

SAMPLE 45-DAY SCREENING FORM

IMPORTANT: Consult your LEA's *Child Find Policies and Procedures* for complete identification and referral requirements.
See www.azed.gov/specialeducation/az-find for child find laws, regulations, procedures, sample forms, and other resources.

| Student's Name | Grade | DOB | Student ID# | Date of Entry |
|----------------|-------|-----|-------------|---------------|
| | | | | |

Home Language Survey completed. If any answer to a question is other than English, conduct an English language proficiency assessment.

Student Screening

| | Yes | No | | Notes: |
|------------------------------|--------------------------|--------------------------|---|--------|
| Vision | <input type="checkbox"/> | <input type="checkbox"/> | Holds reading materials too close or too far away Squints or tilts head to see the board or objects at a reasonable distance Problems with eye health (i.e., tearing, sensitivity to light, eye rubbing, pain) Other: _____ | |
| Hearing | <input type="checkbox"/> | <input type="checkbox"/> | Responds inappropriately to questions/directions Frequently asks for information to be repeated or asks "What?" Watches others to imitate what they are doing Complains of earaches, ear pain, or head noises Difficulty localizing sounds/the speaker Consistently inattentive Uses nonverbal skills (i.e., gestures, nods, head turning, leaning in) Watches speaker intently/moves to see speaker Other: _____ | |
| Communication | <input type="checkbox"/> | <input type="checkbox"/> | Poor articulation Speech is not understandable by most listeners Ineffective communication/messages Difficulty learning new sounds/new words Voice problems (i.e., volume, rate, quality) Difficulty expressing ideas, responding to instructions Does not engage in age-appropriate conversations/discussions Other: _____ | |
| Cognitive or Academic | <input type="checkbox"/> | <input type="checkbox"/> | Learns very slowly compared to peers Attention problems (i.e., attention span, focus on less relevant stimuli) Below grade level in: <input type="checkbox"/> reading, <input type="checkbox"/> writing, <input type="checkbox"/> math Difficulty recalling information Other: _____ | |
| Adaptive | <input type="checkbox"/> | <input type="checkbox"/> | Weak self-care skills (i.e., personal hygiene, dress, belongings) Poor social skills (i.e., working with peers, social perceptions/cues) Difficulty understanding directions, communicating needs, expressing ideas Inappropriate school coping behaviors (i.e., attention, organization, questioning behavior, following directions, monitoring use of time) Other: _____ | |
| Social or Behavioral | <input type="checkbox"/> | <input type="checkbox"/> | Exhibits externalizing behaviors (i.e., aggression, vandalism, bullying, excessive absenteeism) Exhibits internalizing behaviors (i.e., fears, phobias, depression, withdrawal) Inappropriate behaviors or feelings under normal circumstances Poor conduct/defiance in campus settings, unstructured environments Trouble transitioning between activities Difficulty developing or maintaining peer or adult relationships Other: _____ | |
| Motor | <input type="checkbox"/> | <input type="checkbox"/> | Gross motor development not age appropriate (i.e., clumsy or awkward; avoids physical tasks to possibly mask pain, fatigue, or lack of endurance) Fine motor skills not age appropriate (i.e., difficulty reaching, grasping, or manipulating objects; shaky, stiff, or weak movements) Other: _____ | |

Date 45-day screening was completed: _____

Administrative Action:

- No concerns at this time.
 Concern(s) noted. Action(s) taken:
 Parent(s) notified on _____
 Referred for student study team
 Referred to appropriate program administrator
 Referred for Comprehensive Evaluation 504 Plan
 Other: _____

Teacher's Signature: _____

Administrator's Signature: _____