



Dear Parent,

Thank you for your interest in the Laguna Beach Unified School District's School Readiness Program. The School Readiness Program is here to support your child's growth and development and provide a smooth transition into school.

To get started with your developmental screening, please complete and email the attached paperwork to **cahern@lbusd.org**:

- Parental Consent
- Health History Form

Once I receive your completed paperwork, I will send you a developmental screening to fill out and complete. Once all of your documents are returned, then I will contact you to review your child's results.

Thank you in advance for contacting the School Readiness Program. If you have any additional questions regarding your child's development, please do not hesitate to let me know. I look forward to meeting you soon!

Kind Regards,

Claudette Ahern, RN, PHN, BSN
email: cahern@lbusd.org



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 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. 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 available screenings. All screenings will take place at your child’s preschool or at the Learning Link and your child will be accompanied by staff familiar to him/her.

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 teacher/Preschool Director.**

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

Child’s Name : _____ **Date of Birth:** _____

Parent/Guardian Signature: _____ **Phone Number:** _____

E-mail Address: _____ **Date:** _____

If you have any questions or concerns, please contact the Laguna Beach Unified School District’s School Readiness Program. Claudette Ahern, RN, BSN, School Readiness Nurse via email: cahern@lbusd.org and Sandee Bandettini, MS, MFT, Early Learning Specialist via email: sbandettini@lbusd.org.

Laguna Beach Unified School District's Learning Link Health History Form

Child's Name: _____

Date of Birth (day/month/year): _____

Gender: Male Female

Mother's Name _____

Father's 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 (check one):

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 (If yes, 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:

The School Readiness Program is funded by a grant from the Children and Families Commission of Orange County.



