

# Welcome To Dale Pre-K 2024-2025

Mrs. Badly and Mrs. Gill  
Pre-K Teachers

**Return  
ALL loose  
Papers**



**Keep  
Stapled  
Papers**

***PLEASE BRING YOUR CHILD TO ENROLLMENT***

**Dale Elementary**

208 Oklahoma Ave.

Dale, OK 74851

(405) 964-5514



# DALE PUBLIC SCHOOLS

208 Oklahoma Avenue, Dale, OK 74851

Home of the Pirates

Will Jones, Superintendent, [wjones@dale.k12.ok.us](mailto:wjones@dale.k12.ok.us)  
(405) 964-5558 Fax (405) 964-5559

February 27, 2024

Dear Parents and Guardians,

I am delighted that you are considering Dale for Pre-K for the 2024-2025 school year. We are always excited to welcome a new class of Dale Pirates! We appreciate you taking the time to pick up and complete our enrollment forms. Please understand that completion of these forms will not guarantee that your child has a spot in a Pre-K class at Dale. We typically have new students enroll right up to the beginning of our school year, and there are many factors that are taken into consideration when we create class rosters. We understand that you need to know your child's enrollment status as soon as possible, and we will take every step to ensure that we notify you in a timely manner.

To begin the enrollment process we will need the enclosed forms, **plus copies of official birth certificate, immunization records, proof of residency (utility bill, lease, etc.), custody/guardianship paperwork and copies of parent/guardian drivers licenses. Please bring this information with you on our enrollment dates, along with your Pre-K student.**

**Our enrollment days for the 2024-2025 school year are  
April 4th from 4:00 pm - 7:00 pm and April 5th from 8:30 am -11:30 pm.**

If you are interested in transferring into the Dale School District there is an extra step that you must complete and again, we cannot guarantee a Pre-K spot. We will share information about the Oklahoma State Department of Education's Transfer Portal at our enrollment dates.

<https://sde.ok.gov/student-transfers>

Warmly,

*Tamee Daniel*

Tamee Daniel, M. Ed.

Principal

Dale Elementary School

(405) 964-5514

Dear Parents,

Dale Pre-K is an **all day** program, and we thank you for giving us the opportunity to guide your child through this exciting year. We take our responsibility seriously, and will do all that is in our power to make sure that your child is safe and feels welcome and important at school.

Beginning school is a big adjustment. Please be understanding as your child makes these adjustments to his/her life. Hopefully everyone will be nice and settled within three weeks. If your child is upset or cries, please leave him/her in our care and make your exit quickly. **Your quick exit makes the time that the child is upset much shorter. Please understand that you are not abandoning the child, but rather helping him/her.**

Your child will engage in many different learning experiences throughout the year. Learning through song and play is very important at this age, and we will also use many hands on activities as well as some pencil/paper tasks. There may be days that are only hands on days, and nothing will come home, but please check your child's backpack daily anyway. We know children can get tired and worn out during such busy days, therefore; we will be having a **rest and relaxation** time each day. Your child doesn't have to sleep, but he/she must lay quietly during rest time.

Your child may eat breakfast in the cafeteria from 8:00 a.m. to 8:25 a.m. He/she may go with their older sibling before coming to class, if the older sibling stays with the pre-K child the entire time and walks him/her to class afterwards, or your child must be at school at 8:00 a.m. for a teacher to take him/her. This is before our school day begins. For lunch, your child may get a tray or you may send your child a lunch (**make sure nothing needs to be heated, as we will not be heating lunches**). **Please write your child's name on the lunchbox.** Wednesday is always pizza day! **Pizza is \$2.50 per slice. The cost of breakfast is \$1.50 and lunch is \$2.00.** Please fill out the free and reduced paperwork and return it to school as soon as possible.

It is very helpful to children for their parents and teachers to work together. I look forward to working with you and your child in making this Pre-K year the best experience ever!!

Mrs. Badley and Mrs. Gill  
Pre-K Teacher



# Welcome to Pre-Kindergarten

Dear Parent(s),

Welcome to Pre-kindergarten! This is a new and exciting time for you and your child. By working together, we can make it a happy experience.

Please be sure your child is at school every day unless he/she is sick. Pre-K is a continuous learning experience with each day's learning built on the previous day. If your child must be absent, be sure you call the school. (964-5514)

Your check list:

- \_\_\_1. Check your child on the correct use of the toilet. Your child should be able to use the bathroom without the teacher helping him/her and without the teacher helping with his/her clothing.
- \_\_\_2. Mark your child's backpack, lunchbox and coat with his/her full name. You do not have to mark school supplies because they are shared in a community fashion.
- \_\_\_3. Keep the school informed of a current telephone number and address in case of an emergency, and if *someone else different is picking up your child please send a note.*

Since being in pre-k is such an exciting, sometimes fearful time for your child, be sure your child arrives at school **on time**. Please have your child to school **by 8:20 a.m. but not earlier than 8:00 a.m. each morning**. Reassure him/her that someone will pick him/her up as soon as school is over. Pre-K students are dismissed at 3:00 p.m. **Please be on time to pick up your child**. If you are consistent, this could help ease your child's anxiety about school. Your child needs to realize that his/her job is to come to school every day, this will help your child become more independent and will help provide a happier adjustment to school.

**\*\*\***Please try to introduce crayons, markers and scissors to your child over the summer. This will help prepare him/her for Pre-K.

Pre-kindergarten should be the most wonderful year a child can have! We are looking forward to working with you to make it so!

Sincerely,

Mrs. Badley and Mrs. Stacy Gill

Pre-K Teachers

## Pre-K School Supply List 2024-2025

- 1 **SMALL Vinyl Nap mat** (name on it) **Please send SMALL, VINYL mat - no cloth or large mat**
- 1 Backpack or School Bag **large enough to hold a pocket folder** (name printed on it)
- 3 Box **Crayola** brand crayons (24 count)
- 1 Pair child scissors
- 2 Package **washable** wide **Crayola** brand markers
- 1 Box Kleenex
- 1 Bag candy (some ideas - tootsie rolls, mini candy bars, starbursts (no small hard candy please)
- 1 Red **pronged pocket** folder (no design, just plain folder) no name on it
- 1 Any color **pronged pocket** folder (no design, just plain) no name on it

### Only Girls bring the following:

- 1 box gallon ziplock baggies
- 1 pkg. baby wipes
- 1 pkg white cardstock

### Only Boys bring the following:

- 1 pkg dry erase markers
- Clorox Wipes
- 1 pkg. tissue paper

***\*Please, ALWAYS keep a change of clothes in your child's bag in case of an accident.***

### Optional Items

- 1 bottle Hand Sanitizer
- Googly Craft Eyes
- Cotton Balls
- Glitter
- Stickers
- Paper Plates
- Napkins
- Q-tips
- Sandwich size Ziplock baggies
- Elmer's glue sticks

# Help Me Hold the Crayon

There are easy ways to help your child. Even if you're not a teacher, and don't hold the pencil correctly yourself, you can still be a very good influence on your child. Here's how:

1. Choose the right writing tools.
2. Show your child how to hold them.
3. Be a good example.

## How do I choose the right writing tools?

- As soon as your child is past age 3 or the puts-things-in-his-mouth swallowing stage, give him or her little broken pieces of chalk or crayon and lots of big sheets of paper for loose scribbling/drawing.
- Little pieces of finger food also encourage finger skills.

## Why little pieces?

Little pieces develop fingertip control and strength. They encourage the precise pinch that's used for crayons and pencils. Notice how well your child uses his/her fingers with little pieces. There's research to show that starting with small pieces encourages the correct grasp.

## What about regular crayons and pencils?

They're fine, but you must show your child how to hold and use them. Save the pencils for later. Pencils are sharp pointed sticks and really aren't appropriate for beginners. Fat pencils and crayons are too heavy for little hands.

## When should I start?

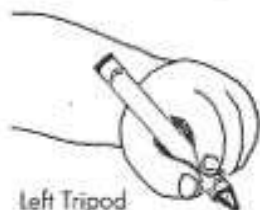
Right now. You can start showing your child how to use crayons as soon as your child wants to color.

## How do I show my child?

1. Teach your child to name the first 3 fingers – the thumb, the pointer, and the tall man.
2. Move them - Give a thumbs up and wiggle the thumb. Have your child point with the pointer finger and then put the tall man beside the pointer finger.
3. Make a big open O pinch – this positions the thumb and pointer correctly.

## What is the correct grip?

Here's a picture. Notice that there is a choice. Some children like to pinch with the thumb and pointer. That's the tripod (3—pinch with thumb and pointer, pencil rests on tall man). Others like the quadropod (4—pinch with thumb and pointer/tall man together, pencil rests on ring finger).



## What else can I do?

1. Pick up and Drop it! This is a fun way to practice placing the fingers correctly. Help your child pick up the pencil and get all the fingers placed. Then drop it! See if your child can put all the fingers back in the right place again. Repeat two or three times.
2. Aim and Scribble. Make tiny stars or spots on paper. Teach your child how to aim the crayon and land on a star to make it shine. Help the crayon hand rest on the paper, with the elbow down and the hand touching the paper. Help the helper hand hold the paper. Now just wiggle the fingers to scribble.
3. Show your child how to hold and move the crayon to make different strokes, back and forth, up and down, round and round.

# ***Before School Starts***

## **Please Work With Your Child On**

- Saying his or her first and last name.
- Write their first name, or attempt to, using one capital letter and the rest lower case. Also, please have them start writing from the top down to form the letters.
- Tell an adult if they need help or if something is wrong.
- Take care of basic needs on own (restroom, tissues.)
- Reading often to them.
- Sing or recite nursery rhymes.
- Use scissors or glue.
- Follow two step directions.
- Sing the alphabet.
- Try to tie shoes on their own.
- Count to 10
- Take turns and share.



## Dale Pre-K Enrollment Checklist

Child's Name \_\_\_\_\_

**\*\*\*The stapled packet of papers are for you to keep and review\*\*\***

**DO NOT return the stapled papers.**

**The following items should be turned in on Pre-Kindergarten Enrollment Day.**

- \_\_\_\_\_ Enrollment Form (complete both sides with social security number)
- \_\_\_\_\_ Copy of Legal Birth Certificate
- \_\_\_\_\_ Proof of residency (electric bill etc.)
- \_\_\_\_\_ **CURRENT** copy (we will keep) of immunization records or letter of exemption.

**Your child needs the following immunizations for Pre-K:**

\_\_\_\_\_ 4 DTaP    \_\_\_\_\_ 1 MMR    \_\_\_\_\_ 2 Hep A    \_\_\_\_\_ 3 Hep B    \_\_\_\_\_ 1 varicella (chicken pox)    \_\_\_\_\_ 3 IPV

- \_\_\_\_\_ Copy of ALL parent/guardian's driver's license or picture id
- \_\_\_\_\_ Copies of CURRENT custody agreements, grantings of guardianship
- \_\_\_\_\_ Picture Permission slip
- \_\_\_\_\_ Pre-K Information Sheet

**Completing all documents and providing all necessary copies  
is vital to be considered for the enrollment process.**



Dale Elementary School  
300 Smith Avenue, Dale, OK 74851

Student Enrollment Information

Enrollment- Check appropriate, Are you? ☐ In District ☐ Transfer

Grade for which you are enrolling: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male ☐ Female ☐

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus #: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

(It is the responsibility of guardians to provide copies of custody agreements, granting of guardianship, etc.)

Race: ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander  
☐ Caucasian/White ☐ Native American

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Parent Contact #1 Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please check all that apply: ☐ parent/legal guardian ☐ has custody ☐ lives with  
☐ access to records ☐ pick up rights ☐ emergency contact

Parent Contact #2 Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please check all that apply: ☐ parent/legal guardian ☐ has custody ☐ lives with  
☐ access to records ☐ pick up rights ☐ emergency contact

Additional Emergency Contacts: (Persons to be called for illness, injury or to pick up student)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you live or work on federal property? ☐ Yes ☐ No If yes, list work place: \_\_\_\_\_

Do we have permission to publish student's picture (yearbook, newspaper, website, etc.)? ☐ Yes ☐ No

Does your child have permission to use the internet at school? ☐ Yes ☐ No

Is English the primary language spoken in the home? ☐ Yes ☐ No

### **Medical Information:**

Does your child take any medication on a regular basis? ☐ yes ☐ no

If yes, please list medications: \_\_\_\_\_

Does your child have any of the following health concerns?

☐ Asthma ☐ ADD/ADHD ☐ Diabetes (Type 1/Type 2) ☐ Hearing Impairment

☐ Heart Condition ☐ Seizure activity/Epilepsy ☐ Vision Impairment

☐ Allergies- Please List: \_\_\_\_\_

☐ Other- Please Explain \_\_\_\_\_

Does your child receive any special services (IEP, Speech, OT or PT....)? ☐ Yes ☐ No

If yes, please list those services and/or IEP information: \_\_\_\_\_

### **Presently, are you/your family living in any of following? (check all that apply)**

☐ Staying in a shelter (family, youth, domestic violence,) or FEMA trailer

☐ Waiting for foster care placement

☐ Sharing the housing of others due to loss of housing, economic hardship, or similar reason

☐ Living in a car, park, campground, abandoned building, or other inadequate accommodation

☐ Temporarily living in a motel/hotel due to a loss of housing, economic hardship, or similar reason

☐ Living alone as a minor student(s) without an adult (unaccompanied youth)

### **Siblings on Campus:**

Does this child have any students enrolled and attending Dale Schools? If so, please list their names and grades: \_\_\_\_\_

### **Transportation Information**

Will the child ride the bus to school? ☐ yes ☐ no Bus #: \_\_\_\_\_

Do you live: ☐ more than 1 1/2 miles from school ☐ less than 1 1/2 miles from school

### **Please list any schools previously attended:**

Name of School \_\_\_\_\_ Name of School \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Last attendance: \_\_\_\_\_ Date of Last attendance: \_\_\_\_\_

I Do ☐ Do Not ☐ give permission to Dale Public Schools to give my student corporal punishment. I understand I will be called before any discipline is issued, and that if I decline, that I will be required to come to the school for a conference and to pick up my student.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

DALE  
PRE-KINDERGARTEN  
INFORMATION SHEET

PLEASE RETURN TO TEACHER

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please indicate below how your child will be going home each day.

**CAR** \_\_\_\_\_  
Color Model Driver

Parents picking up their child in a car **need to stay *in the car* and in line.** We will walk your child to your car as you move up in the line.

**BUS** \_\_\_\_\_  
Yes No Number/  
Driver

**WALKER** \_\_\_\_\_  
Yes No

If this should change, please send me a note. This is for your child's safety.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Picture Permission

I will be taking pictures of your child from time to time in our classroom. Some of the pictures will be used to make class books, used for bulletin boards in the hall, and for many other class projects. I would like to have permission by you to take your child's picture.

Child's Name \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ Yes, you may take my child's picture for class projects and displays.

\_\_\_\_\_ No, you may not take my child's picture for class projects.

**Please check one:**

\_\_\_\_\_ Yes, you may post my child's picture on the school website.

\_\_\_\_\_ No, you may not post my child's picture on the school website.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



Dear Parents,

Please help your child's teacher get to know him/her by filling out this form. All the information will be confidential and will be used for his/her development. Please return **in packet**.

Thank you.

Child's Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Does your child live with \_\_\_\_ both parents \_\_\_\_ mom \_\_\_\_ dad

Other adults (please specify) \_\_\_\_\_

Name and ages of brother(s) \_\_\_\_\_

Name and ages of sister(s) \_\_\_\_\_

Pets (Name and type of animal) \_\_\_\_\_

Does your child have a room of his/her own \_\_\_\_ Yes \_\_\_\_ No? If not, with whom does he/she share a room? \_\_\_\_\_

Which of these words best describes your child?

\_\_\_\_ lack of self control or \_\_\_\_ uses self control

\_\_\_\_ independent or \_\_\_\_ dependent

\_\_\_\_ pleasant or \_\_\_\_ disagreeable

\_\_\_\_ attentive or \_\_\_\_ inattentive

\_\_\_\_ follows directions or \_\_\_\_ does not follow directions

\_\_\_\_ confident or \_\_\_\_ shy

What are your child's favorite play activities and interest? \_\_\_\_\_

How many hours a day does your child watch T.V. or use technology?

Is your child enrolled in any special group? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

What are your child's responsibilities at home? \_\_\_\_\_

What is your biggest discipline problem? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How do you think your child will adjust to school? \_\_\_\_\_

What fears does your child have? \_\_\_\_ animals \_\_\_\_ dark \_\_\_\_ storms  
\_\_\_\_ strangers \_\_\_\_ other \_\_\_\_\_

Does your child have any nervous habits? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

How does your child feel about going to school? \_\_\_\_\_

What do you hope your child will learn this year? \_\_\_\_\_



# DALE PUBLIC SCHOOLS

Home of the Pirates

208 Oklahoma Avenue, Dale, OK 74851

Will Jones, Superintendent, [wjones@dale.k12.ok.us](mailto:wjones@dale.k12.ok.us)  
(405) 964-5558 Fax (405) 964-5559

Dear Parents:

My name is Stacy Martin, I am the speech language pathologist at Dale Elementary School. This year I will be doing speech and language screenings during Pre-K enrollment. The screening is an informal assessment of your child's speech and language skills. It is a quick screening and will take approximately 5-10 minutes. If your child fails the screening, I will give you additional paperwork to complete. Next, we will discuss a time for me to complete a formal speech and language evaluation over the summer. Evaluations will be completed at the school during a scheduled time.

I have attached a socio-cultural survey that I need completed prior to the screening. Please fill out and bring with you to enrollment.

If you have any questions prior to enrollment, please feel free to email me at [smartin@dale.ok.k12.us](mailto:smartin@dale.ok.k12.us).

I look forward to meeting you and your student!

Go Dale!

Stacy Martin M.S. CCC-SLP

Speech Language Pathologist – Dale Public Schools



# Socio-Cultural Survey

## Special Education Services

The following information will assist in determining your child's educational needs and will be treated as confidential. Please complete the questions: however, **you may omit any items that do not seem to apply to your child or that you find objectionable.** Please return this form to your child's team as soon as possible.

DATE FORM COMPLETED \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_

FORM COMPLETED BY \_\_\_\_\_

RELATION TO CHILD \_\_\_\_\_

### FAMILY INFORMATION

Child's Status ☐ Natural ☐ Adopted ☐ Foster

CHILD LIVES WITH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

FATHER'S PREFERRED CONTACT NUMBER \_\_\_\_\_

☐ I would like text message reminders at this number

MOTHER'S NAME \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

MOTHER'S PREFERRED CONTACT NUMBER \_\_\_\_\_

☐ I would like text message reminders at this number

Siblings/other children in the home: (Check those that reside in home)

<input type="checkbox"/>	CHILD 1 NAME _____	CHILD 1 AGE _____	CHILD 1 GRADE _____
<input type="checkbox"/>	CHILD 2 NAME _____	CHILD 2 AGE _____	CHILD 2 GRADE _____
<input type="checkbox"/>	CHILD 3 NAME _____	CHILD 3 AGE _____	CHILD 3 GRADE _____
<input type="checkbox"/>	CHILD 4 NAME _____	CHILD 4 AGE _____	CHILD 4 GRADE _____
<input type="checkbox"/>	CHILD 5 NAME _____	CHILD 5 AGE _____	CHILD 5 GRADE _____
<input type="checkbox"/>	CHILD 6 NAME _____	CHILD 6 AGE _____	CHILD 6 GRADE _____

Any language other than English spoken in the home? ☐ Yes ☐ No

IF "YES," WHAT LANGUAGE? \_\_\_\_\_

ACTIVITIES THAT YOUR FAMILY ENJOYS TOGETHER \_\_\_\_\_

RECENT OR PAST CRISIS IN FAMILY \_\_\_\_\_



If you were to evaluate what factors may be related to your child's problem, what would you include? Check as many factors as you think are present.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hearing problems                   | <input type="checkbox"/> Emotional problems                           | <input type="checkbox"/> Cerebral palsy             |
| <input type="checkbox"/> Epilepsy/seizures                  | <input type="checkbox"/> Visual problems                              | <input type="checkbox"/> Brain injury               |
| <input type="checkbox"/> Sibling rivalry                    | <input type="checkbox"/> Stubbornness                                 | <input type="checkbox"/> Feeding problems           |
| <input type="checkbox"/> Lack of playmates/peers            | <input type="checkbox"/> Poor motor development                       | <input type="checkbox"/> Communication problems     |
| <input type="checkbox"/> Learning difficulties with reading | <input type="checkbox"/> Learning difficulties with math              | <input type="checkbox"/> Difficulty with writing    |
| <input type="checkbox"/> Sensory problems                   | <input type="checkbox"/> Difficult to understand                      | <input type="checkbox"/> Limited vocabulary         |
| <input type="checkbox"/> Short attention span               | <input type="checkbox"/> Medical problems                             | <input type="checkbox"/> Behavior problems at home  |
| <input type="checkbox"/> Behavior problems at school        | <input type="checkbox"/> Intellectual difficulties                    | <input type="checkbox"/> Developmental delay        |
| <input type="checkbox"/> Environmental problems             | <input type="checkbox"/> Inconsistency of caregivers                  | <input type="checkbox"/> Repetitive actions/motions |
| <input type="checkbox"/> Frequent change in schools         | <input type="checkbox"/> School attendance challenges                 | <input type="checkbox"/> Sleeping problems          |
| <input type="checkbox"/> Nutrition/eating problems          | <input type="checkbox"/> Family history of learning/school challenges |   |
| <input type="checkbox"/> Difficulty keeping friends         | <input type="checkbox"/> Family history of attention challenges       |   |
| <input type="checkbox"/> Diagnosis of anxiety/depression    | <input type="checkbox"/> Does not/difficulty walking independently    |   |

### DEVELOPMENTAL HISTORY

Please describe any unusual event or conditions which may have affected this child during pregnancy or during the birth process:

At what age did your child:

SIT ALONE

SAY FIRST WORD

CRAWL

USE SHORT SENTENCES

WALK ALONE

TOILET TRAINED

IF YOUR CHILD HAS DIFFICULTY SPEAKING, WHAT IS THEIR WAY OF COMMUNICATING?

WHAT ARE YOUR CHILD'S HOBBIES OR FAVORITE ACTIVITIES?

WHAT ARE YOUR CHILD'S STRENGTHS?

WHAT HELPS YOUR CHILD BE SUCCESSFUL?



### EDUCATIONAL HISTORY

PREVIOUS SCHOOLS ATTENDED \_\_\_\_\_

GRADES REPEATED \_\_\_\_\_

Check known dates for past or present educational services

☐ \_\_\_\_\_  
PREVIOUS PSYCHOLOGICAL EVALUATIONS

☐ \_\_\_\_\_  
IN-SCHOOL COUNSELING

☐ \_\_\_\_\_  
ATTENDANCE OFFICER REFERRALS

☐ \_\_\_\_\_  
IN-SCHOOL SUSPENSION(S)

☐ \_\_\_\_\_  
OUT OF SCHOOL SUSPENSION(S)

☐ \_\_\_\_\_  
SPECIAL EDUCATION PLACEMENT (SPECIFY)

☐ \_\_\_\_\_  
REMEDIAL PROGRAMS (SPECIFY)

☐ \_\_\_\_\_  
OTHER (I.E. PRIVATE TUTORING)

LIST ANY AGENCIES/CLINICS THAT PROVIDE SERVICES TO STUDENT \_\_\_\_\_

Has your child missed a lot of school? ☐ Yes ☐ No \_\_\_\_\_  
IF YES, DESCRIBE REASON

Is your child ☐ Right-handed ☐ Left-handed ☐ Both ☐ Unsure

### PAST MEDICAL HISTORY

Has your child stayed in the hospital overnight? ☐ Yes ☐ No \_\_\_\_\_  
IF YES, PLEASE GIVE DATE

HOSPITAL \_\_\_\_\_

Please explain reason for hospitalization: \_\_\_\_\_

Last Hearing Test: \_\_\_\_\_  
Concerns: \_\_\_\_\_

Last Vision Screening: \_\_\_\_\_  
Concerns: \_\_\_\_\_

Check the following illnesses your child has had:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Measles                                    | <input type="checkbox"/> Chicken Pox          | <input type="checkbox"/> Heart disease          | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Frequent colds                             | <input type="checkbox"/> Strep throat         | <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Sustained high fever     |
| <input type="checkbox"/> Meningitis/encephalitis                    | <input type="checkbox"/> Eczema/skin problems | <input type="checkbox"/> Dehydration            | <input type="checkbox"/> Bronchitis               |
| <input type="checkbox"/> Bladder/kidney problems                    | <input type="checkbox"/> Mumps                | <input type="checkbox"/> Ear infections         | <input type="checkbox"/> Epilepsy                 |
| <input type="checkbox"/> Asthma                                     | <input type="checkbox"/> Pneumonia            | <input type="checkbox"/> Tonsillitis            | <input type="checkbox"/> Eating/Swallowing Issues |
| <input type="checkbox"/> Allergic reaction _____<br>PLEASE DESCRIBE |   |   |   |

☐ Other \_\_\_\_\_  
PLEASE EXPLAIN



## Socio-Cultural Survey Special Education Services

Check if your child has had any of the following

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Serious burn              | <input type="checkbox"/> Near drowning | <input type="checkbox"/> Poisoning     | <input type="checkbox"/> Tubes in ears              |
| <input type="checkbox"/> Severe allergic reactions | <input type="checkbox"/> Broken bones  | <input type="checkbox"/> Auto accident | <input type="checkbox"/> Cuts needing doctor's care |
| <input type="checkbox"/> Time on ventilator        | <input type="checkbox"/> Feeding tube  | <input type="checkbox"/> Surgery       |   |

Please explain any items listed above:

Current health/medical conditions:

Is your child on a special diet? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN

Does your child have activity limitations? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN

Is your child on any medication at the present time? ☐ Yes ☐ No

IF YES, PLEASE LIST

CHILD'S CURRENT PHYSICIAN(S)

LAST PHYSICAL EXAMINATION DATE

CHILD'S CURRENT DENTIST

LAST DENTAL EXAMINATION DATE



OKLAHOMA  
Education