Minnesota Department of Education

Early Learning Services
1500 Highway 36 West
Roseville, MN 55113-426

REGISTRATION FORM FOR EARLY CHILDHOOD SCREENING

ED-002390-07
2013-2014
School Year

GENERAL INFORMATION AND INSTRUCTIONS: The front side (page one) of the registration form must be completed by the parent/guardian of the child. The back side (page two) is completed by school district personnel only. Please print the information.

Child's Legal Name: (First, Middle, Last):_____

Child's Nickname or Other Name (First, Middle, Last):_____

Child's Birth Date: _____ **Gender:** _____**M** _____**F**

Address:_____

City:_____ **State:** _____ **Zip**:_____

Race/Ethnicity (mark ONLY one box)

_____ 1 - American Indian _____ 3 - Hispanic _____ 5 - White, not of Hispanic Origin
_____ 2.- Asian or Pacific Islander _____ 4 - Black, not of Hispanic Origin

Additional federal race/ethnicity categories are also required. Mark the box YES or NO in part A below. More than one box may be marked in Part B.

*Part A – Is the child Hispanic/Latino? (mark ONLY one box)

_____ NO, not Hispanic/Latino
_____ YES, Hispanic/Latino

*PART B – What is your child's race?

_____ American Indian/Alaska Native
_____ Asian
_____ Black/African American
_____ Native Hawaiian/Pacific Islander
_____ White

PRIMARY/SECONDARY LANGUAGE INFORMATION

Which language did your child learn first? _____ English _____ Other (specify) _____
Which language is most often spoken in your home? _____ English _____ Other (specify) _____
Which language does your child usually speak? _____ English _____ Other (specify)_____

PREVIOUS HEALTH AND DEVELOPMENTAL SCREENING INFORMATION

Has your child received comprehensive health and developmental screening as a preschooler (3-5-years-old)?
☐ YES ☐ NO
If yes, screening dates: _____ Where:_____

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP) Individual Education Plan (IFSP) or Individual Interagency Intervention Plan (IIIP)?
☐ YES ☐ NO

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I *hereby verify that the above information is true and current to the best of my knowledge.*

_____

Signature - Parent/Guardian ***Date***

Directions and definitions for race/ethnicity: The question for Part A is about ethnicity, not race. No matter what is selected in Part A, have the parent continue to answer the question in Part B indicating the child's race by marking one or more boxes.
American Indian or Alaska Native – Person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian – Person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippines Island, Thailand and Vietnam.
Black or African American – Person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander - Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
White - Person having origins in any of the original peoples of Europe, the Middle East or North Africa.

TO BE FILLED OUT BY SCHOOL DISTRICT PERSONNEL ONLY

Screening District Number and Type:_____

Screening Date:_____ **Screening District Name:**_____

Child's Resident District Name: _____

Resident Screening District Number and Type:_____

MARSS ID Number: _____

Check type of screening child received – STATE AID CATEGORY (SAC)
(To be completed by the Early Childhood Screening Coordinator)

___41 - Screening by District
___42 - Child and Teen Checkups/EPSDT
___ 43 - Head Start
___ 44 - Private Provider
___ 45 - Conscientious Objector, no screening

Check the **Primary** type of referral following the early childhood health and developmental screening using STATUS END CODES (SEC). Only one box may be checked. Must have a valid SEC for – STATE AID CATEGORY (SAC) 41. If unsure of referral status for SAC 42-44, use "no referral" SEC 60. **(To be completed by the Early Childhood Screening Coordinator.)**

Status End Codes:

- ☐ 60 No referral
- ☐ 61 Referral to special education
- ☐ 62 Referral to health care provider
- ☐ 63 Referral to special education AND health care provider
- ☐ 64 Referral to early childhood programs (e.g., School Readiness, Head Start, Early Childhood Family Education, family literacy)
- ☐ 65 Referral, parent declined

SCHOOL DISTRICT VERIFICATION OF INFORMATION

I hereby verify that the above information is true and current to the best of my knowledge.

_____

Signature – School District Early Childhood Screening Coordinator ***Date***