



MSD Pike Township
Early Childhood Exceptional Learners
7839 New Augusta Road Indianapolis, IN 46268-2467
Phone: 317.387.7103 Fax: 317.387.7139
<http://www.pike.k12.in.us>

Dear Parents,

Thank you for referring your child for an evaluation through the school system. To assist us in obtaining more information concerning your child, please complete the enclosed forms and return them to us at the Early Learning Center office, by fax, or email to ajkelly@pike.k12.in.us.

The following items are required to complete the evaluation and enrollment process:

1. A copy of your child's birth certificate
2. A copy of your child's shot record
3. A copy of your driver's license, passport, or identification card
4. Copies of **two** proofs of residence:
One must be a lease or mortgage statement
One must be a gas, water or electric bill

***If you are living with a Pike Township resident, we require the documents listed above in the resident's name. We also require 2 additional pieces of mail in your name. You and the resident will need to sign a temporary residence form at the school office.

5. Social Developmental History-This form will provide us with information regarding medical and developmental history.
6. Release of Information-This allows us to exchange information with the doctor, private therapist or day care provider, if appropriate.
7. Physical Therapy Referral Form (only if a PT evaluation is requested)
This must be signed by the doctor.
8. Home Language Survey
9. Consent to bill Medicaid for services

Please be assured that all this information is kept confidential.

Once I have received this paperwork, the referral process begins. I will call you to schedule an intake meeting, at which time I will review the procedural safeguards/parent rights, discuss your concerns, have you sign consent for the evaluation and schedule that evaluation. The school system has 50 school days after obtaining your signed consent for evaluation in which to complete this assessment and hold a case conference to determine if your child is eligible for services. Thank you. We look forward to working with your family.

Audrey Kelly
Early Childhood Coordinator



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Estimados padres,

Gracias por recomendar a su hijo(a) para una evaluación a través del sistema escolar. Para ayudarnos a obtener más información sobre su hijo(a), complete los formularios adjuntos y envíenoslos en la oficina de la escuela, por fax o correo electrónico a ajkelly@pike.k12.in.us.

Para completar el proceso de evaluación e inscripción se requieren los siguientes elementos:

1. Una copia del certificado de nacimiento de su hijo.
2. Una copia del registro de vacunas de su hijo.
3. Una copia de su licencia de conducir, pasaporte o tarjeta de identificación.
4. Copias de **dos** comprobantes de residencia:
 - Uno debe ser un contrato de arrendamiento (resta) o declaración de hipoteca
 - Uno debe ser una factura de gas, agua o electricidad.

*** Si vive con un residente del municipio de Pike, solicitaremos los documentos mencionados anteriormente a nombre del residente. También requerimos 2 piezas de correo adicionales en su nombre. Usted y el residente deberán firmar un formulario de residencia temporal en la oficina de la escuela.

5. Historia del desarrollo social: este formulario nos proporcionará información en cuanto a la historia médica y de desarrollo del niño.
6. Liberación de información: esto nos permite intercambiar información con el médico, el terapeuta privado o la guardería, si corresponde.
7. Formulario de referencia de terapia física (solo si se solicita una evaluación de fisioterapia). El médico debe firmar este documento.
8. Encuesta sobre el idioma del hogar
9. Consentimiento para facturar a Medicaid por servicios

Una vez que haya recibido estos documentos, comienza el proceso de referencia. Le llamaré para programar una reunión de admisión, momento en el que revisaré los procedimientos de derechos de los padres, hablaremos sobre sus inquietudes, le pediré que firme el consentimiento para la evaluación y programaré esa evaluación. El sistema escolar tiene 50 días escolares después de obtener su consentimiento firmado para completar dicha evaluación y tener una conferencia de su caso para determinar si su hijo(a) es elegible para recibir servicios. Gracias. Esperamos trabajar con su familia.

Audrey Kelly
Coordinadora de Prescolares.



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EARLY CHILDHOOD SOCIAL AND DEVELOPMENTAL HISTORY

Date Completed _____ Email Address _____

Person completing this form: _____ Relation to Child being referred _____

What concerns about your child prompted you to request this evaluation? _____

Child's Name _____ Gender _____
(First Middle Initial Last)

Birthdate _____ Age _____ Ethnic _____

Address _____ Home Phone _____
(Street)

(City) (State) (Zip)

Parent Name _____ Age _____
Education _____ Occupation _____
Employer _____ Phone (h) _____ (w) _____

Parent Name _____ Age _____
Education _____ Occupation _____
Employer _____ Phone (h) _____ (w) _____

Names and Ages of Child's Brothers and Sisters:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do any of your other children have any special needs? If so, what? _____

With whom does the child live? _____

Are there any languages other than English spoken in the home? _____

If so, please specify _____

Name of Child's Primary Doctor _____ Phone # _____
Other Doctors Involved _____ Phone # _____
_____ Phone # _____
_____ Phone # _____

Medical History:

According to the doctor, was there anything unusual in the pregnancy? Yes No
If so, list conditions present during pregnancy _____

Was the child: Full Term Premature-number of weeks early ____ Overdue

Birth weight: _____ lbs. _____ oz. Current weight: _____ lbs

Has the child had a history of any of the following:

- Ear Infections Tonsils and Adenoids removed Chronic Colds
- High Fevers Seizures Swallowing or Chewing Problems

Does your child have a medical diagnosis? If so what? _____

List any hospitalizations, surgeries, orthopedic interventions (soft tissue lengthening, tendon transfers, baclofen pump, Botox injections, etc.) _____

Is the child currently on medication? Yes No
If so, please provide the name of the medications and what they are for _____

List any serious accidents involving the child: _____

Developmental History:

Has your child independently mastered any of the following skills & if so, at what age (list months/years)?

Sat alone _____ Crawled _____ Walked alone _____
Stood alone _____ Toilet Trained _____ Dressed self _____
Fed self with fingers _____ Fed self with spoon or fork _____
Said first words _____ Said first sentences _____

Did your child babble or make play noises during infancy? Yes No

Vision:

Has your child's vision been screened? Yes No Results _____

Do you have any concerns about your child's vision? Yes No Explain _____

Speech and Language History:

When did your child speak his/her first words? _____

When did your child begin to combine 2 words? _____

How does your child request/make needs known? Give examples: _____

Does your child have swallowing or feeding difficulties? Yes No
If yes, please describe: _____

Does he/she name people and objects in his everyday environment? Yes No

Does your child attempt to imitate your speech? Yes No

How much of what your child says can you understand? _____

Can he/she follow single step directions you give? Yes No Give examples:

Does your child follow a 2-step direction? Yes No Give examples:

Does your child scream or make unusual noises? Yes No If yes, please describe:

Can he/she listen to a story? Yes No For how long? _____

Can your child retell a story in his own words? Yes No In how much detail? _____

What kinds of questions will your child answer? Give examples: _____

Is your child aware that his/her speech is different from playmates? Yes No
If yes, how does he/she react to this? _____

Hearing:

Has your child ever had a hearing test or screening? Yes No
If so, what were the results? _____

Has your child had PE tubes inserted? Yes No
If yes, how many times and at what ages? _____

Sensory:

- Is your child bothered by getting messy? Yes No Not Sure
- Is your child bothered by clothing textures or tags? Yes No Not Sure
- Is your child bothered by loud or unexpected sounds? Yes No Not Sure
- Is your child bothered by smells? Yes No Not Sure
- Does your child eat a limited variety of foods? Yes No Not Sure
- Is your child overly active? Yes No Not Sure

Fine Motor :

- Does your child stack blocks? Yes No **How many?**
- Does your child scribble on a picture? Yes No Not Sure
- Does your child copy vertical and horizontal lines? Yes No Not Sure
- Does your child snip paper with scissors? Yes No Not Sure
- Can your child unscrew the lid of a jar? Yes No Not Sure
- Can your child work a puzzle? Yes No Not Sure

Self-help :

- Does your child drink from an open cup? Yes No Not Sure
- Does your child use a spoon at meals? Yes No Not Sure
- Can your child undress self? Yes No Not Sure
- Can your child put on clothes? Yes No Not Sure
- Can your child put on shoes? Yes No Not Sure
- Can your child pull pants up/down for toileting? Yes No Not Sure
- Can your child wash own hands with soap? Yes No Not Sure

Gross Motor:

- Can your child jump forward with both feet? Yes No Not Sure
- Can your child kick a ball? Yes No Not Sure
- Can your child walk up and down stairs with a handrail? Yes No Not Sure
- Can your child walk across a low balance beam? Yes No Not Sure
- Can your child pedal a tricycle? Yes No Not Sure
- Can your child throw a small ball forward? Yes No Not Sure
- Can your child run without difficulty? Yes No Not Sure
- Can he/she safely access outdoor playground equipment? Yes No Not Sure

Observations at Play:

How does your child learn a new activity? Does he/she learn by watching you or do they need your physical assistance? _____

After learning an activity, does he/she need help to remember how to do it? Yes No Not Sure

Does your child use primarily one hand when eating, coloring, and throwing, or does he/she switch hands frequently? Right Left Switches

When your child holds toys, crayons, or utensils, does he/she use finger tips or the whole hand?

How long does your child sit and play? _____

What toys does your child like to play with? _____

Behavior:

Does your child have any unusual fears or problems? Yes No

If so, please explain: _____

Do you think your child is overly active and restless? Yes No

How would you describe your child's personality? _____

What are some of your child's favorite activities? _____

Does your child change from one activity to another with ease? Yes No

Does your child demonstrate a short attention to desired activities? Yes No

Continued Behavior:

What jobs or chores does your child actively participate in with minimal assistance?
(example: put socks away, making bed, setting table)

Education:

List Preschools/Day Cares attended:

1. _____ Dates: _____
2. _____ Dates: _____

Does your child enjoy school? Yes No

Does your child do well in school? Yes No

If no, explain: _____

Agencies or therapists that have worked with your child (speech, occupational, or physical):

<u>Name</u>	<u>Phone Number</u>	<u>Type of Therapy</u>	<u>Frequency</u>	<u>Dates</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Please add comments you feel would help us to know your child better. If more space is needed, comments may be written on the back of the page.

Medical Equipment:

Orthotics/Splints: Does your child currently wear orthotics? Yes No

If no, have they ever worn orthotics in the past? Yes No

Type	Date Received
<input type="checkbox"/> AFO	_____
<input type="checkbox"/> SMO	_____
<input type="checkbox"/> shoe insert	_____
<input type="checkbox"/> hand splint	_____
<input type="checkbox"/> other (please specify)	_____

Adaptive/Durable equipment: Does your child use/have the any of the following medical equipment? (Please check appropriate boxes)

- walker
- gait trainer
- stander
- wheelchair
- adaptive chair/seating (such as: feeding chair, potty chair, bath chair, comfort/leisure seating)
- other (please specify)_____

Other Medical Equipment:

- eyeglasses
- hearing aid(s)
- tracheostomy cannula
- suction machine
- G-tube
- inhaler
- nebulizer
- ureterostomy
- other (please specify)_____

Thank you for providing us with this information. All information provided will be kept confidential.



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CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

Student Name _____ Date of Birth _____

Current School _____ Grade _____

For the purpose of providing a free and appropriate education, I give permission for a mutual exchange of psychoeducational evaluations, medical evaluations, reports, anecdotal notes, and/or any information relevant to the student between the Metropolitan School District of Pike Township and the following:

Person or Agency _____

Address _____

Contact Person at Agency _____

Phone Number _____ Fax _____

Information Requested _____

Individual/School Requesting Information _____

Please return information to:

Name _____

Location _____ Fax _____

Special Instructions:

Parent Signature _____ Date _____



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Written Consent to Bill Medicaid

Student:	Date of Birth:	
Age:	Current Grade:	Gender:

Written notice before requesting your consent

Before the school corporation asks for your consent to bill Medicaid (public benefits) for services in your child's Individualized Education Program (IEP), the school must give you this written notice about your rights and protections under federal law. And, before the school may disclose your child's health-related educational service records to the State Medicaid agency for claiming purposes, the school must have your written consent.

Federal Special Education funds cover some but not all of the costs for services that the school is required to provide at no cost to you. Public benefits such as Medicaid may also be used to help fund these costs, but only if you choose to give your consent.

Your Rights and Protections

- If you choose not to give consent or later withdraw your consent, the school must continue to provide your child all required IEP services at no cost to you.
- If you give consent, you have the right to withdraw that consent at any time.
- The school may not require you to enroll in Medicaid or other public health coverage program as a condition of providing IEP services that it is required to provide at no cost to you.
- The school may not use your public benefits (Medicaid) if doing so would:
 - exhaust the plan benefit limitations (for example, decrease the number of covered visits or cause you to pay for services outside of school that would otherwise be covered);
 - cause you to pay a deductible, copayment or other out of pocket expense;
 - increase your premium or lead to cancellation of benefits; or
 - jeopardize your child's eligibility for Medicaid home and community based waiver services.

Written Consent to Bill Medicaid

Your signature on this form allows the school corporation to bill Medicaid for health-related educational services provided to this student. Medicaid reimbursement helps fund state and local costs for providing Special Education and related services, specialized equipment and training.

Student Name: _____ **Student Date of Birth:** _____

I give consent for M S D Pike Township to bill Medicaid for covered services in this student's education program. My signature authorizes the school to release health-related educational services records to Medicaid as necessary for eligibility verification, billing and auditing.

I understand that:

- Giving, refusing or withdrawing consent will not impact my child's/my Medicaid eligibility or benefits.
- I have the right to withdraw my consent at any time.
- The school corporation must provide required IEP services even if I refuse or withdraw consent.
- Services in the IEP must be provided at no cost to me even if I refuse or withdraw consent.
- The school must give me written notice of my rights and protections under federal law one time each year.

Signature of Parent/Guardian or Student who is 18 years old or older with no legal guardian: _____

Name [please print] _____ **Signature** _____ **Date** _____

This completed form must be retained and available for audit purposes.



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____



Home Language Survey (HLS) Spanish Version

El Título VI, del Acta de los Derechos Civiles de 1964 Procedimientos y Cumplimiento del Lenguaje de Minorías, contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción significativa a todos los estudiantes como se requiere por Plyler v. Doe, 457 U.S. 202 (1982).

Esta encuesta del idioma que se habla en casa (HLS) establece el idioma principal de su hijo/a. Tiene que darse esta encuesta (HLS) a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y se queda en el archivo escolar acumulativo del estudiante.

Las respuestas de la encuesta son relacionadas con su hijo/a. Si se ha identificado que el idioma no es inglés a cualquiera de las tres preguntas, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de Desarrollo del idioma Inglés.

Respuesta las preguntas acerca del idioma(s) de su estudiante por favor:

1. ¿Cual es el idioma o el dialecto nativo de su **hijo/hija**? _____

2. ¿Cual idioma(s) es hablado más por su **hijo/hija**? _____

3. ¿Cual idioma habla su **hijo/hija** en casa con más frecuencia? _____

Nombre Legal del Estudiante: _____

Nombre del Padre, Madre o Guardián: _____

Firma del Padre, Madre o Guardián: _____ **Fecha:** _____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba son relacionadas con su hijo/a. Usted entiende que si se ha identificado que el idioma no es inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de Desarrollo del idioma Inglés, para ayudarlo/a a que sea fluente en Inglés. Todos los estudiantes en el programa de Desarrollo del idioma Inglés tienen el derecho a servicios que lo ayudaran a aprender el idioma Inglés y tendrá un examen cada año para determinar el nivel de inglés.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____