

**MOVE-IN**

<p><b>PRESCHOOL CHILD FIND QUESTIONNAIRE</b>  <b>TELEPHONE NO: (240) 740-2170</b>  <b>INTAKE NO: (301) 947-6080</b>  <b>FAX NO: (301) 871-0957</b></p>	<p><b>CHILD FIND OFFICE</b>  <b>English Manor School</b>  <b>4511 Bestor Drive, Room 146</b>  <b>Rockville, Maryland 20852</b></p>	<p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> <p>MCPS ID# _____</p> <p><b>Date Call Returned &amp; Requested Documents</b> _____  <b>By Whom</b> _____  <b>Clinic Date</b> _____  <b>Location</b> _____  <b>Time</b> _____  <b>Home School</b> _____  <b>Cluster</b> _____</p> <p><b>DOCUMENTS RECEIVED</b>          Birth Certificate <input type="checkbox"/>          Parent ID <input type="checkbox"/>                      PreK <input type="checkbox"/>          New Student Form <input type="checkbox"/>          Tax Bill <input type="checkbox"/>          Lease <input type="checkbox"/>          Shared Housing <input type="checkbox"/>          Utility Bills <input type="checkbox"/></p>
<p>To be eligible for screening, evaluation and services the child and the parent/guardian must be: bona fide residents of Montgomery County and provide a copy of the child's birth certificate and proof of Montgomery County Residency (see cover letter) or for a nonresident child attending an MSDE approved preschool in Montgomery County, the parent/guardian must provide verification of the child's enrollment on the preschool letterhead.</p>		
<p><b>In order to complete the preschool process for children who are eligible for kindergarten next year, this questionnaire must be received in the Child Find office by March 24 of the year that your child will be eligible for kindergarten. After March 24, please contact your local elementary school to complete the screening process.</b></p>		
<p><b>CHILD'S NAME:</b> _____ <b>DATE OF BIRTH:</b> _____</p> <p><b>Gender:</b> _____ <b>Race:</b> _____ <b>Languages spoken at home:</b> _____</p> <p><b>Name of Parents:</b> _____</p> <p><b>Address:</b> _____ <b>Telephone Number:</b> _____</p> <p><b>Country of Birth:</b> _____ <b>Date student entered a U.S.:</b> _____</p>		

What goals are addressed on your child's IEP? \_\_\_\_\_

Was your child ever referred to the Montgomery County Infants and Toddlers Program? **NO**  **YES**  Month \_\_\_\_\_ Year \_\_\_\_\_

How were you referred to Child Find? **FAMILY**  **FLYER**  **FRIEND**  **PHYSICIAN**  **TEACHER**  **OTHER**  \_\_\_\_\_

Has your child ever been assessed? **NO**  **YES**  (please attach reports) Dates assessed: \_\_\_\_\_ Testing location: \_\_\_\_\_

Reason: \_\_\_\_\_

Child Attends: **PRESCHOOL**  **MCPS Pre-K/Head Start**  **DAY CARE**  **HOME DAY CARE**  **HOME**

Name and Address of Preschool/Day Care: \_\_\_\_\_

If Preschool/Day Care has concerns, please explain: \_\_\_\_\_

**I understand that this information will remain confidential and will be used to help determine whether my child has an educational disability. I also understand that this information will be shared only with those persons or agencies that will be involved in providing services and/or information which I have requested.**

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_