



**Count Your Kid In Screening**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ School District: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

I give permission for my \_\_\_\_\_, \_\_\_\_\_ to participate in the screening at  
(son/daughter) (child's name)

\_\_\_\_\_ on \_\_\_\_\_. I understand that screening is offered in the following  
(town) (date)

areas of development: Fine Motor, Gross Motor, Thinking Skills, Speech and Language, Social/Emotional, Adaptive Skills, and Hearing and Vision. I give my permission for the results of the screening to be shared with my local school, preschool/daycare, the Northeast Kansas Education Service Center, my family doctor, or other \_\_\_\_\_ (specify).

Reason for coming to the Screening (What are parent concerns?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the Screening? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Comments & Recommendations for follow up: \_\_\_\_\_

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