IMPORTANT: Consult your LEA’s ***Child Find Policies and Procedures*** for complete identification and referral requirements.

See [www.azed.gov/specialeducation/az-find](http://www.azed.gov/special-education/az-find/training-and-resources) for child find laws, regulations, procedures, sample forms, and other resources.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student’s Name** | **Grade** | **DOB** | **Student ID#** | **Date of Entry** |
|  |  |  |  |  |

[ ]  Home Language Survey completed. If any answer to a question is other than English, conduct an English language proficiency assessment.

**Student Screening**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No |  | Notes: |
| **Vision** | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ]  | Holds reading materials too close or too far awaySquints or tilts head to see the board or objects at a reasonable distanceProblems with eye health (i.e., tearing, sensitivity to light, eye rubbing, pain) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Hearing** | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Responds inappropriately to questions/directionsFrequently asks for information to be repeated or asks “What?”Watches others to imitate what they are doingComplains of earaches, ear pain, or head noisesDifficulty localizing sounds/the speakerConsistently inattentiveUses nonverbal skills (i.e., gestures, nods, head turning, leaning in)Watches speaker intently/moves to see speakerOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Communication** | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Poor articulationSpeech is not understandable by most listenersIneffective communication/messagesDifficulty learning new sounds/new wordsVoice problems (i.e., volume, rate, quality)Difficulty expressing ideas, responding to instructionsDoes not engage in age-appropriate conversations/discussions Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Cognitive or Academic** | [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | Learns very slowly compared to peersAttention problems (i.e., attention span, focus on less relevant stimuli)Below grade level in: [ ]  reading, [ ]  writing, [ ]  mathDifficulty recalling information Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Adaptive** | [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | Weak self-care skills (i.e., personal hygiene, dress, belongings) Poor social skills (i.e., working with peers, social perceptions/cues)Difficulty understanding directions, communicating needs, expressing ideasInappropriate school coping behaviors (i.e., attention, organization, questioning behavior, following directions, monitoring use of time)Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Social or Behavioral** | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  | Exhibits externalizing behaviors (i.e., aggression, vandalism, bullying, excessive absenteeism)Exhibits internalizing behaviors (i.e., fears, phobias, depression, withdrawal)Inappropriate behaviors or feelings under normal circumstances  Poor conduct/defiance in campus settings, unstructured environments Trouble transitioning between activitiesDifficulty developing or maintaining peer or adult relationshipsOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Motor** | [ ] [ ] [ ]  | [ ] [ ]  | Gross motor development not age appropriate (i.e., clumsy or awkward; avoids physical tasks to possibly mask pain, fatigue, or lack of endurance)Fine motor skills not age appropriate (i.e., difficulty reaching, grasping, or manipulating objects; shaky, stiff, or weak movements)Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Date 45-day screening was completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrative Action:**

[ ]  No concerns at this time. [ ]  Concern(s) noted. Action(s) taken: [ ]  Parent(s) notified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Referred for student study team

 [ ]  Referred to appropriate program administrator

 [ ]  Referred for [ ]  Comprehensive Evaluation [ ]  504 Plan

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_