



CARY COMMUNITY CONSOLIDATED SCHOOL DISTRICT

2115 Crystal Lake Rd • Cary, Illinois 60013 • 847-639-7788 • Fax 847-639-3898

Briargate • Deer Path • Maplewood • Three Oaks • Prairie Hill • Cary Junior High

Dear Parent(s),

The staff of District No. 26 would like to take this opportunity to welcome you and your child to our district. We appreciate your cooperation in completing our ***Preschool Census Questionnaire (Age 0 through 2 years)***.

Preschool Census and Screening

It is the responsibility of all school districts to attempt to identify children birth to 21 years of age who may be in need of educational support services. District 26 fulfills this responsibility through a two-step process. ***The first step*** begins with your completing the preschool census questionnaire.

Step two involves a review of the questionnaires by District 26 professional staff to determine who might benefit from an individual screening. Parents of children who would benefit from a screening, will be contacted by District 26 staff and referred to Child and Family Connections to schedule screening appointments.

CARY COMMUNITY CONSOLIDATED SCHOOL DISTRICT 26
PRESCHOOL CENSUS QUESTIONNAIRE (Age 0 through 2 years)

Child's Name _____ M ___ F ___ Month Day Year
 Last Name First Name Middle Name Today's Date _____

Home Address _____ Birthdate _____
 Street City Subdivision _____

Home Phone _____ Place of Birth _____
 City County State

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

List siblings:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Family Physician _____ Phone _____

Primary Language _____ Other language spoken in home _____

Does your child attend daycare/preschool? _____ Where _____

Is this child adopted? _____ At what age? _____

Check any behavior your child frequently shows:

- | | |
|--|--|
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Withdraws from others |
| <input type="checkbox"/> Overly active | <input type="checkbox"/> Overly fearful |
| <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Separation difficulties |
| <input type="checkbox"/> Extreme sensitivity to touch | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Difficulty in adjusting to new routines or changes | |
| <input type="checkbox"/> Frequent staring spells that last up to 5 seconds or more | |

| | Yes | No | N/A | Explain |
|---|-----|----|-----|---------------------|
| 1. Child's birth weight lbs. oz. | | | | |
| 2. Was the child premature? | | | | How early? |
| 3. Were there any illnesses or problems during the pregnancy? | | | | What? |
| 4. Were any medications taken during pregnancy? | | | | What? |
| 5. How long was labor? | | | | Hours? |
| 6. Were there any serious complications during or immediately following delivery? | | | | Mother – Child - |
| 7. Has child required special medical treatment or care since birth? | | | | Why? |
| 8. Is child currently receiving early intervention therapies? | | | | Please list: |
| 9. Is child currently taking medication? | | | | What? |
| 10. Is child slow to reach developmental milestones such as rolling over, sitting, crawling, babbling, talking? | | | | What? |
| 11. Are you aware of any visual problems? | | | | What? |
| 12. Is there a family history of visual problems? | | | | What? |
| 13. Does your child have a history of ear infections? | | | | |
| 14. Are there any indications of hearing problems (does not startle by loud noises or respond to sounds or voices when back is turned, ear drainage, rubbing or pulling on ears)? | | | | What? |

| | Yes | No | N/A | Explain |
|---|-----|----|-----|----------------------|
| 15. Is there a family history of hearing impairments? | | | | |
| 16. My child seems to babble/talk less than others the same age. | | | | |
| 17. Have you seen a sudden decrease in child's vocabulary? | | | | If yes, at what age? |
| 18. Does your child have a difficult time making sounds? | | | | |
| 19. Can your child follow or understand simple verbal requests, such as find the ball, get your coat, etc.? | | | | |
| 20. Does your child appear frustrated when speech is not understood? | | | | |
| 21. Does your child communicate through eye gaze, verbalizations or gestures? | | | | |
| 22. Does your child try to imitate your speech or actions? | | | | |
| 23. Does your child intensely dislike having face or hair washed? | | | | |
| 24. Does your child avoid crunchy or chewy foods? | | | | |
| 25. Does your child appear weaker or stronger than other children same age? | | | | |

Do you have any specific concerns regarding your child's growth or development?

Signature of Parent/Guardian

Date