

**GENERAL INFORMATION AND INSTRUCTIONS:** The front side (page one) of the registration form must be completed by the **parent/guardian** of the child. The back side (page two) is completed by school district personnel only. *Please print the information.*

### CHILD IDENTIFICATION INFORMATION

Child's Legal Name (First, Middle, Last)		
Child's Nickname or Other Name (First, Middle, Last)		
Child's Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
City	State	Zip Code
Race/Ethnicity (mark ONLY one box)		
<input type="checkbox"/> 1 - American Indian	<input type="checkbox"/> 3 - Hispanic	<input type="checkbox"/> 5 - White, not of Hispanic Origin
<input type="checkbox"/> 2 - Asian or Pacific Islander	<input type="checkbox"/> 4 - Black, not of Hispanic Origin	

Additional federal Race/Ethnicity categories are required for the 2011-2012 school year. Mark the box YES or NO in part A below. More than one box may be marked in B.

**\*Part A** – Is the child Hispanic/Latino? (*choose only one*)

NO, not Hispanic/Latino  
 YES, Hispanic/Latino

**\*Part B** – What is the child's race?

American Indian/Alaska Native  
 Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White

### PRIMARY/SECONDARY LANGUAGE INFORMATION

Which language did your child learn first?	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify): _____
Which language is most often spoken in your home?	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify): _____
Which language does your child usually speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify): _____

### PREVIOUS HEALTH AND DEVELOPMENTAL SCREENING INFORMATION

Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)?  Yes  No

If Yes, screening date: \_\_\_\_\_ Where: \_\_\_\_\_


Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP), Individual Family Services Plan (IFSP) or Individual Interagency Intervention Plan (IIIP)?  Yes  No

### PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature - Parent/Legal Guardian

\_\_\_\_\_  
Date

	Early Learning Services 1500 Highway 36 West Roseville, MN 55113-4266	<b>REGISTRATION FORM FOR          EARLY CHILDHOOD SCREENING –          TO BE COMPLETED BY SCHOOL          DISTRICT PERSONNEL ONLY</b>	ED-02390-05 (2011 - 2012 school year only)
--	---	---	--

**Directions and definitions for race/ethnicity:** The question for Part A is about ethnicity not race. No matter what is selected in Part A, have the parent continue to answer the question in Part B indicating the child's race by marking one or more boxes.

**Hispanic/Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture of origin, regardless of race.

**American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** – Person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American** – Person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** – Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

<b>TO BE FILLED OUT BY SCHOOL DISTRICT PERSONNEL ONLY</b>
---

Screening Date:	Screening District Name:	Screening District Number and Type:
Child's Resident District Name:	Resident District Number & Type:	MARSS ID Number* _____

Check type of screening child received – STATE AID CATEGORY (SAC):  
 (To be completed by the Early Childhood Screening Coordinator)

- 41 - Screening by District     
  43 - Head Start     
  45 - Conscientious Objector, no screening  
 42 - Child and Teen Checkups/EPSDT     
  44 - Private Provider

Check the **primary** type of referral following the early childhood health and developmental screening – STATUS END CODE (SEC). Only one box may be checked. Must have a valid SEC for - STATE AID CATEGORY (SAC) 41. If unsure of referral status for SAC 42-44, use "no referral" SEC 60. **(To be completed by the Early Childhood Screening Coordinator).**

**Status End Codes:**

- 60 No referral  
 61 Referral to Special Education  
 62 Referral to health care provider  
 63 Referral to Special Education AND health care provider  
 64 Referral to early childhood programs (e.g., School Readiness, Head Start, ECFE, family literacy)  
 65 Referral, parent declined

<b>SCHOOL DISTRICT VERIFICATION OF INFORMATION</b>
--

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature - School District Early Childhood Screening Coordinator

\_\_\_\_\_  
 Date

**\*The MARSS statewide ID repository must be searched for a pre-existing ID Number before creating/assigning a new ID Number for the child or student.**