

Move-in Preschool Child Find Questionnaire



MONTGOMERY COUNTY PUBLIC SCHOOLS
 Office of Special Education, Child Find
 English Manor Center, 4511 Bestor Drive, Room 146, Rockville, Maryland 20853
 Telephone 240-740-2170, Intake 301-947-6080, Fax 301-871-0957

MCPS Form 335-49A
February 2019

INSTRUCTIONS

To be eligible for screening, evaluation, and services, the child must enroll in Montgomery County Public Schools (MCPS) pursuant to [Montgomery County Board of Education Policy JEA, Residency, Tuition, and Enrollment](#), and provide evidence of the child's birth (i.e. birth certificate, passport/visa, physician's certificate, baptismal or church certification, hospital certificate, parents' affidavit, or birth registration), and proof of residency pursuant to [MCPS Regulation JEA-RB, Enrollment of Students](#), (current property tax bill, current lease (if lease is more than 1 year old, lease and currently utility bill), or [MCPS Form 335-74, Shared Housing Disclosure](#)). For a nonresident child attending preschool in Montgomery County, the parent/guardian must provide verification of the child's enrollment on the preschool's letterhead.

STUDENT INFORMATION

Must match birth certificate or other evidence of birth

Legal last name _____ Legal first name _____ Legal middle name _____

Student's address _____

Medical Assistance eligible? Yes No Date of Birth ____/____/____ Male Female

Was the student born outside of the United States? Yes No **If Yes:** How many months has the student attended U.S. schools? _____

Language(s) spoken at home _____

ADULT(S) RESPONSIBLE FOR STUDENT*

Name of adult responsible for student living at current address: _____

Relationship: Mother Father Guardian

Other (Specify) _____

Phone #1 ____-____-____ Phone #2 ____-____-____

*Responsible adult(s) legal identification and proof of relationship to student verified (please specify) _____

Name of adult responsible for student living at current address: _____

Relationship: Mother Father Guardian

Other (Specify) _____

Phone #1 ____-____-____ Phone #2 ____-____-____

*Responsible adult(s) legal identification and proof of relationship to student verified (please specify) _____

PARENT SURVEY

What goals are addressed on your child's Individualized Education Program (IEP)?

Please attach any assessment notes

Check here if assessment notes are attached

Child attends: Preschool MCPS PreK/Head Start Day Care Home Day Care Home Other _____

Name of preschool/day care: _____

Address of preschool/day care: _____

If preschool/day care has concerns, please explain:

This form will be maintained in a confidential folder and access to the report(s) will be granted to MCPS staff on a need-to-know basis. A record will be maintained documenting the name and reason for each reviewer. Parent(s)/guardian(s) and eligible students may request/authorize release to another agency/professional.

Signature of Parent/Guardian: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Date of Call: ____/____/____ MCPS ID# _____ Date Call Returned/Scheduled ____/____/____

By Whom _____ CA _____ Clinic Date ____/____/____

Location _____ Time _____

Home School _____ Cluster _____