Solvay Union Free School District Screening Program

PLEASE ANSWER ALL QUESTIONS

Child's Name			N.C. J.II.		_		
Last	First		Middle				
Home AddressNum	ber, Street or Road, A	Apt. #, City, Zip Code		Phone			
Birthdate		Birthplace					
	Living Deceased						
Father's Name	Living Deceased Deceased	Place of Employment	Occupation		Phone No.		
Mother's Name (Ms., Miss or Mrs.)		Place of Employment	Occupation		Phone No.		
Guardian or Step-parent's Name	Relationship	Place of Employment	Occupation		Phone No.		
Child Resides With:	Name	e of Parent(s) or Guardian(s)					
Nursery School		, ,					
Any special problems?							
Native language spoken in the home							
Is your child presently taking any medica							
Please list:							
a. Have you ever suspected that you	a. Have you ever suspected that your child may have defective eyesight? Yes No						
b. If so, has he/she ever been seen	b. If so, has he/she ever been seen by an optometrist or eye specialist? Yes No Date						
c. If so, what was the result of the ex							
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2. a. Have you ever suspected that he/	a. Have you ever suspected that he/she may have defective hearing? Yes No						
b. If so, has he/she ever had his/her hearing tested? Yes No Date							
c. If so, what was the result of the ex							
a. Has your child had any other scre	a. Has your child had any other screening or evaluations? Yes No Date						
b. If so, what were the results?							
a. Has your child been hospitalized a	a. Has your child been hospitalized at all since birth? Yes No Date						
b. If yes, what were the reasons?							
c. Any other serious illness or injurie	c. Any other serious illness or injuries?						
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5.	a. Has your child ever seen a dentist? Yes No Date b. If so, for what reason?				
6.	a. Does your child have any allergies? Yes No				
	Please list:				
7.	By the age of 3½, did your child tend to omit words? (e.g., "I going to school.")				
8.	Can he/she remember a short message or a telephone number? Yes No				
9.	Additional Comments:				
l ur	nderstand that that all reports and testing results will be confidential.				
	Parent or Guardian Signature Date				