



Prekindergarten Screening Tool

Thank you for completing this **confidential** screener. Saskatchewan's Prekindergarten programs admit children based on eligibility criteria. It is important to share as much information about your child's growth and development as possible.

Submitting this screening tool does not guarantee your child's enrollment in the program.

You will be contacted by the school division if your child qualifies.

Child Information		
Last Name:	First Name:	
Child's Date of Birth (DD/MM/YYYY):	Current Age:	
Address: (House number, Street, City/Land Location, and Postal Code)		Postal Box number:
Neighbourhood School Name:		
Family Information		
Child lives with: _____		
Relationship to Child: _____		
Contact Information		
Home #:		
Cell #:		
Work #:		
Email:		
What is the best method to contact you?		
<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Other _____		
Whom should we contact if there is no answer at home?		
Emergency Contact #1:		Phone Number:
Relationship to the Child:		
Emergency Contact #2:		Phone Number:
Relationship to the Child:		
Significant Others: Living in the Same House (brothers, sisters, aunt, uncle, etc.)		
NAME	AGE	RELATIONSHIP

Has any other child(ren) in the family attended Prekindergarten?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require interpretive services?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language of choice: _____			
Criteria for Admission to Prekindergarten			
Prekindergarten spaces are filled throughout the year as they become available. The screening tool is reviewed by a selection committee and children will be accepted based on the following criteria.			
	Yes	No	Unknown
Is your child experiencing speech or language difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child experiencing challenges with social, emotional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Does your child have little or no opportunity for contact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child learning English as an additional language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child currently living with only one parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the child's family members absent from the home for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with a teen parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does either of your child's parents have less than a high school education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any impact in the family from a traumatic experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing financial need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing a health care crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there limited extended family support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child attend or receive support from?

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> KidsFirst | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Licensed Child Care | <input type="checkbox"/> Speech and Language Pathologist |
| <input type="checkbox"/> Early Childhood Intervention Program (ECIP) | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Preschool/Playschool | <input type="checkbox"/> Early Childhood Psychologist |
| <input type="checkbox"/> Aboriginal Head Start | <input type="checkbox"/> Autism Consultant or Resource Centre |
| <input type="checkbox"/> Other (please list): _____ | |

How will you be able to transport your child to and from Prekindergarten?

Do you have any additional concerns or information regarding your child that we need to be aware of?
Please specify:

*** Please submit this completed form to the local school.**

**** NOTE:** The completion of this application form does not mean that your child has officially been accepted to the Pre-Kindergarten program. You will be contacted directly by the school's pre-kindergarten teacher when the intake committee has completed the intake process.

You will be contacted regardless if your child has been accepted, not accepted, or placed on the waiting list.

Signature of Parent/Guardian

Date of completion