

## 4 Year Old At Risk Application

Turner Unified School District  
 6425 Riverview, Kansas City, KS 66102  
 Office (913)-288-3800 Fax (913)288-3801

Office Use Only
Date Rcvd _____
Initials _____
Date Screened _____
Evaluator _____

### Child Information

Name \_\_\_\_\_ Gender M / F Birth Date \_\_\_/\_\_\_/\_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Child Lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

- |  |   |   |
|--|---|---|
| 1. Behavioral Concerns   | Y | N |
| 2. Does your child qualify for the free lunch program?<br>(Must have completed application for State At Risk Funding or Child Nutrition Benefits)  | Y | N |
| 3. Single Parent   | Y | N |
| 4. Was either parent under the age of 20 years when the child was born?  | Y | N |
| 5. Parent lacks a high school diploma or GED   | Y | N |
| 6. Is the primary language spoken in the home a language other than English?<br>(as documented by the State provided oral assessment or other standardized test)<br>(attach documentation of home survey, assessment and services) | Y | N |
| 7. Is the child's family migrant?<br>(A copy of the Certificate of Eligibility must be on file)  | Y | N |
| 8. Are you currently working with SRS? If so, do you have an assigned case worker?<br>(reason for referral must be documented and signed by the SRS agent)   | Y | N |
| 9. Is your child receiving any special services, (i.e. speech therapy, learning disabilities,<br>mentally handicapped, other) Do they have an IEP (Individual Education Plan)?   | Y | N |
| 10. Is the child developmentally or academically delayed based on assessments?<br>(assessment must be in the child's file)   | Y | N |
| 11. Transferring from another at risk program  | Y | N |
| 12. Other _____  | Y | N |

Do you have any additional comments or concerns? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Accept Four-year old program child will attend: MT \_\_\_\_\_ TELC \_\_\_\_\_ Criteria Used: \_\_\_\_\_  
 \_\_\_ Not Accept Home School: \_\_\_ JU \_\_\_ MT \_\_\_ OG \_\_\_ MO \_\_\_ TE

**Preschool Rubric:**

- 1 Unable to complete test due to extreme behavioral concerns
- 2 Oppositional, poor attention to task, difficult to redirect, unable to remain seated
- 3 Frequent redirection needed, occasionally out of seat, reinforcements needed to complete tasks
- 4 Occasional redirection needed, cooperative, age appropriate attention span
- 5 Cooperative, congenial, great attention to task

Screening Score at-risk (First Step Score = _____)	Y	N
Family at poverty level (Determined at ASC)	Y	N