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Mayor

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Child Outreach
Providence Public Schools
Permission for Screening

Child's Name: _____ D.O.B. _____
Print as shown on Birth Certificate

Address: _____ Tel#: _____
Street City/Town Zip Code

Screening Location _____ Language at Home _____

All personal information and screening results collected during the screening process will be treated in strictest confidence. No personal information or screening results will be released without your written consent to anyone other than your child's Child Outreach program and the public school professional personnel directly involved in providing educational services to your child.

Parents will receive a summary of child Outreach screening results by mail. If you like to review the results and have them explained in detail, please contact the Child Outreach Coordinator, Mindy Mertz at 456-9132. It is strongly recommended by the Department of Education that your Child be screened every year prior to kindergarten.

I have read the above statements and give permission for my child to be screened by the Providence Public School's Child Outreach program.

Parents Name _____ Signature _____ Date _____
Please print

We recommend that you share your child's screening results with your child's pediatrician and/or Early Care and Education Program. You may do this by providing them with a copy of the summary of screening results.

If you would like the Child Outreach program to forward a copy of the summary to your child's pediatrician and/or Early Care and Education Program, please complete the following:

Yes ___ No ___ please send a summary of the screening results to my child's Early Care and Education Program.

Early Care and Education Program:

Name and Address
Yes ___ No ___ please send a summary of the screening results to my child's Pediatrician.

Doctor's Name/ Clinic: _____
Street City Zip Code

Child's Name: _____ Child's Birthplace: _____

Child's Age: _____ Child's Age When First Exposed to English: _____

Does child talk? ☐ No ☐ Yes, Single Words ☐ Yes, Puts 2-3 Words Together ☐ Yes, Sentences

Family's Country of Origin: _____ Number of Years Family Has Lived in the USA _____

If English is not the family's first language, do they prefer verbal or written communication?

☐ No preference ☐ Verbal (phone/in person) ☐ Written (letters/forms)

Form Completed By: _____ Relationship to Child: _____

Home Language Information:

1. What language did the child first learn to speak? ☐ English ☐ Spanish ☐ Both ☐ Other: _____

2. What language does the child speak most often? ☐ English ☐ Spanish ☐ Other: _____

3. What language is spoken to the child most often? ☐ English ☐ Spanish ☐ Other: _____

4. Does anyone else care for the child during the week (ex. grandparents, babysitter, etc.)? ☐ No ☐ Yes

If so, what language does he/she speak most often? ☐ English ☐ Spanish ☐ Both ☐ Other: _____

5. What language is used most often when parents speak to each other? ☐ English ☐ Spanish ☐ Both ☐ Other: _____

6. What language(s) does the child use most often when speaking with the following people?

Parents: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other: _____

Siblings: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other: _____

Relatives: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other: _____

Friends: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other: _____

Language Exposure

7. Does/Did the child attend school or receive Early Intervention?

☐ No ☐ Yes, Head Start ☐ Yes, Preschool ☐ Yes, EI Name of school or EI: _____

What language is/was used? ☐ English ☐ Spanish ☐ Both ☐ Other: _____

8. What language is the child exposed to or uses most often during the following activities?

Books/Storytelling ☐ English ☐ Spanish ☐ Both ☐ Other: _____

TV/Radio: ☐ English ☐ Spanish ☐ Both ☐ Other: _____

Computer/Video games: ☐ English ☐ Spanish ☐ Both ☐ Other: _____

Play: ☐ English ☐ Spanish ☐ Both ☐ Other: _____