



Preschool Child Find Questionnaire

MONTGOMERY COUNTY PUBLIC SCHOOLS
Office of Special Education, Child Find
English Manor Center, 4511 Bestor Drive, Room 146, Rockville, Maryland 20853
Telephone 240-740-2170, Intake 301-947-6080, Fax 301-871-0957

MCPS Form 335-49
January 2019
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INSTRUCTIONS

To be eligible for screening, evaluation, and services, the child must enroll in Montgomery County Public Schools (MCPS) pursuant to [Montgomery County Board of Education Policy JEA, Residency, Tuition, and Enrollment](#), and provide evidence of the child's birth (i.e. birth certificate, passport/visa, physician's certificate, baptismal or church certification, hospital certificate, parents' affidavit, or birth registration), and proof of residency pursuant to [MCPS Regulation JEA-RB, Enrollment of Students](#), (current property tax bill, current lease (if lease is more than 1 year old, lease and currently utility bill), or [MCPS Form 335-74, Shared Housing Disclosure](#)). For a nonresident child attending preschool in Montgomery County, the parent/guardian must provide verification of the child's enrollment on the preschool's letterhead.

To complete the preschool process for children who will be eligible for kindergarten the following school year, this questionnaire must be received in the Child Find office by the last Monday in March of the year that your child will be eligible for kindergarten. After that date, please contact your local elementary school to complete the screening process.

STUDENT INFORMATION

Must match birth certificate or other evidence of birth

Legal last name _____ Legal first name _____ Legal middle name _____

Student's address _____

Medical Assistance eligible? Yes No Date of Birth ____/____/____ Male Female

Was the student born outside of the United States? Yes No **If Yes:** How many months has the student attended U.S. schools? _____

Language(s) spoken at home _____

ADULT(S) RESPONSIBLE FOR STUDENT*

Name of adult responsible for student living at current address: _____

Relationship: Mother Father Guardian

Other (Specify) _____

Phone #1 ____-____-____ Phone #2 ____-____-____

*Responsible adult(s) legal identification and proof of relationship to student verified (please specify) _____

Name of adult responsible for student living at current address: _____

Relationship: Mother Father Guardian

Other (Specify) _____

Phone #1 ____-____-____ Phone #2 ____-____-____

*Responsible adult(s) legal identification and proof of relationship to student verified (please specify) _____

PARENT SURVEY

What concerns do you have about your child? _____

Was your child ever referred to the Montgomery County Infants and Toddlers Program? Yes Month ____ Year ____ No

How were you referred to Child Find? Family Flyer Friend Physician Teacher Other _____

Has your child ever been assessed? Yes (please attach reports and complete below) No

Dates assessed: ____/____/____ ____/____/____ ____/____/____ Testing location: _____

Reason: _____

Child attends: Preschool MCPS PreK/Head Start Day Care Home Day Care Home Other _____

Name of preschool/day care: _____

Address of preschool/day care: _____

If preschool/day care has concerns, please explain: _____

FOR OFFICE USE ONLY

Date of Call: ____/____/____ MCPS ID# _____ Date Call Returned/Scheduled ____/____/____

By Whom _____ CA _____ Clinic Date ____/____/____

Location _____ Time _____

Home School _____ Cluster _____

MEDICAL INFORMATION

Authorized Health Care Provider name _____

Any difficulties before during after the birth of your child?

If yes, please elaborate:

Hospitalizations: serious illness accidents surgeries

Please explain:

List any medications your child takes on a regular basis (include dosage): _____

Please list any allergies: _____

Hearing concerns? Explain _____

Vision concerns? Explain _____

Check all area(s) of concern/possible delay

- does not appear to be learning at an average rate
- delays in developmental milestones
- other _____

SPEECH/LANGUAGE

began to talk at _____ months

Speech is difficult to understand

- parents understand _____%
- others understand _____%
- stutters/dysfluent
- often needs directions/questions repeated

Communicates by

- gestures
- single words
- phrases
- sentences
- other _____

MOTOR

- bumps into things
- trips and falls often
- fearful on the playground
- unusual reaction to touch
- unusual reaction to sound
- unusual reaction to light
- problems with paper/pencil tasks
- walked at _____
- other _____

ATTENTION

- easily distracted
- short attention span
- darts from one task to another
- difficulties with changes in routine
- other _____

SELF-HELP

Significant delays with

- feeding
- dressing
- toilet training
- other _____

SOCIALIZATION

- consistently shows no interest in playing/relating with others
- rarely looks at people
- becomes upset in group settings
- gets stuck on one idea, object, or activity and becomes upset if requested to change
- appears to be in their own world
- other _____

BEHAVIOR

- tantrums
- is not able to accept limits
- refuses to comply with requests
- aggressive towards others
- easily frustrated
- other _____

Additional information

This form will be maintained in a confidential folder and access to the report(s) will be granted to MCPS staff on a need-to-know basis. A record will be maintained documenting the name and reason for each reviewer. Parent(s)/guardian(s) and eligible students may request/authorize release to another agency/professional.

Signature of Parent/Guardian: _____ Date: ____/____/____