

## 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 Resources



**Better Brains for Babies**

<http://www.bbbgeorgia.org/index.php>

**Thirty Million Words Initiative**

[Thirtymillionwords.org](http://Thirtymillionwords.org)

**Georgia Early Learning and Development Standards (GELDS)**

[www.gelds.dec.state.ga.us](http://www.gelds.dec.state.ga.us)

**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](http://www.gcssk12.net)  
770-536-5275

Hall County School System

711 Green Street  
Gainesville, GA  
30501

[www.hallco.org](http://www.hallco.org)  
770-533-4019



**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 /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 /b,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 or 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 \_\_\_\_\_