



Private Education in a Public School Setting

RIVERSIDE ELEMENTARY SCHOOL DISTRICT NO. 2 SPECIAL EDUCATION DEPARTMENT

PHONE (602) 477-8900 FAX (602) 272-8378

CHILD FIND PRE-SCREENING

Date: _____

Student Name: _____ DOB: _____

Parent Name: _____ Phone #: _____

Address: _____

Parent email: _____

Parent email: _____

Pediatrician: _____ Phone #: _____

Address: _____

Language child speaks? English Spanish Other _____

Language parent(s) speak? English Spanish Other _____

Do you require a translator? Yes No

Reason you're requesting an evaluation for your child: _____

Does your child have a medical diagnosis? Yes No

If, yes, list: _____

Date of Child's last Hearing Test: _____

Date of Child's last Vision Test: _____

Do you live within the District boundaries? Yes No

Has your child participated in one of the following: Head Start Pre-school
 Yes No

Parent Signature

Date