

- IT
- Motor Concerns
- Speech Concerns
- Cognitive Concerns
- Behavior/Social Concerns
- Role Model Form
- Previous Screening

**Early Childhood Screening
Special Services Cooperative
510 Highway 24 East
Wamego, KS 66547**

Phone: (785)456-9195
Fax: (785)456-1591

Child's Name: _____ Your family resides in USD # _____

Disclaimer: **Should you reside outside of the districts of USD320, 329, or 323, your child may be excluded from consideration as a peer model.**

Address: _____ Child's DOB: _____

City/State/Zip: _____ Age: Yr. Mo. Day

Mother's Name: _____ Mother's Cell # _____

Father's Name: _____ Father's Cell # _____

Home Phone: _____

Communication: _____

Motor: _____

Concepts/Cognitive: _____

Vision: _____

Pass Fail _____

Hearing: _____

Pass Fail _____

Appointment: _____

I give permission for my child to participate in the screening.

I am interested in my child being considered for Role Model placement in the
Early Childhood Preschool if available. YES NO

Signature of Parent or Guardian

Date

(revised 6/19/07 bl)