

➤ **Required Information**
(Form will be returned if not complete)

Wilbur D. Mills Education Service Cooperative
 EARLY CHILDHOOD SPECIAL EDUCATION
 P.O. BOX 850 Beebe, AR 72012 P. (501) 882.3852 F. (501) 882.8602
Parent Consent for Screening

- Name of Child: _____ ➤ Sex: Male Female
- Date of Birth: _____ ➤ Age: _____ ➤ SSN: _____
- Race: *(check all that apply)* ➤ Check if Interpreter Needed: Parent Child
 Hispanic Amer. Indian / Alaskan Asian Hawaiian African American Caucasian
- Does the Child have Medicaid/ARKids Yes No ➤ ArKids ID Number: _____
- School District of Child's Primary Residence: _____
- Does the child attend preschool/daycare? Yes No If yes, where? _____
- Is the child currently receiving or has recently received the following:
 Speech Occp. Therapy Physical Therapy Counseling HIPPY *Please attach copy of recent evaluation*
- Names of Parent / Guardian(s): _____
- Parent Email Address: _____
- Physical Address: _____
- Mailing Address: _____
P.O. Box City Zip
- Contact Number: _____
 Cell Home Work Cell Home Work
- I give permission to Wilbur D. Mills Education Cooperative to screen my child.

 Signature of Parent / Guardian Date

DO NOT WRITE BELOW THIS LINE

Areas	Individual Conducting Screening	Date	Passed	Failed	Area(s) of Referral
Developmental Areas					
Speech / Language					
Vision					
Hearing					

W.D.M.E.S.C. EARLY CHILDHOOD SPECIAL EDUCATION

➤ Part 1 - Self-Help Development

Directions: Place an **X** in the box that best describes how your child can do each task. A young child's behavior is not the same from day to day. Think of your child's average ability at home, not his or her very best or worst day. Mark each item by putting an **X** in one of the boxes.

Task	Most of the time	Sometimes or if I help	Rarely or Never	Not allowed to or not asked
1 Buttons clothing without help	*			
2 Puts toys or books away when asked	*			
3 Spills food or drink when eating			*	
4 Unscrews bottle caps without help	*			
5 Wets or soils pants		*		*
6 Washes and dries hands when needed	*			
7 Puts clothes or shoes where they belong when asked	*			
8 Brushes teeth without help	*			
9 Blows and wipes nose without being asked	*			
10 Puts clothes on backward	*			*
11 Puts each shoe on correct foot	*			
12 Gets dressed without help	*			
13 Wets bed			*	
14 Picks up after self without being asked	*			
15 Brushes or combs hair without being asked	*			
16 Washes self during bath or shower	*			
17 Pours from a small can or carton without spilling	*			
18 Uses a fork, a spoon, or chopsticks correctly	*			
19 Pours dry cereal and milk into bowl without spilling	*			
20 Uses the toilet without help.	*			
21 Wakes up and needs help going back to sleep				*
22 Follows safety rules (stays away from hot oven, etc.)	*			

Child's Name _____

Location _____

➤ Part 2 - Social-Emotional Development

Directions: Place an **X** in the box that tells how frequently your child shows each feeling or behavior. Again, think of your child on an average day, at home or with friends. Mark each item by putting an **X** in one of the boxes.

Feeling or Behavior	Always or almost always	Sometimes or Partially	Rarely or Never
1 Smiles or laughs when something is funny		*	
2 Argues when denied own way			*
3 Breaks toys or other objects on purpose			*
4 Plays well with other children		*	
5 Has tantrums (stomps feet, screams, etc.)		*	*
6 Solves problems by talking rather than by hitting, pushing or biting		*	
7 Acts without thinking (runs into street without looking both ways, etc.)		*	*
8 Admits when he or she makes a mistake		*	
9 Stays calm when things do not go as planned		*	*
10 Blames others when bad things happen		*	*
11 Knows when people are happy or sad		*	*
12 Interrupts (talks when others are speaking)		*	*
13 Goes to bed easily		*	
14 Asks before using other people's things		*	
15 Works well with others		*	
16 Shows pride in doing something well		*	
17 Bangs head on the floor, wall, or bed		*	*
18 Clings or hangs on to you		*	*
19 Whines or pouts		*	*
20 Seems afraid of many things		*	*
21 Shows concern for someone who is crying		*	*
22 Hurts others (hits, bites, punches, etc.)		*	*
23 Gives up easily		*	*
24 Makes transitions easily (moves easily from one activity to the next, etc.)		*	*
25 Falls and hurts self		*	*
26 Is restless and can't sit still		*	*
27 Wanders away from you in public places		*	*
28 Acts very sad or withdrawn		*	*

Consent to Access Public Insurance Hearing and Vision Screening

With parental consent, the school district can seek federal Medicaid reimbursement for the cost of the health services the school district provides to children who are eligible for Medicaid. In order to seek the federal Medicaid funds for reimbursement, the school district must disclose information from your child's education records to Medicaid and Medicaid billing agencies. Under the Family Educational Rights and Privacy Act (FERPA), parental consent is required in order to release student personally identifiable information to agencies not identified in the Act. This consent grants the school district the ability to release student information for the purpose of billing Medicaid.

As part of our screening process, Wilbur D Mills screens each child's hearing and vision. Please indicate below if you give your consent for Wilbur D Mills Educational Service Cooperative to bill Medicaid for the vision and hearing screening provided to your student.

I do NOT give permission for the school district to bill Medicaid

I do give permission for the school district to bill Medicaid

Student Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date