Dear Parent or Guardian,

Thank you for your interest in the Rockford Public Schools Early Childhood Program. Please complete the front and back of the entire packet, sign the consent for screening, and return all forms to:

**Rockford Public Schools Early Childhood Program**  
501 7th Street, 2nd floor  
Rockford, Illinois 61104

OR

**Fax:** 815.489.2610

Please call the Early Childhood Screening and Placement Office, (815) 229-2103, to schedule your child’s free developmental screening appointment 7-10 days after returning all forms. Or you may also walk-in on a Monday or Wednesday from 8:00 a.m. to 1:30 p.m. for a free developmental screening. Doors open at 8:00 a.m. on Mondays and Wednesdays and limited seats are available.

For placement, you will need to bring:

1. Proof of Residency dated within 30 days (1 utility bill & 1 piece of mail with guardian’s name and address)
2. Child’s Certified Birth Certificate
3. Parent/Guardian’s Photo ID
4. Proof of Household Income (may include any of the following)  
   a. W2 or Tax return documents  
   b. 2 most recent and consecutive pay stubs  
   c. Proof of public benefits: SNAP, WIC, TANF, SSI, CCAP, or Medicaid (must be in parent’s name)

We look forward to meeting you and your child!
Rockford Public Schools Early Childhood & City of Rockford Head Start
3-5 YEAR-OLD PARENT INTERVIEW & LEVEL 1 SCREENING FOR ELIGIBILITY

CHILD’S LEGAL NAME _____________________________ (LAST) (FIRST)  □ Boy □ Girl  Birthdate ________

Early Learning Experience (Choose all that apply)  □ Daycare  □ Preschool  □ Early Intervention
□ Early Head Start (EHS)  □ RPS Home Visiting (PI)  □ Other____________  □ None

Please indicate child’s Ethnicity (Part A) and Race (Part B):

Part A: Is the child Hispanic or Latino? □ Yes, Hispanic/Latino □ No, not Hispanic/Latino

Part B: What is the child’s race? (Choose one or more)
□ (01) Black or African American □ (03) American Indian / Alaska Native □ (04) Asian
□ (02) White or Caucasian □ (07) Native Hawaiian or Other/Pacific

Does your child speak and/or hear a language other than English on a regular basis? □ Yes, language ____________  □ No

PRIMARY GUARDIAN’S NAME _____________________________ DOB ________ Relationship to Child________

Address __________________________________________ Zip __________

Home Phone ___________________________ Cell Phone ___________________________

Does the child reside with you at the above address? □ Yes □ No  Are you a ward of the state? □ Yes □ No

Were you a teen parent at birth of first child? □ Yes □ No  Are you pregnant? □ Yes, due date ____________  □ No

Highest grade completed _____  Currently enrolled in school? □ Yes □ No  If yes, □ Full-Time □ Part-Time

Employer ____________________________  □ Full-Time □ Part-Time □ Seasonal □ Not Employed  Occupation ______

SECONDARY GUARDIAN’S NAME _____________________________ DOB ________ Relationship to Child________

Address __________________________________________ Zip __________

Home Phone ___________________________ Cell Phone ___________________________

Does the child reside with you at the above address? □ Yes □ No  Are you a ward of the state? □ Yes □ No

Were you a teen parent at birth of first child? □ Yes □ No  Are you pregnant? □ Yes, due date ____________  □ No

Highest grade completed _____  Currently enrolled in school? □ Yes □ No  If yes, □ Full-Time □ Part-Time

Employer ____________________________  □ Full-Time □ Part-Time □ Seasonal □ Not Employed  Occupation ______

List brothers and sisters:

Name __________________________ Age____  Name __________________________ Age____

Name __________________________ Age____  Name __________________________ Age____

Other people in the home ____________________________

YEARLY FAMILY INCOME (REQUIRED)

Number of people in family/household __________________________ Yearly household income __________________________

Child and Family Supports (Choose all that apply)

□ Early Intervention (CFC)  □ MELD  □ Head Start  □ Refugee services
□ Housing assistance/subsidy  □ TANF (Cash)  □ WIC  □ SNAP (LINK)
□ Publicly funded medical assistance  □ Unemployment  □ Child support  □ SSI
□ RPS FIT Program (homeless)  □ CCAP  □ Other ____________  □ None
Family Concerns (Choose all that apply for child and immediate family)

☐ Death of immediate family member  ☐ Mental health concerns  ☐ Medical concerns
☐ Homelessness  ☐ Difficulty meeting basic needs  ☐ History of alcohol or drug use
☐ History of domestic violence  ☐ Crime / Judiciary system  ☐ Other ______________________

Has any immediate family member ever been convicted of a crime?  ☐ Yes  ☐ No  If yes, please explain ______________________

Has any immediate family member ever been in jail or prison?  ☐ Yes  ☐ No  If yes, please explain ______________________

Family Medical

Family doctor ______________________ Was this a normal pregnancy?  ☐ Yes  ☐ No, it was high risk.

Any special health problems at birth or shortly following?  ☐ Yes  ☐ No  If yes, please explain ______________________

Was there any prenatal exposure to drugs or alcohol?  ☐ Yes  ☐ No  If yes, please explain ______________________

Has this child ever been seriously sick or had a bad accident?  ☐ Yes  ☐ No  If yes, please explain ______________________

Has a doctor identified or have you noticed any of the following in your child? (Choose all that apply)

☐ Allergies ________ ☐ Eating disorders  ☐ Heart trouble
☐ Asthma  ☐ Epilepsy  ☐ Hyperactivity
☐ Dental problem____ ☐ Failure to thrive  ☐ Nightmares
☐ Diabetes  ☐ Food restrictions____  ☐ Seizures
☐ Digestive problem____ ☐ Frequent fevers  ☐ Other_____
☐ Ear infections (more than 2/yr)  ☐ Headaches  ☐ None

If necessary, please describe ______________________

Age child 1st walked ______  Age child 1st talked ______  Age child toilet trained ______

The following describes my child (Choose all that apply)

☐ Seems to have hearing problems  ☐ Seems to have vision problems  ☐ Learns slowly
☐ Cannot get along with family or friends  ☐ Is hard to control  ☐ Is very quiet
☐ Seems to have speech/language problems  ☐ I have no concerns

If necessary, please describe ______________________

Has this child or family had involvement with the Department of Family Services (DCFS) within the last year?  ☐ Yes  ☐ No

Has your family been assigned a caseworker by DCFS and received family services within the last year?  ☐ Yes  ☐ No

Do you have an Intact Family Services Case/Plan?  ☐ Yes  ☐ No

Do you have anything you would like to share about your child? ____________________________________________

I AM INTERESTED IN (Choose all that apply)

☐ ½ DAY ☐ FULL DAY ☐ HEAD START ☐ CIRCLES OF LEARNING

Thank you for completing this form. This information will help us determine your child’s eligibility for preschool and help our schools better serve your family.

Guardian completing this form (please print) ____________________________________________

Guardian Signature ___________________________  Today’s Date ___________________
PARENT CONSENT FOR INDIVIDUAL SCREENING

I understand that screening will give the information needed to determine if more evaluation needs to be completed. The results of this screening will be shared with me and school personnel and I will be included in discussions to determine if further testing may need to be completed.

I, therefore, give my permission for screening to be completed.

Child’s Name: ____________________________ Date of Birth: ____________________________

Address: ____________________________ Zip Code: ____________________________

Phone: ____________________________ Emergency Phone: ____________________________

Parent/Legal Guardian Signature __________________________________________________________

Print Name Here __________________________________________________________
**MY CHILD:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows simple directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counts from 1-5 or beyond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works with numbers in simple addition &amp; subtraction problems</td>
<td></td>
<td></td>
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<tr>
<td>Uses a large vocabulary</td>
<td></td>
<td></td>
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<tr>
<td>Listens to and enjoys stories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeats nursery rhymes, sings songs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Says &quot;I can't&quot; without trying</td>
<td></td>
<td></td>
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<tr>
<td>Repeats actions or words needlessly</td>
<td></td>
<td></td>
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<tr>
<td>Cries when not given own way</td>
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<td></td>
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<tr>
<td>Acts without reason, on the spur of the moment</td>
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<tr>
<td>Learns easily and rapidly</td>
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<tr>
<td>Can scribble on a piece of paper</td>
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<tr>
<td>Walks up and down stairs easily</td>
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<tr>
<td>Recognizes three or more colors</td>
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<tr>
<td>Runs smoothly and climbs well</td>
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<tr>
<td>Can throw a ball overhand right at you</td>
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<td></td>
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<tr>
<td>Can pedal a tricycle</td>
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<tr>
<td>Can dress without help</td>
<td></td>
<td></td>
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<tr>
<td>Plays alongside or with other children</td>
<td></td>
<td></td>
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<tr>
<td>Is curious and asks meaningful questions</td>
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<td></td>
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<tr>
<td>Can calm self after a period of activity</td>
<td></td>
<td></td>
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<tr>
<td>Likes to try new foods or textures (solids or sticky)</td>
<td></td>
<td></td>
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<tr>
<td>Enjoys playing with messy materials (finger paints, PlayDoh, glue)</td>
<td></td>
<td></td>
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</tbody>
</table>

**FOR CHILDREN 3 YEARS OLD**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can put two words together when he speaks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can give the names of most animals</td>
<td></td>
<td></td>
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<tr>
<td>Feeds self with fork or spoon</td>
<td></td>
<td></td>
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<tr>
<td>Can jump and get both feet off the ground at the same time</td>
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<td></td>
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<tr>
<td>Asks the meaning of words</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOR CHILDREN 4 or 5 YEARS OLD**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puts an &quot;s&quot; on the end of words when talking about more than one thing</td>
<td></td>
<td></td>
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<tr>
<td>Recognizes and names at least five capital letters of the alphabet</td>
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<td></td>
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<tr>
<td>Can draw a recognizable picture</td>
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<tr>
<td>Can go to the bathroom and wash hands independently</td>
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<td></td>
</tr>
<tr>
<td>Can follow 2 step directions without support</td>
<td></td>
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</tbody>
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