**FORM J**

Dear Parents/Guardians:

Thank you for bringing your child to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school’s Early Childhood screening. Your child was screened using the Developmental Indicators for the Assessment of Learning (DIAL-4). The function of the DIAL-4 is to help us determine if your child’s skills are appropriate for his/her age or if further testing may be needed. The score your child received in the areas of motor, cognitive, speech/language, self-help, and social/behavioral was obtained through the screening questions and the information you provided about your child. These scores are an indication of how your child is developing in comparison to a national group of typically developing children his/her same age. These scores are also a reflection of your child’s performance on the day of the screening and not necessarily an indication of future development.

The results of the DIAL-4 are reported on the back of this letter. Please feel free to call the school and schedule an appointment with the Early Childhood Special Education Teacher if you have specific questions regarding the screening.

Thank you for taking the time to attend the screening. Your attendance is an indication of your interest in your child’s development. Please take time to fill out the attached comment sheet and return it to the school. This will help us make the screening process more informative and convenient in the future.

Sincerely,

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, Head Start and the Cornbelt Educational

Cooperative Staff.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screening Date\_\_\_\_\_\_\_\_\_\_\_

Depending on your child’s age, the screening may include the following:

**Motor Area:** Throwing, hopping, skipping, block building, motor imitation, cutting, copying, and name writing.

\_\_\_\_\_\_ Developing appropriately for his/her age.

\_\_\_\_\_\_ Recommend follow-up testing.

**Concepts Area:** Body parts, colors, counting, rapid object naming, concepts, and shapes.

\_\_\_\_\_\_ Developing appropriately for his/her age.

\_\_\_\_\_\_ Recommend follow-up testing.

**Language Area:** Personal data, articulation, objects and actions, letters and sounds, rhyming, problem solving, intelligibility.

\_\_\_\_\_\_ Developing appropriately for his/her age.

\_\_\_\_\_\_ Recommend follow-up testing.

**Self-Help Development:** Assesses your child’s ability to care for himself /herself including, eating, drinking, toileting, dressing, and other daily living skills.

\_\_\_\_\_\_ Developing appropriately for his/her age.

\_\_\_\_\_\_ Recommend follow-up testing.

**Social Development:** Assesses your child’s ability to relate to one’s peers, siblings, parents, and teachers.

\_\_\_\_\_\_ Developing appropriately for his/her age.

\_\_\_\_\_\_ Recommend follow-up testing.

**Vision:**

Refer for follow-up vision assessment? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

**Hearing:**

Refer for follow-up hearing assessment? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

**Comments:**

We would appreciate your evaluation of this screening. Please return this to the school with your comments.

1. What did you like about the screening?

2. What improvements could be made?

3. Do you feel that preschool screening is worthwhile?