



New Enrollee Survey

Child's Name _____ **Grade** _____ **Birthdate** _____

This form is to be completed at the time of enrollment by the parent(s) / guardian of any child who is new or transferring to the School District of Sheboygan Falls. The information is to be used as part of the screening process required under PI-11.03(1)(c) and / or PI-11.07(1), *Transfer Pupils*.

1. Does your child have any of the following handicapping conditions?

a. Other health or orthopedic disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Cognitive disability or other developmental disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Hearing impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Visual disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Deaf or blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Speech or language disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Behavioral / emotional disturbance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Learning disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Autism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Traumatic brain injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Other handicaps: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Has your child received services from any one of the following programs in another school district?

a. Special education program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. 504 / accommodation plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. At risk program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Remedial or support program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Enrichment program	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Do you have any preschool children (ages 0 – 9) who have received services or may be eligible to receive services from a Special Education Program?

4. Please check **ONE** of the following statements:
 - At the present time, we feel our child does **not** need an Exceptional Needs education program.
 - At the present time, we feel our child **does** need an Exceptional Needs education program.

Signature of Parent / Guardian

Date



Child Development Review

Harold Ireton, Ph.D.

Child's Name _____ Sex _____
Last First Initial Male Female

Your Name _____ Relationship to Child _____

Your Occupation _____ Your Education _____

A WORD TO PARENTS: Your answers to these questions can help us to understand your child. They also let us know what questions and concerns you may have about your child. The possible problems list at the bottom of the page provides another way of knowing your concerns about your child.

1. Please describe your child briefly.	4. Does your child have any special problems or disabilities? What are they?
2. What has your child been doing lately?	5. What questions or concerns do you have about your child?
3. What are your child's strengths?	6. How are you doing, as a parent and otherwise, at this time?

The following statements describe possible problems that your child may have. Read each statement carefully and check () those statements that describe your child.

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| <p>1. (<input type="checkbox"/>) Health problems.</p> <p>2. (<input type="checkbox"/>) Growth, height, or weight problems.</p> <p>3. (<input type="checkbox"/>) Eating problems – eats poorly or too much, etc.</p> <p>4. (<input type="checkbox"/>) Bowel and bladder problems, toilet training.</p> <p>5. (<input type="checkbox"/>) Sleep problems.</p> <p>6. (<input type="checkbox"/>) Aches and pains; ear aches, stomach aches, head aches, etc</p> <p>7. (<input type="checkbox"/>) Energy problems; appears tired and sluggish.</p> <p>8. (<input type="checkbox"/>) Seems to have trouble seeing.</p> <p>9. (<input type="checkbox"/>) Seems to have trouble hearing.</p> <p>10. (<input type="checkbox"/>) Does not pay attention; poor listener.</p> <p>11. (<input type="checkbox"/>) Does not talk well for age.</p> <p>12. (<input type="checkbox"/>) Speech is difficult to understand (Age 3 and older.)</p> <p>13. (<input type="checkbox"/>) Does not seem to understand well; is slow to “catch on.” _____</p> | <p>14. (<input type="checkbox"/>) Clumsy; walks or runs poorly, stumbles or falls (Age 2 and older.)</p> <p>15. (<input type="checkbox"/>) Clumsy in doing things with his/her hands.</p> <p>16. (<input type="checkbox"/>) Immature; acts much younger than age.</p> <p>17. (<input type="checkbox"/>) Dependent and clingy</p> <p>18. (<input type="checkbox"/>) Passive; seldom shows initiative.</p> <p>19. (<input type="checkbox"/>) Disobedient; does not mind well.</p> <p>20. (<input type="checkbox"/>) Overly aggressive.</p> <p>21. (<input type="checkbox"/>) Can't sit still; may be hyperactive.</p> <p>22. (<input type="checkbox"/>) Timid, fearful, or worries a lot.</p> <p>23. (<input type="checkbox"/>) Often seems unhappy.</p> <p>24. (<input type="checkbox"/>) Seldom plays with other children.</p> <p>25. (<input type="checkbox"/>) Other? _____</p> |
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