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 away  Squints or tilts head to see the board or objects at a reasonable distance  Problems with eye health (i.e., tearing, sensitivity to light, eye rubbing, pain)  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Hearing** |  |  | Responds inappropriately to questions/directions  Frequently asks for information to be repeated or asks “What?”  Watches others to imitate what they are doing  Complains of earaches, ear pain, or head noises  Difficulty localizing sounds/the speaker  Consistently inattentive  Uses nonverbal skills (i.e., gestures, nods, head turning, leaning in)  Watches speaker intently/moves to see speaker  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Communication** |  |  | Poor articulation  Speech is not understandable by most listeners  Ineffective communication/messages  Difficulty learning new sounds/new words  Voice problems (i.e., volume, rate, quality)  Difficulty expressing ideas, responding to instructions  Does not engage in age-appropriate conversations/discussions  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Cognitive or Academic** |  |  | Learns very slowly compared to peers  Attention problems (i.e., attention span, focus on less relevant stimuli)  Below grade level in:  reading,  writing,  math  Difficulty 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 ideas  Inappropriate 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 activities  Difficulty developing or maintaining peer or adult relationships  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_