

CLARK COUNTY
PRESCHOOL EARLY EDUCATION PROGRAMS
Coordinated by Clark County Public Schools & Kentucky River Foothills Head Start
INITIAL APPLICATION / STI FORM

Date of Contact: Person Making Referral:

Child's Full Name: Gender: Male Female

Child's Social Security # Child's Birthdate: Age:

Race/Ethnicity: White (Not Hispanic) Black (Not Hispanic) Hispanic Asian/Pacific Other:

Student Lives With: Both Parents Mother Father Guardian Other:

Father's Name: Father's Address:

Father's Phone: (Home) (Work) (Cell) Occupation:

Mother's Name: Mother's Address:

Mother's Phone: (Home) (Work) (Cell) Occupation:

Guardian's Name: Guardian's Address:

Guardian's Phone: (Home) (Work) (Cell) Occupation:

Number of Persons Living in Household (include all adults & children living in the home):

Has the child attended a previous Preschool or Head Start program? No Yes -> Location:

Has the child ever had an IEP or special services (speech therapy, DD, etc.)? No Yes -> School:

Has the child participated in First Steps Program? No Yes -> County/Location:

Please mark the appropriate areas below:

- Would like information about Preschool Program Suspected delay in developmental skills
Suspected delay in speech or language skills Suspected delay in motor/physical development
Suspected health/medical issues Suspected delay in social/behavioral skills
Other concerns:

Please mark any medical and/or psychological diagnoses the child currently has and provide explanation below:

- Asthma / Allergies Vision Problems Hearing Problems Seizures / Epilepsy
Premature Birth Birth Injury/Defect Heart Problems Traumatic Brain Injury
Autism / PDD Behavior Diagnosis Physical Impairment Genetic Disorder
Speech Disorder Other:

Explanation of marked items:

[RETURN APPLICATION TO: PRESCHOOL OFFICE, 100 VAUGHT RD., WINCHESTER, KY 40391]

[For Office Use Only]

Date Received: Intake Person:

Follow-Up Plan:

Screening Appointment Scheduled: Date: Time: