

The Screening Process:

Based on your child's screening results a follow up meeting may be recommended to determine if further evaluation or intervention is necessary.

First Step: Child Study Meeting/Screening

- ◆ Team review of child's strengths and needs with parent present.
- ◆ Determination of need for further evaluation or monitoring.
- ◆ Parental consent will be required for further evaluation.
- ◆ Strategies developed for parents and/or daycare provider to implement.

Second Step: Evaluation Appointment(s)

- ◆ Evaluations are conducted for area(s) of suspected disability

Third Step: Eligibility Meeting

- ◆ Team review of evaluations with parent present.
- ◆ Review eligibility criteria in area of suspected disability(-ies).
- ◆ If eligibility is determined, IEP is developed.

The Screening Appointment

Child is screened in areas of development by Early Childhood Interventionists:

- ◆ Communicative Skills
- ◆ Cognitive Skills
- ◆ Adaptive or Self-Help Skills
- ◆ Personal/Social Skills
- ◆ Motor Skills

Necessary documentation includes:

- ◆ Child's original birth certificate
- ◆ Social Security Card
- ◆ Proof of Residence
- ◆ Immunization records

Child Find offers FREE screenings and/or evaluations for children three - five years of age, suspected of having a developmental delay or disability.

Helpful References



Better Brains for Babies

<http://www.bbbgeorgia.org/>
Thirty Million Words Initiative

thirtymillionwords.org/

GELDS

www.gelds.dec.al.ga.gov

Bright from the Start

[Www.dec.al.ga.gov](http://www.dec.al.ga.gov)

Gainesville-Hall County Child Find Preschool Special Education Services Ages 3-5



Gainesville City School System
508 Oak Street, NW
Gainesville, Georgia 30501-30506
www.gcssk12.net
770-536-5275

Hall County School System
711 Green Street
Gainesville, GA 30501
www.hallco.org
770-533-4019



Georgia Department of Early Care and Learning



When should a child be referred to Child Find?

- ◆ When a child is not meeting developmental milestones (communication, physical, thinking/reasoning, self-help, and/or personal-social).
- ◆ When parent/guardian, or someone outside the family, is not able to understand what the child is saying or the child is having difficulty communicating/speaking.
- ◆ When a physical condition or medical disorder is interfering with a child's development and/or learning.

At approximately 3 years of age, your child should:

- Run easily Walk up/down steps
- Throw a ball Use 3-4 word utterances
- Eat with spoon or fork Follow simple directions
- Know name Undress self
- Express wants and needs
- Play alongside other children
- Sing and dance (move to music)
- Be able to produce letter sounds /b,p,m,h,w,n/
- Draw vertical and horizontal lines

At approximately 4 years of age, your child should:

- Hop on one foot Snip with scissors
- Know age Count 3 objects
- Interact with peers Draw a circle and cross
- Play cooperatively with others
- Listen eagerly to stories
- Understand concepts of size, shape
- Use 4 + word sentences
- Ask and answer basic questions
- Avoid common dangers

At approximately 5 years of age, your child should:

- Climb ladder on playground Cut on a line
- Broad jump and gallop
- Draw simple figures
- Draw an X And square
- Wash hands and face
- Dress except for tying shoes
- Knows most colors
- Share and take turns
- Produce sounds /t,k,g,d,f,y/
- Have speech that is easily understood
- Knows day and night, today and tomorrow
- Gets along, contributes in group situations

Referrals may be made by parents, pediatricians, local health agencies, early intervention programs, private day care programs, Headstart, state pre-k programs, and other child serving agencies. Anyone can refer a child as long as the parents are in agreement with the referral. Please call either school system and you will be directed to the person that can assist you.

INQUIRY FORM

Child's Name: _____ (M / F)

Birthdate: _____

Address: _____

Parent's Name: _____

Phone Number: _____

Email Address: _____

Describe concern: _____

Name of Inquirer: _____

Is the child currently in a childcare program?
Yes/No If yes, what program?

Teacher: _____

Phone Number: _____

Email address: _____

I give permission for my child to be observed by HCSS/GCSS if necessary.

Signature: _____

Date : _____

Parent Signature