Copper River School District
P.O. Box 108
1976 Aurora Drive
Glennallen, AK 99588
• Glennallen • Kenny Lake • Slana • Upstream Learning •

# Parental Concerns

Directions: Do you believe your child has a special need? Please check all your concerns from the following list.

Student's name: _____ Grade: _____

☐ 1. **Behavior.** My child:
- ☐ has tantrums
- ☐ is not able to accept limits
- ☐ resists rules or refuses to comply with requests
- ☐ is destructive with toys
- ☐ clings to an adult
- ☐ appears sluggish or lacks energy
- ☐ is fearful or worries a lot
- ☐ rarely smiles, giggles, or laughs

☐ 2. **Socialization.** My child:
- ☐ does not play with other children
- ☐ does not separate from me easily
- ☐ will not work in a group
- ☐ is left out of activities with other children

☐ 3. **Speech/Language.** My child:
- ☐ has unclear or garbled speech
- ☐ has difficulty expressing wants
- ☐ uses incomplete sentences
- ☐ needs instructions repeated often
- ☐ repeats what she or he says
- ☐ doesn't remember simple information from day to day
- ☐ gives inappropriate answers to questions

☐ 4. **Self Help.** My child:
- ☐ has toileting difficulties
- ☐ has difficulty feeding or dressing himself or herself
- ☐ has difficulty following routines

☐ 5. **Attention.** My child:
- ☐ is easily distracted
- ☐ has a short attention span
- ☐ darts from one task to another
- ☐ persists when asked to stop

☐ 6. **Developmental Abilities.** My child:
- ☐ does not appear to be learning at an average rate
- ☐ has had delays in developmental milestones
- ☐ does not seem to understand well
- ☐ acts much younger than his/her age
- ☐ seeks much younger friends

☐ 7. **Motor.** My child:
- ☐ is clumsy
- ☐ has difficulty using pencils, crayons, or scissors
- ☐ has difficulty buttoning or zipping
- ☐ has hand/eye coordination problems
- ☐ has poor control of body movements

☐ 8. **Hearing.** My child:
- ☐ has trouble hearing
- ☐ asks people to repeat or talk louder
- ☐ favors one ear over the other
- ☐ is startled at sudden noises
- ☐ has earaches
- ☐ speaks loudly
- ☐ watches a person's face when that person is talking

☐ 9. **Vision Problems.** My child:
- ☐ has eyes that turn in
- ☐ has eyes that turn out
- ☐ squints
- ☐ tilts his/her head
- ☐ wants to sit too close to the TV
- ☐ holds books very close to his/her face
- ☐ blinks a lot
- ☐ rubs his/her eyes

☐ 10. **Medical/Health Related.** My child:
- ☐ has been in the hospital ____ times.
- ☐ has had serious illnesses
- ☐ has had accidents

If you have a concern that is not listed, please write it here.

_____

_____

_____

_____

_____

This form was completed by: _____

Relationship to child: _____ Date: _____

Submit to GES | Submit to GJSHS | Submit to KLS | Submit to Slana