre (B) (S) A) (F) (G) Name/Nombre: _____

Home Address (if different from above): _____

Dirección (si es diferente de la de arriba): _____

Phone/Teléfono: _____ Email/Correo Electrónico: _____

Language Idioma

What is the home language (parents, child, family members)? _____

¿Cuál es el idioma en el hogar? (padres, niño(a), miembros de la familia) _____

What language was learned first by the child? _____

¿Cuál fue el primer idioma que aprendió el niño(a)? _____

Was a second language learned by the child? _____

¿Aprendió el niño(a) un segundo idioma? _____

What language does the child speak best? _____

¿Cuál es el idioma que mejor habla el niño(a)? _____

What language(s) does/do the parent(s) speak best? _____

¿Cuál(es) es el idioma(s) que mejor hablan los padres? _____

At what age did your child first begin to learn English actively (from parents, preschool, school, etc.)? _____

¿A qué edad comenzó primero su hijo(a) a aprender inglés activamente (de los padres, preescolar, escuela, etc.)? _____

If your child was born outside of the United States, at what age did they enter the country? _____

Si su hijo(a) nació fuera de los Estados Unidos, ¿a qué edad entró al país? _____

.....

The following questions concern your child's development and functioning within your family. The information will be useful in understanding factors which have had an influence on your child's growth and achievement in school and may be part of comprehensive evaluation. The information provided will be confidential and only used for educational purposes according to FERPA, IDEA, and District guidelines.

Las siguientes preguntas conciernen al desarrollo y funcionamiento de su hijo(a) dentro del ámbito familiar. La información será útil en entender los factores que han influido en el crecimiento y logros escolares de su hijo(a) y pudiesen ser parte de la evaluación exhaustiva. La información provista será confidencial y sólo se utilizará para propósitos educativos según FERPA, IDEA y directrices del Distrito.

Mother / Madre:

Raised in what city and state or country? ¿En qué ciudad y estado o país fue criado? _____

Mother's level of education (highest grade, years of college or degree completed)? _____

Nivel de Educación del Madre (más alto nivel, años universitarios o diploma alcanzado): _____

Mother's occupation / Profesión de la Madre: _____

Mother's health problems / Problemas de Salud de la Madre: _____

Father / Padre:

Raised in what city and state or country? ¿En qué ciudad y estado o país fue criado? _____

Father's level of education (highest grade, years of college or degree completed)? _____

Nivel de Educación del Padre (más alto nivel, años universitarios o diploma alcanzado): _____

Father's occupation / Profesión de la Padre: _____

Father's health problems / Problemas de Salud de la Padre: _____

Please list the names and ages of **ALL** people living in the home and their relationship with the child.

Favor de escribir los nombres y edades de TODAS las personas viviendo en el hogar y su relación con el niño(a)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If the child comes from a home other than two parents, what type of relationship do they have with the parent no longer in the home? _____

Si el niño(a) viene de un hogar que no es el de ambos padres, ¿qué tipo de relación tiene con el padre/ madre que ya no está en el hogar? _____

If a birth parent is no longer in the home, how often do they have contact? _____

Si uno de los padres biológicos ya no está en el hogar, ¿qué tan a menudo tienen contacto? _____

If the family is either a single parent or a step configuration, how many years of the child's life have been with two parental figures in the home? _____

Si la familia consiste ya sea de padre o madre soltero(a) o una configuración padrastro o madrastra, ¿por cuántos años de la vida del niño(a) han existido dos figuras paternas en el hogar? _____



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Please check if either of this child's parents, or immediate family members, experienced any of the following which could have contributed to your child's school difficulties:

Favor de indicar si uno de los padres o algún miembro de la familia cercana, experimentaron cualesquiera de las siguientes situaciones las cuales pudiesen haber contribuido a las dificultades escolares de su hijo(a):

- | | |
|---|--|
| ☐ Alcohol addiction
adicción al alcohol | ☐ Psychological/psychiatric evaluation
evaluación psicológica/psiquiátrica |
| ☐ Drug addiction
adicción al drogas | ☐ Seizures
convulsiones |
| ☐ Learning disabilities/problems
discapacidad/problemas de aprendizaj | ☐ Speech or language disorder
trastorno de habla o de lenguaje |
| ☐ Mental Illness
enfermedad mental | ☐ Violence/abuse
violencia/abuso |
| ☐ Intellectual disability
discapacidad intelectual | ☐ Physical disability
discapacidad física |
| ☐ Other special education disabilities
otras discapacidades de educación especial | ☐ Other
otra |

Please explained any checked boxes / Favor de explicar cualesquier de las opciones marcadas:

Education Information Información Educativa

What is your understanding as to why your child is being referred for a possible evaluation?

¿Por qué piensan que su hijo(a) está siendo referido para una posible evaluación?

What concerns do you have about your child's education?

¿Cuáles preocupaciones tienen acerca de la educación de su hijo(a)?

Has your child even received Special Education services or Early Childhood Intervention Programming such as Head Start? Where? When?

¿Ha recibido su hijo(a) servicios de Educación Especial o Programación de Intervención para Primera Infancia tal como 'Head Start'? ¿Dónde? ¿Cuándo?

Has your child ever been suspended from a Day Care or Preschool? If so, When? Why?

¿Alguna vez su hijo ha sido suspendido de una guardería o preescolar? ¿Si es así cuando? ¿Por qué?

Does your child frequently spend time in another city or country? If so, where do they go and for how long?

¿Pasa tiempo su hijo(a) frecuentemente en otra ciudad o país? ¿Si es así, a dónde va y por cuánto tiempo?

Early Childhood Specific Information Información específica para la primera infancia

Does your child have problems with any of the following? (Check all that apply)

¿Su hijo tiene problemas con alguno de los siguientes? (Marque todo lo que corresponda)

☐ Chewing
Masticación

☐ Swallowing
Tragar

☐ Drooling
Chorreando

Does your child respond to? (Check all that apply)

¿Su hijo responde? (Marque todo lo que corresponda)

☐ Touch
Tocar

☐ Noise
Ruido

☐ Voices
Voces

☐ Speech
Habla

How does your child respond? (Check all that apply)

¿Cómo responde su hijo? (Marque todo lo que corresponda)

☐
Moves body
Mueve el cuerpo

☐
Moves head
Mueve la cabeza

☐
Gestures
gestos

☐
Signs
señales

☐
Makes Sounds
hace sonidos

☐
Uses Speech
usar el habla

Your child's speech is best described as follows:

El habla de su hijo se describe mejor de la siguiente manera:

☐ Has no speech (No tengo habla)

☐ Speech is not understandable at all (El habla no es comprensible en absoluto)

☐ Speech is usually understood by family members but rarely by strangers (El habla suele ser entendida por miembros de la familia, pero rara vez por extraños.)

☐ Speech is normal for child his/her age (El habla es normal para la niña de su edad.)

The number of words you child uses is:

La cantidad de palabras que usa su hijo es:

☐ less than 10
menos de 10

☐ 10 - 50

☐ 50 - 100

☐ More than 100
Mas que 100

Your child says:

Tu hijo dice:

☐ Single words
sólo palabras

☐ 2-3 words together
2-3 palabras

☐ 3-4 words together
3-4 palabras

☐ Speaks in sentences
Habla en oraciones

What is the most independent thing your child can do?

¿Qué es lo más independiente que puede hacer su hijo?

Does your child need any special equipment to be as independent as possible?

¿Necesita su hijo algún equipo especial para ser lo más independiente posible?

Medical / Development / Health Information

Información Médica/ de Desarrollo/ de Salud

Prenatal / Delivery History Historial Prenatal/ de Nacimiento

Mother's age at child's birth: _____

Edad de la madre al nacer el niño(a): _____

Length of pregnancy: _____ weeks

Duración del embarazo _____ semanas

Length of labor: _____ hours

Duración del parto _____ horas

Birth Weight: _____ lbs. _____ oz.

Peso al Nacer _____ libras _____ onzas

Sí No

Yes No Did the mother visit the doctor regularly during the pregnancy?

☐☐

¿Visitó la madre al doctor regularmente durante el embarazo?

Pregnancy (please clarify any "yes" response on the lines below)

Embarazo Embarazo (favor de explicar cualquier respuesta "sí" en las líneas siguientes)

Sí No

Yes No Was there any difficulty during the pregnancy?

☐☐

¿Existió alguna dificultad durante el embarazo?

Yes No Did the mother take medication during pregnancy?

☐☐

¿Tomó la madre algún medicamento durante el embarazo?

Yes No Did the mother receive anesthesia during delivery?

☐☐

¿Recibió la madre anestesia durante el nacimiento?

Yes No Did the mother smoke during pregnancy?

☐☐

¿Fumó la madre durante el embarazo?

Yes No Did the mother use alcohol during pregnancy?

☐☐

¿Usó la madre alcohol durante el embarazo?

Yes No Did the mother use drugs during pregnancy?

☐☐

¿Usó la madre drogas durante el embarazo?

Birth

(please clarify any "yes" response on the lines below)

Nacimiento

Embarazo (favor de explicar cualquier respuesta "sí" en las líneas siguientes)

Sí *No*

Yes No Was your child born by C-section?

☐☐

¿Su hijo(a) nació por cesárea?

Sí *No*

Yes No Was there any difficulty during delivery?

☐☐

¿Existió alguna dificultad durante el nacimiento?

Sí *No*

Yes No Were there any complications during delivery? (cyanosis, meconium, cord compression, etc.)

☐☐

¿Existió alguna complicación durante el nacimiento? (cianosis, meconio, compresión del cordón umbilical, etc.)

Sí *No*

Yes No Was there any trauma to infant? (lack of oxygen, life support, heart problems, etc.)

☐☐

¿Sufrió el infante algún trauma? (falta de oxígeno, soporte vital, problemas cardíacos, etc.)

Sí *No*

Yes No Were there any noted birth defects?

☐☐

¿Hubo defectos de nacimientos notorios?

Sí *No*

Yes No Was your child jaundiced?

☐☐

¿Su hijo(a) tuvo ictericia (se puso amarillento)?

Sí *No*

Yes No Did your child stay in the hospital longer than the mother?

☐☐

¿Permaneció su hijo(a) en el hospital por un período más largo que la madre?

Sí *No*

Yes Was there any use of a life support system?

☐☐

¿Se utilizó algún sistema de soporte vital?

Infancy (please clarify any "yes" response on the lines below)

Infancia Embarazo (favor de explicar cualquier respuesta "sí" en las líneas siguientes)

Sí No

Yes No Any difficulties during infancy?
☐ ☐ ¿Existieron dificultades durante la infancia?

Yes No Were there any episodes of seizures?
☐ ☐ ¿Hubo algún episodio de convulsiones?

Yes No Was there any Anoxia (lack of oxygen)?
☐ ☐ ¿Hubo alguna Anoxia (falta de oxígeno)?

Yes No Did your child have difficulty gaining weight during the first year of life?
☐ ☐ ¿Tuvo dificultad su hijo(a) para subir de peso durante el primer año de vida?

Developmental Milestones (check the approximate age when your child did each task)

Historial del Desarrollo (marquen la edad aproximada cuando su hijo(a) hizo cada tarea)

Rolling over by self <i>Voltearse solo(a):</i>	☐ before 2 months <i>antes de 2 meses</i>	☐ 3 - 6 months <i>3 - 6 meses</i>	☐ after 6 months <i>después de 6 meses</i>
Sitting without support <i>Sentarse sin ayuda</i>	☐ before 5 months <i>antes de 5 meses</i>	☐ 5-8 months <i>5-8 meses</i>	☐ after 8 months <i>después de 8 meses</i>
Crawling on hands/knees <i>Gatear sobre manos/rodillas</i>	☐ before 6 months <i>antes de 6 meses</i>	☐ 6-9 months <i>6-9 meses</i>	☐ after 9 months <i>después de 9 meses</i>
Walking independently <i>Caminar independientemente</i>	☐ before 10 months <i>antes de 10 meses</i>	☐ 10-18 months <i>10-18 meses</i>	☐ after 18 months <i>después de 18 meses</i>
Saying first words <i>Pronunciar las primeras palabras</i>	☐ before 12 months <i>antes de 12 meses</i>	☐ 12-18 months <i>12-18 meses</i>	☐ after 18 months <i>después de 18 meses</i>
Talking in simple 2-3 word sentences <i>Hablar en oraciones sencillas con 2-3 palabras</i>	☐ before 24 months <i>antes de 24 meses</i>	☐ 24-36 months <i>24-36 meses</i>	☐ after 36 months <i>después de 36 meses</i>
Toilet training began <i>Comenzó a entrenar para ir al baño</i>	☐ before 24 months <i>antes de 24 meses</i>	☐ 24-40 months <i>24-40 meses</i>	☐ after 40 months <i>después de 40 meses</i>
Toilet training complete <i>Completó entrenamiento para el baño</i>	☐ before 30 months <i>antes de 30 meses</i>	☐ 30-42 months <i>30-42 meses</i>	☐ after 42 months <i>después de 42 meses</i>

Sí **No**
Yes **No** Did your child begin talking normally and then stop at some later date? If yes, explain:
☐ ☐ ¿Comenzó a hablar su hijo(a) normalmente y luego dejó de hablar? Si es así, explique:

Health & Medical Issues About Your Child Situaciones de Salud y Médicas Acerca de su Hijo(a)

Has your child experienced any of the following medical conditions?

¿Ha experimentado su hijo(a) cualesquiera de las siguientes condiciones médicas?

Sí **No**
Yes **No** Significant illness? If yes, explain:
☐ ☐ ¿Enfermedad significativa? Si contestaron sí, expliquen::

Sí **No**
Yes **No** Serious accident? If yes, explain:
☐ ☐ ¿Accidente grave? Si contestaron sí, expliquen:

Sí **No**
Yes **No** Surgery/Hospitalization? If yes, explain:
☐ ☐ ¿Cirugía/Hospitalización? Si contestaron sí, expliquen:

Sí **No**
Yes **No** Seizure? If yes, explain:
☐ ☐ ¿Convulsiones? Si contestaron sí, expliquen:

Sí **No**
Yes **No** Fevers above 103 degrees? If yes, explain:
☐ ☐ ¿Fiebres más altas de 103 grados? Si contestaron sí, expliquen:

Sí **No**
Yes **No** Vision problems? If yes, explain:
☐ ☐ ¿Problemas de visión? Si contestaron sí, expliquen:

Sí **No**
Yes **No** Wears glasses or contacts? If yes, explain:
☐ ☐ ¿Usa lentes? Si contestaron sí, expliquen:

Sí **No**
Yes **No** Hearing problems? If yes, explain:
☐ ☐ ¿Problemas auditivos? Si contestaron sí, expliquen:

Sí *No*

Yes No Wears hearing aids? If yes, explain:

☐ ☐ ¿Usa audífonos? Si contestaron sí, expliquen:

Sí *No*

Yes No Repeated ear infections? If yes, explain:

☐ ☐ ¿Frecuentes infecciones del oído? Si contestaron sí, expliquen:

Sí *No*

Yes No Ever had tubes in ears? If yes, explain:

☐ ☐ ¿Frecuentes infecciones del oído? Si contestaron sí, expliquen:

Sí *No*

Yes No Significant head injury, concussion or loss of consciousness? If yes, explain:

☐ ☐ ¿Lesión significativa en la cabeza, conmoción cerebral o pérdida de consciencia? Si contestaron sí, expliquen:

Sí *No*

Yes No Difficulty eating or drinking? If yes, explain:

☐ ☐ ¿Dificultad para comer o beber? Si contestaron sí, expliquen:

Sí *No*

Yes No Allergies? If yes, explain:

☐ ☐ ¿Alergias? Si contestaron sí, expliquen:

Sí *No*

Yes No Has your child ever been diagnosed with ADD/Attention Deficit/Hyperactivity Disorder? If yes, explain:

¿Ha sido diagnosticado su hijo(a) alguna vez con ADD/Trastorno de Déficiencia de Atención/con Hiperactividad? Si contestaron sí, expliquen:

Sí *No*

Yes No Does your child take medication? If yes, explain:

☐ ☐ ¿Ha sido tratado su hijo(a) alguna vez por otros trastornos médicos/psiquiátricos? Si contestaron sí, expliquen:

Sí *No*

Yes No Has your child ever been treated for other medical/psychiatric disorders? If yes, explain:

¿Ha sido tratado su hijo(a) alguna vez por otros trastornos médicos/psiquiátricos? Si contestaron sí, expliquen:

Agency Involvement Participación de Agencia

Sí No

Yes No Does your child receive Department of Developmental Disability (DDD) services?
☐ ☐ If yes, what services:

¿Recibe su hijo(a) servicios de parte del Departamento del Desarrollo de Discapacidades (DDD por sus siglas en inglés)? Si contestaron sí, qué servicio:

Name/Telephone number of DDD Case Manager:
Nombre/Número Telefónico del Gerente del Caso de DDD:

Sí No

Yes No Does your child receive any other outside services (e.g., counselor, psychiatrist, neurologist)?
☐ ☐

If yes, please provide the name of agency/doctor/type of services:

¿Recibe su hijo(a) cualesquier otros servicios fuera de la escuela (e.g., consejería, psiquiatra, neurólogo)? Si contestaron sí, favor de proveer el nombre de la agencia/médico/tipo de servicios:

Social Information Información Social

Please check those items which describe your child:

Favor de marcar aquellas situaciones las cuales describen a su hijo(a):

☐ participates in family activities
participa en actividades familiares

☐ gets along well with others
se lleva bien con otras personas

☐ is affectionate
es afectuoso

☐ gets along with brothers and sisters
se lleva bien con los hermanos y hermanas

☐ has a good self-image
tiene una buena auto imagen

☐ has a close relationship with the father
tiene una relación cercana con el padre

☐ has a close relationship with the mother
tiene una relación cercana con la madre

☐ has hobbies
tiene pasatiempos

☐ has a positive attitude
tiene una actitud positiva

☐ participates in outside activities (clubs, performing arts.)
participa en actividades al aire libre (clubes, presentaciones artísticas.)

☐ plays a musical instrument
toca un instrumento musical

☐ participates in social activities (scouts, church group, etc.)
participa en actividades al aire libre (clubes, presentaciones artísticas.)

Please check those items which describe your child that **occur significantly more often** than would be expected for other children their age:

Favor de marcar las situaciones las cuales describen a su hijo(a) que **ocurren significativamente con más frecuencia** de lo que se esperaría de otros niños de su misma edad:

- | | |
|---|--|
| ☐ has difficulties sleeping
<i>tiene dificultades para dormir</i> | ☐ has mood swings
<i>tiene cambios repentinos de humor</i> |
| ☐ has a short attention span
<i>tiene deficiencia de atención</i> | ☐ has a poor memory
<i>tiene mala memoria</i> |
| ☐ lies
<i>miente</i> | ☐ steals
<i>roba</i> |
| ☐ frustrates easily
<i>se frustra fácilmente</i> | ☐ acts without thinking
<i>actúa sin pensar</i> |
| ☐ has temper tantrums
<i>tiene berrinches</i> | ☐ becomes angry often
<i>se enoja frecuentemente</i> |
| ☐ is aggressive
<i>es agresivo</i> | ☐ experiences excessive sadness
<i>experimenta tristeza excesiva</i> |
| ☐ is withdrawn
<i>es retraído</i> | ☐ has made suicide threats
<i>ha amenazado con suicidarse</i> |

Please indicate the following about your child:
Favor de indicar lo siguiente acerca de su hijo(a):

- | | | | | |
|--|--|--|--|--|
| General disposition/temperament:
<i>Carácter/temperamento en general:</i> | ☐ easy-going
<i>relajado</i> | ☐ slow to warm up
<i>lento para animarse</i> | ☐ difficult
<i>difícil</i> | |
| General activity level:
<i>Nivel de actividad en general:</i> | ☐ low
<i>bajo</i> | ☐ average
<i>promedio</i> | ☐ high
<i>alto</i> | |
| Response when angry:
<i>Respuesta cuando está enojado:</i> | ☐ withdraws
<i>se retrae</i> | ☐ cries
<i>llora</i> | ☐ screams
<i>grita</i> | ☐ hits
<i>golpea</i> |
-
-
-

Please indicate how well your child gets along with:

Favor de indicar que tan bien se lleva su hijo(a) con:

Peers <i>Compañeros</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>
Mother <i>Madre</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>
Father <i>Padre</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>
(Step Mother) <i>(Madrastra)</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>
(Step Father) <i>(Padrastro)</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>
Brother(s) <i>Hermano(s)</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>
Sister(s) <i>Hermana(s)</i>	☐ Well <i>Bien</i>	☐ Okay <i>Aceptable</i>	☐ Poorly <i>Deficientemente</i>

What are your child's strengths?

¿Cuáles son las fortalezas de su hijo(a)?

What things are difficult for your child?

¿Qué cosas son difíciles para su hijo(a)?

What are your child's interests? What does your child like to do?

¿Cuáles son los intereses de su hijo(a)? ¿Qué le gusta hacer a su hijo(a)?

Have there been any major life events that may have impacted your child recently (e.g., moved, divorce of parents, loss of a family member, etc.)?

¿Se han presentado cualesquier eventos mayores en la vida que pudiesen haber impactado a su hijo(a) recientemente (e.g., mudarse, divorcio de padres, pérdida de un miembro de la familia, etc.)?

Is there any other information or concerns about your child that you would like to share?

¿Existe cualquier otra información o preocupación respecto a su hijo(a) que le gustase compartir?

Form completed by
Formulario completado por

Date
Fecha



S.E.A.R.Ch. to Serve

1502 West Mountain View Road
Phoenix, Arizona 85021

Phone (602) 347-4850 | Fax (602) 347-4870

Child Information Sheet

Child's name: _____ Birthdate: _____ Sex: M | F

Parent(s)/Guardian(s) Name: _____

Please check appropriately:

Parent _____ Legal Guardian _____ Foster Parent _____ Grandparent _____ Other _____

Home Address: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

Primary Home Language: _____ Ethnicity: _____

Birth State: _____ Country: _____

Name of your neighborhood school: _____

*Who has custody of the child? _____

S.E.A.R.Ch. To Serve honors all current court orders or decrees pertaining to custody situations. It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.

-
1. Has your child been evaluated anywhere before? If so, where and by whom? If you have a written report of the evaluation results, please attach the report to this referral.
 2. Is your child currently attending a daycare or preschool? If so, where and describe the experience:
 3. Please list any special services that your child has received, i.e. speech therapy, occupational therapy, physical therapy, etc.

Signature: _____ Today's 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 Washington Elementary School District

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 01-2020)



(SCHOOL)

Student Information

FOR OFFICE USE ONLY		Date entered into Synergy:
Synergy Student ID#		
Projected Entry Date/Code /		
Actual Entry Date		

LEGAL

NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

GENDER: ☐ F
☐ M

DATE OF BIRTH:

(MONTH) (DAY) (YEAR)

STATE OF BIRTH:

GRADE ☐ PS ☐ KG ☐ 01 ☐ 02 ☐ 03
☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

COUNTRY OF BIRTH: ☐ USA
☐ Other _____

ENTRY DATE TO USA:

(IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME)

NAME STUDENT GOES BY:

_____ / _____
(LAST) (FIRST)

RACE – CHOOSE AT LEAST ONE

- ☐ Black
☐ White
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander

ETHNICITY – SELECT A RESPONSE

Hispanic/Latino? ☐ NO ☐ YES

Does your family claim any American Indian tribal affiliation? ☐ NO ☐ YES

(IF YES, PLEASE COMPLETE A 506 FORM)

FOR OFFICE USE ONLY – 506

- ☐ Sent Home ☐ In Synergy
☐ No Number

Last School Attended:

State:

Grade Level Attended:

The last school attended was:

- ☐ Public ☐ Charter ☐ Indian Reservation School ☐ Private ☐ Parochial ☐ Home Schooled

Has the student ever attended any school in Arizona? ☐ NO ☐ YES

Has the student ever attended a Washington School District school? ☐ NO ☐ YES School _____ Grade(s) _____

HAS THE STUDENT EVER:

Received Special Education services? ☐ NO ☐ YES explain: _____

Does your child have a current IEP? ☐ NO ☐ YES explain: _____

Does your child have a current 504 plan? ☐ NO ☐ YES explain: _____

Been or in the process of being expelled or long-term suspended? ☐ NO ☐ YES explain: _____

FOR OFFICE USE ONLY - SpEd

- ☐ No Docs ☐ Docs
☐ Saved
☐ WESD SpEd Docs in Synergy
☐ Resource ☐ Self-Contained

LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:

Name	Grade	School	Lives with enrolling child
1. _____	_____	_____	☐ NO ☐ YES
2. _____	_____	_____	☐ NO ☐ YES
3. _____	_____	_____	☐ NO ☐ YES

Court Ordered Custody Information (Documentation Required)

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ DCS

☐ Other _____

FOR OFFICE USE ONLY

- ☐ No Docs ☐ CSU Trifold Given
☐ Legal Docs (Court, Notice to Provider)
☐ Unofficial Docs
☐ N/A

The District honors all current court orders or decrees pertaining to custody situations. It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS



PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

HOME ADDRESS:	APT#:	CITY:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE

MOTHER, FATHER, GUARDIAN – Email addresses and personal phone numbers will be used for automated messages regarding attendance and notifications from the school and/or district.

NOTICE TO CUSTODIAL PARENT/GUARDIAN According to ARS§15-807, it is your responsibility to authorize any absence of your student(s) from school and to notify the school in advance or at the time of any absence. The custodial parent/guardian also must provide at least one telephone number, if available, at enrollment and promptly notify the school of any change in the telephone number.

1) LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO ☐ YES ☐
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE ☐		MILITARY SERVICE START DATE:
FOR OFFICE USE ONLY			

2) LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO ☐ YES ☐
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE ☐		MILITARY SERVICE START DATE:
FOR OFFICE USE ONLY			

3) LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO ☐ YES ☐
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE ☐		MILITARY SERVICE START DATE:
FOR OFFICE USE ONLY			

ADDITIONAL EMERGENCY CONTACTS – List those, other than the mother, father, or guardian, who can pick up and temporarily provide care for your children in case of emergency.

1)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:
2)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:
3)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:

IF NEEDED, YOU MAY PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

DAYCARE PROVIDER - List the provider who can pick up your child after school.

DAYCARE PROVIDER NAME:	PHONE:
ADDRESS:	CITY: ZIP CODE:

SIGNATURE	DATE:
-----------	-------



ARIZONA RESIDENCY DOCUMENTATION FORM

Enrolling student: _____ District: W.E.S.D. #6

Parent/Legal Guardian _____
PRINT NAME

As the Parent/Legal Guardian of the Student(s), I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following **document** that **displays my name and residential address** or physical description of the property **where the student(s) reside(s) (No P.O. Boxes)**:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Valid Arizona Address Confidentiality Program authorization card
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill (*most recent*)
- ☐ Valid Residential lease or rental agreement (including Section 8 agreement) (*signed by both landlord & tenant*)
- ☐ Water, electric, gas, cable, or phone bill (*most recent and using the service address*)
- ☐ Bank or credit card statement (*most recent*)
- ☐ W-2 wage statement (*most recent*)
- ☐ Payroll stub (*most recent*)
- ☐ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ☐ Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – (*most recent*)
- ☐ Temporary on-base billeting facility (for military families)
- ☐ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

* For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

FOR OFFICE USE ONLY

Forms/Arizona Residency – REVISION 08 NOVEMBER 2022

Awaiting McKinney-Vento eligibility ☐



Arizona Student Residency Questionnaire

FOR OFFICE USE ONLY

Student #

School:

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason

(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- ☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: _____

- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- ☐ With an adult that is not a parent or court appointed legal guardian

- ☐ Alone, not in the care of a parent or court appointed legal guardian

- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

For McKinney Vento Use Only

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received
by Homeless
Liaison



Unique Populations Identification

FOR OFFICE USE ONLY
School
Synergy Student ID#

NAME AS IT APPEARS ON THE BIRTH VERIFICATION DOCUMENT		
STUDENT NAME:	/	/
(LAST)	(FIRST)	(MIDDLE)

PARENT'S SPOKEN
LANGUAGE

(SPOKEN LANGUAGE BEST UNDERSTOOD BY THE PARENT)

1	☐ YES ☐ NO	Have you worked in agriculture-related jobs such as field work, fruit, or vegetable packing companies, dairies, or ranches in the last 3 years?
2	☐ YES ☐ NO	Have you recently moved with the family from another city, state, or country to work in the fields, packing companies, dairies, or ranches?
3	☐ YES ☐ NO	Have you left Phoenix with the family to go to work in the fields, packing companies, dairies, or ranches?

4	☐ YES ☐ NO	Is the student a refugee?
	(COUNTRY)	(I-94 ALIEN NUMBER) (DATE ISSUED)
5	Resettlement agency:	
	(NAME)	(PHONE)
	(ADDRESS)	(CITY, STATE, ZIP CODE)
6	Resettlement case manager:	
	(NAME)	(PHONE) (EXTENSION)

7	☐ YES ☐ NO	Was the child born outside of the United States? If yes, where? (COUNTRY)
		If yes, when did the child enter the United States? (ENTRY DATE TO THE USA)

8	☐ YES ☐ NO	If the child was <u>born outside</u> of the United States, are the parents in the United States Military?
---	--	---

9 If the child was born outside of the United States, list all schools attended for the past 3 years:					
School Year	Grade	School Name	City	State	Country

I attest that the above information is to my knowledge, true and correct.

Parent/Guardian Signature: _____ Date: _____

If any answers are Yes, send the form to Academic Services, and keep a copy of the form in the cumulative folder



Authorization to Release Student Records

AUTORIZACIÓN PARA COMPARTIR ARCHIVOS ESTUDIANTILES

Last School Attended: _____ Additional School: _____
ÚLTIMA ESCUELA DE ASISTENCIA ESCUELA ADICIONAL

School Address: _____
DIRECCIÓN DE ESCUELA

School City, State, Zip Code: _____
CIUDAD, ESTADO, CÓDIGO POSTAL DE ESCUELA

School Phone: _____ Fax: _____ District Name: _____
NÚMERO TELEFÓNICO DE ESCUELA NOMBRE DE DISTRITO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Washington Elementary School District. Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
FIRMA DEL PADRE/TUTOR FECHA

Please send academic file to: PLEASE SEND COPIES ONLY

- | | | | |
|---|--|--|--|
| ☐ Abraham Lincoln Traditional
10444 N 39th Ave
Phoenix AZ 85051
602-896-6300 fax 602-896-6320 | ☐ Desert View Elementary
8621 N 3rd Street
Phoenix, AZ 85020
602-347-4000 fax 602-347-4020 | ☐ Mountain Sky Junior High
16225 N 7th Avenue
Phoenix, AZ 85023
602-896-6100 fax 602-896-6120 | ☐ Sahuaro Elementary
12835 N 33rd Avenue
Phoenix, AZ 85029
602-896-6200 fax 602-896-6220 |
| ☐ Acacia Elementary
3021 W Evans Drive
Phoenix, AZ 85053
602-896-5000 fax 602-896-5020 | ☐ Ironwood Elementary
14850 N 39th Avenue
Phoenix, AZ 85053
602-896-5600 fax 602-896-5620 | ☐ Mountain View
801 W. Peoria Avenue
Phoenix, AZ 85029
602-347-4100 fax 602-347-4120 | ☐ Shaw Butte Elementary
12202 N 21st Avenue
Phoenix, AZ 85029
602-347-4200 fax 602-347-4220 |
| ☐ Alta Vista Elementary
8710 N 31st Avenue
Phoenix, AZ 85051
602-347-2000 fax 602-347-2020 | ☐ John Jacobs Elementary
14421 N 23rd Avenue
Phoenix, AZ 85023
602-896-5700 fax 602-896-5720 | ☐ Ocotillo Elementary
3225 W Ocotillo Road
Phoenix, AZ 85017
602-347-2400 fax 602-347-2420 | ☐ Sunburst Elementary
14218 N 47th Avenue
Glendale, AZ 85306
602-896-6400 fax 602-896-6420 |
| ☐ Arroyo Elementary
4535 W Cholla Street
Glendale, AZ 85304
602-896-5100 fax 602-896-5120 | ☐ Lakeview Elementary
3040 W Yucca Street
Phoenix, AZ 85029
602-896-5800 fax 602-896-5820 | ☐ Orangewood
7337 N 19th Avenue
Phoenix, AZ 85021
602-347-2900 fax 602-347-2920 | ☐ Sunnyslope
245 E. Mountain View Road
Phoenix, AZ 85020
602-347-4300 fax 602-347-4320 |
| ☐ Cactus Wren Elementary
9650 N 39th Avenue
Phoenix, AZ 85051
602-347-2100 fax 602-347-2120 | ☐ Lookout Mountain Elementary
15 W Coral Gables Drive
Phoenix, AZ 85023
602-896-5900 fax 602-896-5920 | ☐ Palo Verde Middle School
7502 N 39th Avenue
Phoenix, AZ 85051
602-347-2500 fax 602-347-2520 | ☐ Sunset Elementary
4626 W. Mountain View Road
Glendale, AZ 85302
602-347-3300 fax 602-347-3320 |
| ☐ Chaparral Elementary
3808 W Joan De Arc Avenue
Phoenix, AZ 85029
602-896-5300 fax 602-896-5320 | ☐ Manzanita Elementary
8430 N 39th Avenue
Phoenix, AZ 85051
602-347-2200 fax 602-347-2220 | ☐ R.E. Miller Elementary
2021 W Alice Avenue
Phoenix, AZ 85021
602-347-3000 fax 602-347-3020 | ☐ Sweetwater
4602 W Sweetwater Avenue
Glendale, AZ 85304
602-896-6500 fax 602-896-6520 |
| ☐ Cholla Middle School
3120 W Cholla Street
Phoenix, AZ 85029
602-896-5400 fax 602-896-5420 | ☐ Maryland
6503 N 21st Avenue
Phoenix, AZ 85015
602-347-2300 fax 602-347-2320 | ☐ Roadrunner Elementary
7702 N 39th Avenue
Phoenix, AZ 85051
602-347-3100 fax 602-347-3120 | ☐ Tumbleweed Elementary
4001 W Laurel Lane
Phoenix, AZ 85029
602-896-6600 fax 602-896-6620 |
| ☐ Desert Foothills Junior High
3333 W Banff Lane
Phoenix, AZ 85053
602-896-5500 fax 602-896-5520 | ☐ Moon Mountain Elementary
13425 N 19th Avenue
Phoenix, AZ 85029
602-896-6000 fax 602-896-6020 | ☐ Royal Palm Middle School
8520 N 39th Avenue
Phoenix, AZ 85021
602-347-3200 fax 602-347-3220 | ☐ Washington Elementary
8033 N 27th Avenue
Phoenix, AZ 85051
602-347-3400 fax 602-347-3420 |

Please send Psychological/Special Education file to:

Phone: 602-347-2604
FAX: 602-347-2709

Washington Elementary School District #6

Attn: Special Services Department
4650 W Sweetwater Avenue, Glendale, AZ 85304

REVISED 05 MARCH 2018



New Student Health Information

FOR OFFICE USE ONLY

Student ID# _____

School: _____

☐ Compliant immunization record in Synergy

☐ Awaiting McKinney Vento eligibility

☐ Qualifies for Fostering Connections

☐ Non-compliant immunization(s)
CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____

First Name: _____ Middle Name: _____ Grade: _____

Does the student have medical insurance? ☐ NO ☐ YES Name of Insurance Company: _____

Is the student presently taking medication? ☐ NO ☐ YES *(Specify) _____

*If yes, will medication need to be administered at school? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? ☐ NO ☐ YES Does the student wear contact lenses? ☐ NO ☐ YES

Does the student require a special diet due to a life-threatening food allergy? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? ☐ NO ☐ YES If yes, does student use hearing aids? ☐ NO ☐ YES

Check conditions that apply to your child and explain below:

- ☐ ADD/ADHD
- ☐ Allergies
- ☐ Asthma
- ☐ Chronic headaches
- ☐ Seizure/Convulsive disorders
- ☐ Stomach/Digestive condition
- ☐ Diabetes (Contact health office prior to the student starting)

- ☐ Food Allergy
- ☐ Nose or Throat conditions
- ☐ Vision/Eye condition
- ☐ Heart condition
- ☐ Kidney/Urinary tract condition
- ☐ Hearing/Ear condition
- ☐ Other, (specify) _____

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school.

In case of an accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE _____ DATE _____