

# Financial Aid Options at Ruth Washburn

## Ruth Washburn Financial Aid-All Ruth Washburn Families are eligible to apply

The Financial Aid program enables any child of any background to attend the school who might otherwise be unable to attend because of financial limitations. Financial need is the primary criteria for the selection of financial aid recipients. **We use 300% of the federal poverty level as the highest amount a family can make and still qualify for aid. Please see the chart below for maximum income amounts to qualify through financial need.**

Adults and children in household	maximum income to apply
2	\$52,260
3	\$65,880
4	\$79,500
5	\$93,120
6	\$106,740
7	\$120,360

If you have specific questions regarding your circumstances, please call the director (Jen) at 636-3084.

Other considerations may be used in allocating funds among those families with demonstrable financial need. Some of these considerations include:

- *School families:* As a cooperative nursery school, we are serving families with young children. We want all children in a family to have an equal opportunity to attend our school if the family has limited resources.
- *BIPOC (Black, Indigenous, and People of Color) and LBGTQ+ families:* Our board has a goal to provide equitable learning opportunities to our diverse Colorado Springs community. As BIPOC and LBGTQ+ families have been historically underrepresented in private preschool programs, our board has identified increasing enrollment as a priority.
- *Children with special needs:* The enrollment of children with special needs, within our ability to provide for their needs, is a valuable goal for our school.

A committee of board finance committee members along with the Executive Director will review all applications for aid and determine the amount of aid to be granted. The committee will notify families of final decisions via the School's Executive Director within one month of the application deadline. The review process will be confidential and anonymous.

In order to offer financial aid to as many families as possible, Financial Aid awards generally range up to a maximum of 50% of tuition costs, however the financial aid committee has the power to award an amount that is higher than 50% if deemed appropriate. Every financial aid family is required to pay the balance of tuition for their child/children.

Financial aid awards are confidential and carry no special requirements other than those shared by the general membership. The award will not be reduced or withdrawn during the school year unless the child is withdrawn or expelled from school with the following exceptions: Willful neglect of the member's Co-op responsibilities could be the basis for reduction or rejection of a financial aid award in the current or subsequent years. Awards may be subject to reduction or be withdrawn should a child attend less than 90% of scheduled school days.

## Colorado Preschool Program-Families residing in District 11 are eligible to apply

The Colorado Preschool Program was established by the Colorado General Assembly to provide tuition funds for families in need. Ruth Washburn has community tuition-free spots available each year for families who qualify. Qualifying criteria include, but are not limited to:

Significant financial hardship	Overseas deployment	Language or social concerns
Premature birth	Frequent relocations by family	Developmental concerns
Socioeconomic concerns	Traumatic events in child's life	Health Concerns

Eligibility requirements vary depending on age. Families of three year old applicants must qualify in multiple areas. Students must turn 3 or 4 years of age by October 1 to be eligible for the program. Children who are 5 before October 1 do not qualify for this program. The availability of preschool slots supported by CPP is subject to the Colorado legislative

budget process, which determines the number of students who can receive funds each year. We will not be notified about who actually has a spot until May.

Students who receive a fee/tuition free spot will also be assessed by the trained classroom teacher three times per year using the Teaching Strategies Gold assessment system. This assessment is required by both the State of Colorado and Colorado Springs School District 11 as part of the contract we sign with them. This assessment helps to insure that all preschool students in the state of Colorado are receiving quality education. CPP students are required to attend the program 90% of time to maintain eligibility.

# Financial Aid Worksheet

Please fill out and return by **April 1**,  
ONLY if applying for financial aid.

**Fill out COMPLETELY. Incomplete applications will not be considered.** Financial aid will be confidential and carry no special requirements other than those shared by the general membership. Financial aid is, however, contingent upon the child(ren) attending at least 90% of the scheduled class days for the school year. The financial aid will not be reduced or withdrawn during the school year unless the child(ren) is/are withdrawn from school. Willful neglect of the member's co-op responsibilities could be the basis for reduction or rejection of financial aid in the current or subsequent years.

- Family Name (This will be blacked out before it is given to committee) \_\_\_\_\_
- Annual Income \_\_\_\_\_
- How many adults in household? \_\_\_\_\_
- How many children under age 18 in household? \_\_\_\_\_
- How many children are attending Ruth Washburn next school year? \_\_\_\_\_
- Classes child(ren) will be attending next school year \_\_\_\_\_
- Did you receive Financial Aid from RW last year? \_\_\_\_\_
- Do you reside in District 11 (If you are unsure call Ruth Washburn)? \_\_\_\_\_
- If so, have you applied for CPP funding (this is required unless your child is under age 3 or over age 5) ? \_\_\_\_\_
- Please check all community resources your family is currently utilizing?
  - TANF
  - Medicaid, CHP+
  - Food Stamps
  - WIC
- Do you meet any of the following additional criteria for financial aid?
  - Sibling attended Ruth Washburn or child attended last year
  - BIPOC (Black, Indigenous, Persons of Color) or LBGTQ+
  - Enrolled child has special needs
- How much do you feel you are able to pay **per month** (Deposit in May and then 11 payments starting June 1 and continuing through April 1- **12 total payments**) toward tuition? \_\_\_\_\_
- Do you need financial aid help for the entire school year or only part? \_\_\_\_\_ How long if only part? \_\_\_\_\_
- Is your child in the outdoor Cricket's class and do you need support with purchasing outdoor gear for the school year? \_\_\_\_\_
- On a separate page, describe any unusual or pertinent **family** or **financial** circumstances that you feel should be part of this application. **This letter stating need is an important part of the application. Applications without this addendum are often disregarded or awarded lower scholarship amounts.**

Attach **COPIES** of the following documents to this application. Your name will be blacked out before it is given to the committee. **You will not receive these copies back so do not attach originals! You can email the whole application with attachments if that is easier.**

- Copy** (an emailed copy works perfectly) of your full **Federal** taxes from the past year, including all schedules and all pages. If you have not filed taxes this year, attach last year's taxes and submit this year's as soon as they are complete.
- Copy** of W2s and all other supporting documentation for filing taxes last year.
- Copy** of your most recent pay stub that would show year-to-date earnings.
- Proof of community resources checked above (TANF, Food Stamps, WIC, etc.)
- Child Support or Spousal Support documents if applicable.

I attest that this application is true and correct. I understand that once an award has been made, I will be responsible for the remainder of the tuition to be paid over 12 months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**Family History**

Please list all children living and deceased in order of birth:

Last Name	First Name	DOB M/D/Y	Gender	School Attending	Permit Yes/No	Grade

Which Description best fits your family?

- Two parent family
- Single parent family, mother living with partner
- Single parent family, father living with partner
- Single parent family, mother only
- Single parent family, father only
- Legal guardian of enrolled child: Relationship to child \_\_\_\_\_
- Joint Custody – Custody arrangement? \_\_\_\_\_
- Living with other relatives, please specify: \_\_\_\_\_
- Foster family
- Parent Currently Deployed

Has child ever been in foster care at any point in time? \_\_\_ YES \_\_\_ NO  
When? \_\_\_\_\_

If yes how long has the child been living with you? \_\_\_\_\_  
Was this child adopted? \_\_\_ YES \_\_\_ NO When? \_\_\_\_\_ Age at adoption \_\_\_\_\_  
If child is not living with parent, whom are they living with? Relationship to child: \_\_\_\_\_  
Why: \_\_\_\_\_

Has child ever lived away from his parents? \_\_\_ YES \_\_\_ NO When? \_\_\_\_\_  
Why? \_\_\_\_\_

Has there been a separation or divorce? \_\_\_ YES \_\_\_ NO When? \_\_\_\_\_  
What was your child's reaction? \_\_\_\_\_

How many residences/homes has the child lived in since birth? \_\_\_\_\_  
Are you or your child receiving public assistance? \_\_\_ TANF \_\_\_ Food Stamps \_\_\_ Medicaid  
If you have older children do they qualify for free or reduce lunch? \_\_\_ Free \_\_\_ Reduced \_\_\_ I don't know

Please check the following situations that apply to your family:

- Living in own home, rented home or apartment
- Living in a shelter
- Living in a hotel or motel
- Living in a camp ground
- Living in a car, park or public space
- Living with friends or relatives – Economic Hardship
- Living with friends or relatives - Roommates
- Living in a RV/Motor Home

How many times has your family moved since the child's birth? \_\_\_\_\_  
Is your family's current housing situation? \_\_\_ Stable \_\_\_ Transitional

Professionals/programs who have been helpful to us: \_\_\_\_\_

Is your child currently attending preschool? Where: \_\_\_\_\_

Has your child attended preschool, daycare or family home childcare previously? \_\_\_ YES \_\_\_ NO

How many total preschools, daycares or family home childcares has your child attended? \_\_\_\_\_

Has your child ever been asked to leave another preschool, daycare or family home childcare? (This will not affect your child's participation in our program) \_\_\_ YES \_\_\_ NO

Describe any disruptions or stresses that your family has experiences, (frequent move, illnesses, separations) or serious situations your child or family is involved in. \_\_\_\_\_

**Immediate Family History of any of the following (include anyone living in the home)**

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alcohol Abuse  | <input type="checkbox"/> Drug Dependence/Abuse | <input type="checkbox"/> Physical Abuse  |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning problems     | <input type="checkbox"/> Sexual Abuse    |
| <input type="checkbox"/> Incarceration  | <input type="checkbox"/> Significant Illness   | <input type="checkbox"/> Emotional Abuse |
| <input type="checkbox"/> Violence       | <input type="checkbox"/> Homelessness          | <input type="checkbox"/> Trauma          |
| <input type="checkbox"/> Depression     | <input type="checkbox"/> Bipolar               | <input type="checkbox"/> Anxiety         |
| <input type="checkbox"/> Marijuana Use  | <input type="checkbox"/> Tobacco Use           | <input type="checkbox"/> Other           |

Comments: \_\_\_\_\_

**CHILD'S HEALTH HISTORY**

**BIRTH HISTORY**

How far along were you when you found out you were pregnant? \_\_\_\_\_

Did you receive prenatal care? \_\_\_ YES \_\_\_ NO

Did mother smoke or use alcohol during pregnancy? \_\_\_ YES \_\_\_ NO If "yes", which? \_\_\_\_\_

What drugs or medication were taken during pregnancy? \_\_\_\_\_

Did mother have any illness or difficulties during the pregnancy? \_\_\_ YES \_\_\_ NO

Explain: \_\_\_\_\_

Length of pregnancy: \_\_\_\_\_ month/weeks

Length of Labor: \_\_\_\_\_ hours

Labor was: \_\_\_ easy \_\_\_ normal \_\_\_ difficult

Delivery was: \_\_\_\_\_ vaginal \_\_\_\_\_ C-Section

Comments: \_\_\_\_\_

Was oxygen needed for the infant? \_\_\_ YES \_\_\_ NO

Was a blood transfusion needed? \_\_\_ YES \_\_\_ NO

Child's birth weight \_\_\_\_\_ lbs \_\_\_\_\_ oz.

Any other complications at or right after birth? \_\_\_\_\_

**MEDICAL HISTORY**

Has your child had any of the following? (Please check and comment on line below)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies                      | <input type="checkbox"/> Frequent Ear Infections       | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Bladder/Kidney Problems        | <input type="checkbox"/> Head Injuries/Unconsciousness | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Emotional Problems             | <input type="checkbox"/> Heart Problem/Condition       | <input type="checkbox"/> Hyperactive          |
| <input type="checkbox"/> Feeding/Eating Problems        | <input type="checkbox"/> Overweight                    | <input type="checkbox"/> Surgery              |
| <input type="checkbox"/> Significant accident or injury | <input type="checkbox"/> Other:                        |   |

If yes to any, please explain \_\_\_\_\_

Has your child ever seen a medical specialist? \_\_\_ YES \_\_\_ NO If "yes explain \_\_\_\_\_

**CURRENT HEALTH STATUS**

How is your child's health now? \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Explain any health problems concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a known medical diagnosis? \_\_\_ YES \_\_\_ NO If "Yes, what is it? \_\_\_\_\_

Is your child on medication now? \_\_\_ YES \_\_\_ NO

Medication	Dosage	Times Given	Reason
_____	_____	_____	_____
_____	_____	_____	_____

Date last dental exam: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_ Results \_\_\_\_\_

Date of last vision test: \_\_\_\_\_ Eye Doctor's Name: \_\_\_\_\_ Results: \_\_\_\_\_

Does your child wear glasses or contact lenses? \_\_\_ YES \_\_\_ NO

Explain any eye problem and when it started: \_\_\_\_\_

Date of last hearing test: \_\_\_\_\_ Where \_\_\_\_\_ Results \_\_\_\_\_

Do you think your child might have a hearing problem? (Turns television too loud, says "what" frequently, speaks too loudly) \_\_\_ YES \_\_\_ NO

If "yes, explain: \_\_\_\_\_

**NUTRITION**

Any food allergies \_\_\_\_\_

Describe what your child eats in a typical day \_\_\_\_\_

Describe his/her eating habits \_\_\_\_\_

**FAMILY MEDICAL HISTORY**

Is there a family history of the following? (Check and put relationship to child)

Family History	Relationship to Child
Asthma	
Epilepsy	
Diabetes	
Neurological Disorders	
Heart	
TB	
Birth Defects	
Other:	

Anything else you feel we should know about your child's health?

## CHILD'S DEVELOPMENTAL OVERVIEW

Have you received services birth to three such as The Resource Exchange (TRE)?  YES  NO  
 If "yes", where? \_\_\_\_\_ When? \_\_\_\_\_  
 Has your child been evaluated or are they receiving therapy services currently?  YES  NO  
 What type of therapy? \_\_\_\_\_  
 Where? (Private Provider, Head Start, Resources, Hospital) \_\_\_\_\_  
 Does your child have a CNA, Nurse or LPN?  YES  NO  
 Does your child have a current IEP (Individual Education Plan)?  YES  NO  
 If "yes, from where? \_\_\_\_\_

The following statements describe the things that children do as part of growing up. If the statement describes your child's **present** behavior, answer YES. If the statement does not describe your child's **present** behavior, answer NO. Answer YES or NO by what you have seen your child do, not what you think he/she may be able to do.

	<b>My child:</b>	YES	NO
1	uses short sentences to express simple ideas		
2	expresses ideas without getting things mixed up		
3	follows simple directions (i.e.: "Go to your room and get your shoes")		
4	speaks so others can understand them		
5	seems to understand when spoken to		
6	points to objects you have named		
7	responds when his/her name is called, even from another room		
8	asks for help with activities		
9	imitates sounds or movements		
10	has conversations with others		
11	takes turns when speaking with others		
12	talks to other children		
13	keeps on topic when they are talking		
14	tells me what they want or what they need		
15	is understood when he/she talks to other children		
16	stutters or stammers		
17	often hits, kicks, or bites other children		
18	avoids making eye contact when speaking to a familiar person		
19	screams, cries, or tantrums for longer than ten minutes at a time		
20	is not beginning to use pretend play (cooking, going to work, talking on the phone, cleaning)		
21	does not transition easily from one activity to another		
22	does not play with toys as intended		
23	dislikes changes in routine		
24	is very active; may be hyperactive		
25	cannot play independently		
26	avoids messy activities such as play-dough and finger-paints		
27	is overly alert or disturbed by minor noise and/or movement		
28	does not have opportunities to play with other children outside of the family		
29	prefers to play alone		
30	does not play well with others		
31	has fears		
32	is shy or timid		
33	has difficulty taking turns and sharing		

	<b>My child:</b>	YES	NO
34	is stubborn		
35	demand constant attention		
36	is impulsive		
37	is not able to calm himself/herself down when upset		
38	is overly friendly with strangers		
39	has trouble separating when I leave		
40	is not accepted by his/her friends		
41	is overly dependent and clingy		

Now describe your child briefly:

If your child has any special problems or disabilities, what are they?

Please tell us any questions or concerns you have about your child:

How are you doing, as a parent or otherwise, at this time?

\_\_\_\_\_  
Signature of Person Completing Packet

\_\_\_\_\_  
Date

**\*THIS INFORMATION MAY BE SHARED WITH COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT\***

# Colorado Springs School District 11 Family Economic Data Survey

Complete one survey per household. Please use a pen (not a pencil).

**STEP 1** List all student's attending Colorado Springs School District 11 (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	No Income				Birth Date				Grade	Check all that apply. Read Federal Economic Data Survey Application Instructions for more information.	Foster Child	Head Start	Runaway	Homeless	Migrant	
			M	M	M	M	M	M	M	M								

**STEP 2** If household members (including you) currently participate in one of the following assistance programs: SNAP, TANF, or FDPPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works - Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPPIR). Provide case number and skip to Step 4.

**STEP 3** Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

**A. Student Income**  
Please include the TOTAL income, if any, received by all students' listed above.

**B. All Other Household Members (including yourself)**  
List all other household members not listed in Step 1 (including yourself) even if they do not receive income, if they do receive income, report TOTAL GROSS (BEFORE TAXES AND OTHER DEDUCTIONS) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report

Names of Other Household Members (First and Last)	Student Income			How Often?		
	Weekly	2x Monthly	Annually	Weekly	2x Monthly	Annually
\$						

Names of Other Household Members (Students' and Adults)	Public Assistance/Child Support/Alimony			How Often?			Pensions/Retirement/All Other Income			How Often?		
	Weekly	2x Monthly	Annually	Weekly	2x Monthly	Annually	Weekly	2x Monthly	Annually	Weekly	2x Monthly	Annually
\$												
\$												
\$												
\$												

**STEP 4** Contact information and adult signature.

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box: \_\_\_\_\_ Apt. # or Lot #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**STEP 5** Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.

Printed First and Last Name of Signer: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SIGNATURE of Adult Household Member: \_\_\_\_\_

Signature: \_\_\_\_\_

Do not share my information with any programs I have checked:  Medicaid/SCHIP  Do NOT share my information with any programs

## Family Economic Data Survey Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

**STEP 2:** List a case number if you or someone in your household participates in SNAP, TANF or FDPIR

**STEP 3:** Skip.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the survey.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip.

**STEP 3:** Skip.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the survey.

If you are applying based of income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip this part.

**STEP 3:**

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report Gross Income (total income before taxes and deductions) for each Household Member:**

- **Earnings from work:** example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.
- **Income from Public Assistance/Child Support/Alimony:** See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from any public assistance programs (do not include income from SNAP, TANF or FDPIR), child support or alimony. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.
- **Pensions/Retirement/All Other Income:** See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

**Report total household members. The total must equal all names listed on the survey.**

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the survey.

# PEDS RESPONSE FORM

\_\_\_\_\_  
Provider

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.