



## Jeff West Preschool Information Sheet

Email to Pam.Walder@usd340.org or mail to Jefferson West USD 340, Attn: Pam Walder, 3675 74th Street PO Box 267, Meriden, Kansas 66512

### Child Information

- Child's Full Name: \_\_\_\_\_
- DOB: \_\_\_\_\_ Age (today): \_\_\_\_\_ Gender: ☐ Male ☐ Female
- Primary Language Spoken at Home: \_\_\_\_\_

### Parent/Guardian Information

- Parent/Guardian Name(s): \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_

### Special Education Needs

Does your child currently have or is being evaluated for:

- ☐ An Individualized Education Plan (IEP)? Or IFSP?
  - If yes, please attach a copy of the IEP.
- ☐ A diagnosed disability or developmental delay?
  - If yes, please provide details: \_\_\_\_\_
- ☐ Ongoing speech, occupational, or physical therapy?
  - If yes, please provide details: \_\_\_\_\_
- ☐ A referral from a healthcare provider or other professional for special services?

### At-Risk Qualifiers

Please check all that apply to your child. Supporting documentation may be required.

- ☐ Poverty (qualifies for free meals)
- ☐ Single Parent Family
- ☐ Foster care or Kansas Department for Children and Families (DCF) referral
- ☐ Teen Parent
- ☐ Either parent is lacking a high school diploma or GED
- ☐ English Language Learner
- ☐ Lower than expected developmental progress in at least one of the following areas:  
cognitive development, physical development, communication/literacy, social  
emotional/behavior, adaptive behavior/self-help skills
- ☐ Child qualifying for migrant status
- ☐ Children who experience chronic or episodic homelessness

**Please provide any additional details or documentation regarding your child's special education needs on the back of this sheet. Thank you!**