

# Child Find and Preschool Screening



---

Bolton Public Schools will be holding a screening for preschool children

---

## Who can participate?

1. Do you have questions about your child's development? If so, you can bring your child to the screening. This is just a screening, not an evaluation. We screen for possible developmental delays and will determine whether your child is functioning within age appropriate limits or is in need of further evaluation.
2. Would you like your child to be considered as a peer model for the 2017-2018 preschool class? In order to be considered as a possible peer model your child will need to be screened. We are looking for 3 and 4 year olds who demonstrate age appropriate communication, social, play, and motor skills. Children must turn 3 years of age before the first day of school. Children must be Bolton residents.

## How is the screening conducted?

The screening takes about 45 minutes to an hour. While you complete a developmental history, your child will play with members of the Preschool Team. Through play, the Preschool Team will be looking to gather information regarding your child's communication, social, play, and motor skills.

## When and where does the screening take place?

Wednesday, March 15 and Thursday, March 16 in the Bolton Center School Preschool Classroom.  
Screening times are: 12:30-1:30 and 2:00-3:00.

## How can I sign my child up for this screening?

If you are interested in having your preschool child screened, please complete and return the application by **March 1**. (available on the district website: [www.boltonpublicschools.com](http://www.boltonpublicschools.com)) We will get back to you with a date and time. Please email or mail your completed application to:

[Bgoldsnider@boltonct.org](mailto:Bgoldsnider@boltonct.org) or

Beth Goldsnider, Director of Student Support Services

Bolton Board of Education

72 Brandy St. Bolton, CT 06043

# Preschool Screening Application

Please complete this form and submit it by **March 1, 2017**.

Applications can be emailed to [bgoldsnider@boltonct.org](mailto:bgoldsnider@boltonct.org) or mailed to Beth Goldsnider at 72 Brandy St. Bolton, CT 06043

Child's Name:

Date of Birth:

Address:

Parents/Guardians:

Phone Number:

Email Address (for confirmation of screening time):

Reason for Screening: Typical Peer Model or Child Find

If you would like your child screened for Child Find please check area(s) of concern:

- speech/language
- motor skills
- social skills
- learning - ex: memory, colors and shapes, etc...

Screening Preference: **Wednesday, March 15** or **Thursday, March 16**

Disclaimer: We will try to accommodate your preferred date, but cannot guarantee it.