

**SCHOOL DISTRICT OF EDGAR  
Screening Questionnaire**

Student:	Grade:	Birthdate:
Parent/Guardian:	Phone:	Address:

The following information is requested to best support your child's education in the School District of Edgar. Please answer all questions below and provide any additional information as necessary.

**Previous School Information**

Name of School:	Address:
Name of Primary Contact:	Phone:

**Specialized Services Information (If yes to any below, please provide a paper copy)**

1. Does your child have a 504 accommodation plan?                      Yes    No    Unknown  
*If yes, please explain (Include Copy)* \_\_\_\_\_

2. Does your child have a medical need and/or require a school medical plan?    Yes    No    Unknown

3. Does your child receive special education services and have an individualized Education Plan (IEP?)  
Yes    No    Unknown

*If yes, please indicate in which areas your child receives services (Include copy):*

- |  |                                     |
|--|-------------------------------------|
| Learning Disability (LD)    ___              | Intellectual Disability (ID)    ___ |
| Speech/Language Disability    ___            | Physical Therapy (PT)    ___        |
| Occupational Therapy (OT)    ___             | Visual Impairment    ___            |
| Adaptive Physical Education    ___           | Hearing Impairment    ___           |
| Specific Learning Disability    ___          | Autism    ___                       |
| Traumatic Brain Injury    ___                | Deaf - Blind    ___                 |
| Orthopedic Impairment    ___                 | Other Health Impairment    ___      |
| Emotional/Behavioral Disability (EBD)    ___ |                                     |

4. Does your child receive English Learner (EL) services?                      Yes    No    Unknown

*If yes, please explain, including child's EP level (Include copy)* \_\_\_\_\_

5. Does your child receive any reading or math services through Title I?                      Yes    No    Unknown

**Academic Information**

1. Has your child ever been enrolled in a Gifted and Talented Program?                      Yes    No    Unknown

2. Has your child ever been retained (grade retention/repeated a grade)?                      Yes    No    Unknown

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**Behavior Information**

1. Does your child have behavioral challenges that require additional school intervention/supports?  
Yes No Unknown

*If yes, please explain* \_\_\_\_\_

2. Does your child work with a county social worker? Yes No Unknown

*If yes, please explain* \_\_\_\_\_

3. Has your child been expelled from school (or had pre-expulsion conditions)? Yes No Unknown

**Social/Emotional Information**

1. Has your child worked with the school counselor, school social worker, or school psychologist?  
Yes No Unknown

2. Does your child receive counseling and/or therapy from a community service provider?  
Yes No Unknown

*If yes, please explain* \_\_\_\_\_

**Home Information**

1. What is the primary language spoken at home? \_\_\_\_\_

2. Will you need an interpreter for phone calls, parent-teacher conferences, etc.? Yes No Unknown

3. Provide family information that the school should be made aware of (i.e., family divorce, grief/loss, multiple households): \_\_\_\_\_

4. For students of divorced/separated parents only, please check one (otherwise check N/A):

- N/A (student not in a divorced/separated parent household)
- I have full custody and primary physical placement of the student (include court order).
- I have joint custody and shared physical placement of the student as described in the most recent Court Order of custody and placement (include Court Order).
- I do not have any of the above arrangements. Please see the most recent Court Order of custody and placement for details (include Court Order).

5. What is the primary reason for enrolling in the School District of Edgar? \_\_\_\_\_

6. Is there anything else that you feel is important for us to be aware of regarding your child and/or family?

\_\_\_\_\_  
\_\_\_\_\_