



Dear Parent,

The School Readiness Program of Laguna Beach Unified School District serves children from birth to five who reside and/or attend Early Childhood Education programs/Preschools within the District boundaries. The overall goal of our program is to ensure that our children are healthy and ready to learn upon entering Transitional Kindergarten or Kindergarten. Developmental delays as well as hearing, vision, nutritional and/or oral/dental issues often impact a child's learning. The earlier problems are identified and addressed the better the outcome for the individual child. The Laguna Beach Unified School District's School Readiness team includes our Early Learning Specialist, Sandee Bandettini, School Readiness Nurse, Claudette Ahern, School Psychologist, Grace Jones, Speech and Language Pathologist, Tracey Slater and Administrator, Irene White. We are able to provide various supports including administration of several screenings as well as consultation/collaboration services related to the findings. The screenings assist in the identification of any issues related to your child's growth that may require additional information and/or need for further care. In addition, to our screening, our program offers parent training opportunities as well as our Learning Link, a parent/child interactive learning opportunity offered weekly throughout the school year.

We are eager to meet you and have you participate in our services. To get started with your free developmental screening, please complete the attached paperwork and email your documents back to us at cahern@lbusd.org:

- Parental Consent
- Health History
- PEDS Form

The attached Health History form and PEDS screening tool which is used to measure how a child speaks, moves, behaves and relates to others will allow us to better understand your child's strengths and potential areas of need. Following review, one of our team members will contact you to schedule an appointment to discuss the results and build a plan for follow up if appropriate.

We are looking forward to partnering with you in preparing for your child for school entry. If you have any additional questions regarding the requested forms or regarding your child's development, please do not hesitate to contact our office at 949 497-7700, EXT. 5236 or 5327. Our team is eager to work with you and your child. Participation in the screening is not a requirement for participation in our other School Readiness services, which also includes our parent education classes and our Learning Link.

Sincerely,

Claudette Ahern, RN, BSN, SNSC, School Readiness Nurse
Sandee Bandettini, MS, MFT, Early Learning Specialist

LAGUNA BEACH UNIFIED SCHOOL DISTRICT
Parental Consent for School Readiness Health & Developmental
Screenings & Release of Information

The School Readiness Program of Laguna Beach Unified School District serves children from birth to five who reside and/or attend Early Childhood Education programs/Preschools within the District boundaries. The overall goal of our program is to ensure that our children are healthy and ready to learn upon entering Transitional Kindergarten or Kindergarten. Developmental delays as well as hearing, vision, nutritional and/or oral/dental issues often impact a child's learning. The earlier problems are identified and addressed the better the outcome for the individual child. The Laguna Beach Unified School District's School Readiness Nurse and Early Learning Specialist can provide various supports including administration of several screenings as well as consultation/collaboration services related to the findings. The screenings assist in the identification of any issues related to your child's growth that may require additional information and/or need for further care. These are screenings only and are not intended to substitute for your child's regular check-ups with a Healthcare Provider. All screening results will be shared with you in writing.

Your written consent is required for the screenings listed below. All screenings will be completed by the School Readiness Nurse and will take place at the Learning Link site.

Please check "Yes" or "No" for each area below:

- Yes No Hearing Screening
- Yes No Vision Screening
- Yes No Dental Screening
- Yes No Height, Weight, Body Mass Index
- Yes No Developmental Screening(s)
- Yes No Permission to share the screening results with my child's Preschool Director/Staff.

With my signature below, I give my consent for each of the screenings checked "Yes" above to be administered. I understand that I will be given written results of all the screenings.

Child's Name : _____ Date of Birth: _____

Preschool: _____

Home Address: _____

Parent/Guardian Signature: _____ Phone: _____

E-mail Address: _____ Date: _____

If you have any questions or concerns regarding this form, please contact the Laguna Beach Unified School District's School Readiness Program. Claudette Ahern, RN, BSN, School Readiness Nurse via email: cahern@lbusd.org.

LAGUNA BEACH UNIFIED SCHOOL DISTRICT

Learning Link Health History Form

Child's Name: _____

Date of Birth (dd/mm/yy): _____

Gender: Male Female Non-binary

Parent 1 Name _____

Parent 2 Name _____

Home Phone Number _____

Other Children:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Home: How many other families live in your home? _____ Adults _____ Children

Health Insurance: Do you have health insurance for your child? Yes No

If yes, which one: Medi-Cal Kaiser Kids

California Kids Private Other

Pediatrician's Name? _____

Date of your child's last physical? _____

Dental Insurance: Do you have dental insurance for your child? Yes No

Which one: Denti-Cal Private

Date of last dental check up: _____

Does your child have any dental problems?

Yes No

If yes, do they have: Stained Teeth

Broken Teeth Tooth Decay

Child's Health: (check all that apply)

Born premature (36 weeks or before)

Asthma

Diabetes

Seizures/Epilepsy

Heart Problems

Ear Infections/Tubes

Developmental Delays

Hearing Problems

Wears Glasses

Anemia

Surgeries _____

Other: _____

Allergies: (please list)

Food _____

Drugs _____

Animals _____

Other: _____

Requires an Epinephrine Pen? Yes No

Current Medications: (including asthma medications) Yes No

If yes, please list: _____

Are your child's immunizations current?

Yes No

Nutrition/Exercise: Do you think your child is overweight? Yes No

Do you think your child is underweight?

Yes No

General: Do you have any concerns with your child's...

- Speech? Yes No
- Hearing? Yes No
- Vision? Yes No
- Behavior/Temper? Yes No
- Mental Health? Yes No
- Any other concerns? Yes No

If yes, please explain: _____

Family Health: Are both parents in good health? Yes No

If no, please explain: _____

Do any of your other children have health and/or learning problems? Yes No

If yes please explain: _____

Any recent changes in your family?

Yes No

If yes please explain: _____