



# Private School and Homeschool Educational Screening Record

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### **Review of Educational Records:**

Enrollment History: Number of Schools Attended: \_\_\_\_\_

Number of Retentions: \_\_\_\_\_ At What Grade Level(s): \_\_\_\_\_

Attendance History: Excused: \_\_\_\_\_ Unexcused: \_\_\_\_\_ Tardies: \_\_\_\_\_

Family Empowerment Scholarship-Unique Abilities? Yes  No

Accommodations Plan? Yes  No

Standardized Test Results:

Test Name: \_\_\_\_\_ Date Administered: \_\_\_\_\_

Reading Score (%ile): \_\_\_\_\_ Math Score (%ile): \_\_\_\_\_

Health concerns, medications, diagnoses? Yes  No

If yes, list: \_\_\_\_\_

### **Sensory Screening:**

Vision: Right: \_\_\_\_/\_\_\_\_ Left \_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_

Hearing: Right \_\_\_\_/\_\_\_\_ Left \_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_

Nurse/Trained Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Speech/Language Screening:**

Language: Normal Limits  Follow-Up Needed  Enrolled  Date: \_\_\_\_\_

Speech: Normal Limits  Follow-Up Needed  Enrolled  Date: \_\_\_\_\_

Fluency: Normal Limits  Follow-Up Needed  Enrolled  Date: \_\_\_\_\_

Voice: Normal Limits  Follow-Up Needed  Enrolled  Date: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_