



Count Your Kid In Screening

Child's Name: _____ Age: _____ DOB: _____ M _____ F _____

Address: _____ City: _____ School District: _____

Parent's Name: _____ Day Phone: _____ Evening Phone: _____

Physician: _____ Address: _____

I give permission for my _____, _____ to participate in the screening at
(son/daughter) (child's name)
_____ on _____. I understand that screening is offered in the following
(town) (date)

areas of development: Fine Motor, Gross Motor, Thinking Skills, Speech and Language, Social/Emotional, Adaptive Skills, and Hearing and Vision. I give my permission for the results of the screening to be shared with my local school, preschool/daycare, the Northeast Kansas Education Service Center, my family doctor, or other _____ (specify).

Reason for coming to the Screening (What are parent concerns?): _____

How did you learn about the Screening? _____

Parent Signature: _____ Date: _____

Comments & Recommendations for follow up: _____

1220 Walnut
Oskaloosa, KS 66066

785-863-3410
785-863-3143 fax