

## PARENT SCREENING FORM FOR NEW ENROLLEES

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Pursuant to s.115.80 of Wisconsin Statutes, mandating that a child be screened to determine if a child has a special education disability/impairment upon first enrolling in a school district, please check any of the following disability/impairment, which apply for the child you are enrolling.

DISABILITY/IMPAIRMENT	YES	NO	DISABILITY/IMPAIRMENT	YES	NO
AUTISM			ORTHOPEDIC IMPAIRMENT		
COGNITIVE DISABILITY			OTHER HEALTH IMPAIRMENT		
EMOTIONAL/BEHAVIORAL DISABILITY			SPEECH / LANGUAGE IMPAIRMENT		
HEARING IMPAIRMENT			TRAUMATIC BRAIN INJURY		
LEARNING DISABILITY			VISUAL IMPAIRMENT (NOT GLASSES)		

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is there a current **504 Plan** on file for your child? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are there any **medical conditions** school officials need to be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Are there any **medications** that your child will be required to take at school? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Has your child ever been **expelled**? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, **dates of expulsion**: \_\_\_\_\_

5. Does your child have a County Social Worker or Probation Officer or do you have a Family Advocate assigned?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Please explain any item checked YES:

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Guardian or Custodial Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATIVE REVIEW

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Copy to School Psychologist

\_\_\_\_\_ Copy to School Nurse