

SUBLIMITY SCHOOL
20/21 Registration Form

DBN: _____

Legal Name (L, F M): _____

Preferred Name: _____

Gender: Male Female Non-Binary

Grade Level: _____

Birth Date (DOB): _____

Last 4 numbers of the Social Security Number (SSN) is optional. This information may be used for record keeping but will not be given to the general public. Please see your student handbook for a description on how this information may be used.

Hispanic: Yes No Last 4-SSN: _____

Race: White Native Hawaiian/Pacific Islander
 Asian Black American Indian/Alaskan Native *

Ethnic and race information is optional. However, if you do not answer, the federal government requires school district "observers" to complete the ethnic/race data.

*Tribe: _____ Enrollment#: _____

Language of Origin: _____

Preferred Language: _____

Migrant: Yes No Migrant ID: _____

Resident District: _____

Birth City/State: _____

Resident School: _____

Birth Country: _____

Resident County: _____

Entrance Date - Oregon: _____

Last School Attended: _____

Entrance Date - United States: _____

School City/State: _____

Phone/Address Information:

Primary Contact Phone: _____ Type: _____ Unlisted: Yes No

Student Cell Phone: _____ Student Personal Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Lives With Contact: Mailings:

Lives With Contact: Mailings:

Name: _____ Rel: _____

Name: _____ Rel: _____

Language: _____

Language: _____

Phone #1: _____ Type: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Phone #2: _____ Type: _____

Email: _____

Email: _____

Physical Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Mail Address: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer: _____

Gradebook Access: _____ Gradebook Guardian: _____

Gradebook Access: _____ Gradebook Guardian: _____

Legal Name: _____	DBN: _____
Preferred Name: _____	Grade Level: _____

Non-Lives With Contact: Mailings: _____

Non-Lives With Contact: Mailings: _____

Name: _____ Rel: _____

Name: _____ Rel: _____

Language: _____

Language: _____

Phone #1: _____ Type: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Phone #2: _____ Type: _____

Email: _____

Email: _____

Mail Address: _____

Mail Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Employer: _____

Employer: _____

Gradebook Access: ____ Gradebook Guardian: ____

Gradebook Access: ____ Gradebook Guardian: ____

Other School Age Children Associated with Student:

Legal Name: _____ DOB: _____ School: _____

Legal Name: _____ DOB: _____ School: _____

Parent/Guardian: _____ Date: _____

North Santiam School District Health Information & Signature Card

Student Name	Birthdate
Physician/Health Information	
Doctor's Name	Phone
Does your child have medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Life Threatening/Anaphylactic Allergy		
Insect Sting (M36)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of reaction:
Nuts (M33)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Swelling: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> None <input type="checkbox"/>
Severe Allergy* (Describe):	Breathing Problems: Yes <input type="checkbox"/> No <input type="checkbox"/> Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/> EpiPen/injectable med <input type="checkbox"/> By Mouth <input type="checkbox"/> *Additional Medication/Severe Allergy Forms Required	

Other Medical Concerns		
Allergies Non-Life threatening	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Asthma* (M46)	Yes <input type="checkbox"/> No <input type="checkbox"/>	*Additional Asthma Supplement Form Required
Seizures* (M50)	Yes <input type="checkbox"/> No <input type="checkbox"/>	*Additional Seizure Supplement Form Required
Diabetes* (M47)	Yes <input type="checkbox"/> No <input type="checkbox"/>	*Requires Current School Year Doctor's Order
Vision (M56)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other <input type="checkbox"/>
ADHD/ADD (M44)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily Medication: At School <input type="checkbox"/> At Home <input type="checkbox"/>
Mental Health Concerns (M34)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:

Other Health Concerns (list and describe):

List of Daily Medications (medication form must be on file in the office):

Medical conditions listed will only be disclosed to school staff with a need to know. If you have questions about the disclosure of your child's medical information, please contact the NSSD Nursing Department at (503)769-4930.

I give permission for North Santiam School District & County Public Health to assist my child with medical/special needs. I am also aware that NSSD may, at my expense, need to take emergency action, including ambulance transportation, and/or to obtain medical treatment, should my child become severely ill or injured at school.

Parent/Guardian Printed Name:	
Signature:	Date:

For Office Use Only					
Supplemental Forms Given to Parent/Guardian					
Date _____	Initials _____				
Type: Asthma _____	Ongoing Health _____	Seizure _____	Severe Allergy _____	USDA _____	

Kindergarten Roundup ~ Younger Non-School Age Siblings Living at Home

Name	Birthdate

Special Services/Programs

If you answer yes to any of the following questions, you may be contacted by a member of the District's Instructional and Special Services Team.

Has your student been enrolled in any of the following programs?

- TAG 504 Plan IEP ELL Speech Foster Child Other Special Services

Does your child have any physical or mental impairment(s) that limit one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork? Yes No

Has anyone in your household worked, or is currently working, in agriculture, fishing, nurseries, forestry, mills, farming, dairies, or canneries in the last 3 years? Yes No

Is your family temporarily living with another family, in a motel, in a campground, or in any other temporary situation for economic reasons? Yes No

Notifications

Records: NSSD forwards education records requested under OAR 581-021-0250 within 10 days of receiving the request.

Accident Insurance: Student accident insurance is available through ACE American Insurance Company. The Parent/Guardian should contact the school office for information and enrollment forms. Enrollment is not complete until premiums have been paid.

Handbooks: At the beginning of each year teachers go over the Parent-Student Handbooks during the first week of school with students. Teachers emphasize that privileges extended to students may be lost if rules outlined within the handbook or in policy are violated. The handbook is available from the office in hard copy or on a computer disk. It can also be downloaded from the District's website located at www.nstantiam.k12.or.us. The Parent/Guardian of any student(s) newly enrolled in the District should go over the handbook with their student.

Student Photos: Student photographs may appear on a District publication, on its website, on its social media sites, or in an article submitted to the local newspaper. If you do not want your student's photograph published, you must notify the school office in writing.

Electronic Communications Agreement

The parent/guardian should review with their student the Electronic Communications System policy and administrative regulation found in the Parent-Student Handbook. In order for students to have access to the system, they must agree to abide by the provisions outlined with the understanding that violations will constitute suspension or revocation of system access and related privileges and/or discipline up to and including expulsion with possible referral to law enforcement.

In consideration for the privilege of using the District's Electronic Communications system with access to the public networks, I release the district, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my student's use, or inability to use, the system including, without limitation, the type of damages identified in the district's policy and administrative regulation. I further understand that if I do not want my student to participate in the District's Electronic Communications System, except for instances of mandatory State Testing using a secure browser, that I will submit the request to the school office in writing

Parent/Guardian Signature: _____ **Date:** _____

Google Apps Parent Permission

The North Santiam School District uses Google Apps for Education in the classroom. Google Apps for Education is a suite of free, web-based programs that includes email, document creation, shared calendars, and collaboration tools. This service is available through an agreement between Google and the State of Oregon. Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teacher will be using Google Apps for lessons, assignments, and communications. Google Apps for Education is also available at home. The full policy is available on the district website. By signing, I confirm consent for my student's use of Google Apps for Education and I understand and have discussed with my child the rights and responsibilities.

Parent/Guardian Signature: _____ **Date:** _____



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
 Up-to-date
 Medical
 Non-medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature*	
	Date
Update Signature	
	Date
Update Signature	
	Date
Update Signature	
	Date

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV7, PCV13) (Only children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:
Please submit a *letter signed by a licensed physician stating:*

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): *Please submit a letter signed by a licensed physician stating:*

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:
I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

Signature of Parent or Guardian _____ Date _____

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief
- Philosophical belief
- Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Required vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.



North Santiam School District 29J
2019-2020 Dental & Vision Certification Form

Legal Name: _____ Preferred Name: _____

Birth Date (DOB): _____

Dental Certification

State law requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972 (2015))

My child has received a dental screening.

Or

You may choose to have your child opt-out of a dental screening due to a reason listed below (please check all that apply):

- We have already submitted a certification form at a previous school.
- The dental screening is contrary to student or families religious beliefs.
- The dental screening is a burden.
 - The cost of obtaining the screening is too high.*
 - The student does not have access to a screener.*
 - The student was unable to obtain an appointment.*

Vision Certification

State law requires a child who is 7 years of age or younger to have a vision screening or examination before entering school for the first time.

My child has received a vision screening or examination as well as any further examinations, treatments or assistance as necessary.

Or

You may choose to have your child opt-out of a vision screening due to a reason listed below. (please check all that apply):

- We have already submitted a certification form at a previous school.
- The vision screening is contrary to student or families religious beliefs.
- The vision screening is a burden.
 - The cost of obtaining the screening is too high.*
 - The student does not have access to a screener.*
 - The student was unable to obtain an appointment.*

Parent Signature: _____ Date: _____



Distrito Escolar North Santiam 29J
2019-2020 Certificado dental y de visión

Nombre legal: _____ **Nombre preferido:** _____

Fecha de nacimiento: _____

Certificado dental

La ley estatal requiere que un niño de 7 años de edad o menor reciba una examinación dental antes de asistir a la escuela por primera vez. *(HB 2972 (2015))*

- Mi hijo(a) ha recibido una examinación dental.

O

Usted podría elegir que su hijo(a) no reciba la examinación dental debido a alguna razón nombrada a continuación (marque por favor todas las opciones pertinentes):

- Hemos entregado el certificado en una escuela previa.
- La examinación dental se opone a las creencias religiosas del estudiante o de la familia.
- La examinación dental es una inconveniencia.
 - El costo de la examinación es muy alto*
 - El estudiante no tiene acceso a un servicio de examinación*
 - El estudiante no pudo obtener una cita*

Certificado visual

La ley estatal requiere que un niño de 7 años de edad o menor reciba una examinación de la vista antes de asistir a la escuela por primera vez.

- Mi hijo(a) ha recibido una examinación de la vista, así como también demás examinaciones, tratamientos, o asistencia conforme sean necesarios.

O

Usted podría elegir que su hijo(a) no reciba la examinación de la vista debido a alguna razón nombrada a continuación (marque por favor todas las opciones pertinentes):

- Hemos entregado el certificado en una escuela previa.
- La examinación de la vista se opone a las creencias religiosas del estudiante o de la familia.
- La examinación de la vista es una inconveniencia.
 - El costo de la examinación es muy alto*
 - El estudiante no tiene acceso a un servicio de examinación*
 - El estudiante no pudo obtener una cita*

Firma del padre: _____

Fecha: _____

Superintendent
Andrew Gardner



1155 N 3rd Avenue
Stayton, Oregon 97383

Phone: 503-769-6924
Fax: 503-769-3578

North Santiam School District

Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____
School: _____
Parent/Guardian Name: _____

Grade Level: _____
Date of Birth: _____
Phone Number: _____

1. What language(s) does your child hear or use regularly in your household (i.e. spoken, media, music, literature, etc.)? hear _____ use (i.e. ASL) _____

2. Describe the language(s) your child understands.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- Only English

3. What language(s) do adults most frequently use when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____
Other Adults in the Home: _____ Child-care Providers: _____

4. What language(s) does your child CURRENTLY speak/express most frequently outside of school?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child's language use (e.g. . what language did you child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Parent Questions: In what language(s) do you want to receive information from the school (if available)

Parent/Guardian:
Oral _____ Written _____ American Sign Language _____

Parent/Guardian:
Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ Date _____
What is your relationship to the student? _____ (ie, parent, grandparent, etc.)

North Santiam Schools ~ We Change Kids' Lives!
www.nasantiam.k12.or.us

Equal Opportunity Educator and Employer

Superintendente
Andrew Gardner
Superintendente
Asociado
David Bolin



1155 N 3rd Avenue
Stayton, Oregon 97383

Teléfono: 503-769-6924
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DISTRITO ESCOLAR NORTH SANTIAM

Encuesta de Uso del Lenguaje

El propósito de esta encuesta es determinar si el uso y la exposición del idioma de su hijo podrían hacerlo elegible para recibir apoyo en la instrucción académica del inglés.

Nombre del Estudiante: _____

Nivel de Grado: _____

Escuela: _____

Fecha de Nacimiento: _____

Nombre del Padre/Tutor: _____

Número de Teléfono: _____

1. ¿Qué idioma(s) oye o usa su hijo(a) regularmente en casa (ejemplo: habla, escucha en los medios de comunicación, música, lectura, etc.)? escucha _____ usa (i.e. ASL-Lenguaje de Señas Americano) _____

2. Describa el lenguaje(s) que su hijo(a) entiende.

No habla Inglés

Habla más otro lenguaje y un poco de Inglés

Habla el Inglés y otro lenguaje equitativamente

Habla más Inglés y un poco de otro lenguaje

Lenguaje Tribal/Herencia/Nativo-Indio (ejemplos: lenguajes hablados por Indios Americanos/Alaska, Hawaianos, y ciudadanos de Territorios EE. UU.)

Sólo Inglés

3. ¿Qué lenguaje(s) utilizan los adultos más frecuentemente cuando hablan/conversan con su hijo(a)?

Padre/Tutor: _____ Padre/Tutor: _____

Otros Adultos en el Hogar: _____ Proveedores de Cuidados de niños: _____

4. ¿Qué idioma(s) habla/expresa ACTUALMENTE su hijo con más frecuencia fuera de la escuela?

5. ¿Participa su hijo(a) frecuentemente en actividades culturales que están en otro idioma que no es el inglés? Indique la actividad y la frecuencia con la que su hijo(a) participa en la actividad (por ejemplo: una vez/semana, 2 veces/semana, una vez al mes, etc. _____

6. ¿Hay algo más que usted piense que la escuela debería saber sobre el uso del lenguaje de su hijo(a) (por ejemplo: qué idioma escuchó/expresó su hijo(a) entre los 0-4 años? ¿Tomó su hijo(a) clases del habla? ¿Asistió su hijo(a) a un preescolar bilingüe, etc...)? _____

Preguntas para los Padres: En qué lenguaje(s) desea recibir información de la escuela (si hay disponible)

Padre/Tutor:

Oral _____ Escrito _____ Lenguaje de Señas Americano _____

Padre/Tutor:

Oral _____ Escrito _____ Lenguaje de Señas Americano _____

Firma del Padre o Tutor _____

Fecha _____

¿Cuál es su relación con el/la estudiante? _____ (ejemplo: Padre, abuelo(a), etc.)

Escuelas North Santiam ~ ¡Cambiamos las Vidas de los Niños!
www.nasantiam.k12.or.us

Educador y Empleador de Igualdad de Oportunidad

North Santiam School District No. 29J
Sublimity School

Student Name: _____ **Grade:** _____

Special Programs

Is your child identified by any of the following? (check, if one applies)

IFSP (Individual Family Service Plan)

Head Start

ELL (English Language Learner)

Preschool

Siblings in the North Santiam School District

Name: _____ **Grade:** _____ **School:** _____

Name: _____ **Grade:** _____ **School:** _____

Name: _____ **Grade:** _____ **School:** _____

Name: _____ **Grade:** _____ **School:** _____

Name: _____ **Grade:** _____ **School:** _____

Parent Signature: _____ **Date:** _____



North Santiam School District

Military Connected Survey

Federal law (ESSA-Every Student Succeeds Act) requires that all public school districts track students who are considered to be "military connected." In order for NSSL to comply with this requirement, we must survey all families to determine if any of our students qualify.

Respondents should answer yes if, at any time during the current school year, their student's parent or guardian **was/is/will be an active duty member of the Armed Forces, a full-time National Guard member or an Active Duty Reserve who was called to duty for at least 180 consecutive days.**

- My student qualifies as "military connected" based on the description above

- My student does not qualify as "military connected" based on the description above

Student's Name: _____

Parent/Guardian's Signature: _____

Dear Parent/Guardian

Our team at Sublimity Elementary is committed to identifying and addressing the needs of each student to understand and maximize his/her potential. To assist with this goal, all kindergarten students will participate in a reading screening up to three times a year. These screenings are in accordance with the new dyslexia legislation (SB 1003) passed by legislature. The screenings are designed to give information to help school staff develop and implement reading instruction that meets students' needs, particularly for those students who **may** show some signs of risk for reading difficulties. As part of the screening process we are asking families to complete a family history of difficulty learning to read.

The screening data along with other classroom data is used to plan for additional small group reading instruction for students who show risk factors for reading difficulties. Teachers monitor the progress of students receiving additional support and use the data to increase the level of intensity of the reading interventions as needed.

We are committed to your child's academic success and are glad to have the opportunity to provide your child with the necessary instruction and supports. Parents can be excellent partners with the school to provide extra practice for students to develop essential reading skills. For information about activities to support reading development at home, see the list of resources provided below or ask your child's teacher.

After completing a screening the results will be shared with you. If you have any questions about the screening results, the plan for reading interventions if needed, or your child's learning needs and progress, please contact the classroom teacher.

Resources for Parents to Support Reading at Home:

<http://www.readingrockets.org>

<http://www.colorincolorado.org/help-your-child-learn-read>

<https://readingpartners.org/take-action/resources-for-parents/>

Child & Family History Checklist

Child's Name: _____ Date: _____

Person Completing Checklist: _____

Relationship to Child: Mother Father Grandparent Other: _____

About Your Child. Did or do they have:

Yes	No	Not Sure/ Have Not Tried	Behaviors/Indicators	Comments
			Delayed Speech	
			Trouble learning common nursery rhymes such as "Jack and Jill"	
			Difficulty learning (and remembering) the names of the alphabet	
			Seems unable to recognize letters in his/her own name	
			Mispronounces familiar words; persistent "baby talk"	

Adapted from Yale Center for Dyslexia & Creativity

About Your Family Members. Did or do they have:

Yes	No	Not Sure	Behaviors/Indicators	Comments
			Did you or other family members struggle with reading, writing, or spelling? If so who?	
			Did you or other family members have difficulty learning letter and/or color names when you/they were a child? If so who?	

Other Comments about family reading history:

Adapted from Yale Center for Dyslexia & Creativity and International Dyslexia Association

Please note this is only a screener and does not constitute a formal evaluation or diagnosis of either the parent or the child.

