



Private Education in a Public School Setting

# RIVERSIDE ELEMENTARY SCHOOL DISTRICT NO. 2 EXCEPTIONAL STUDENT SERVICES DEPARTMENT

PHONE (602) 477-8900 FAX (602) 272-8378

## CHILD FIND PRE-SCREENING

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent email: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Language child speaks?  English  Spanish  Other \_\_\_\_\_

Language parent(s) speak?  English  Spanish  Other \_\_\_\_\_

Do you require a translator?  Yes  No

Reason you're requesting an evaluation for your child: \_\_\_\_\_

\_\_\_\_\_

Does your child have a medical diagnosis?  Yes  No

If, yes, list: \_\_\_\_\_

\_\_\_\_\_

Date of Child's last Hearing Test: \_\_\_\_\_

Date of Child's last Vision Test: \_\_\_\_\_

Do you live within the District boundaries?  Yes  No

Has your child participated in one of the following:  Head Start  Pre-school

Yes  No

Parent Signature

Date